Attachment A

King County

Mental Illness and Drug Dependency 2 Implementation Plan

As Required by Ordinance 18407

June 2017

Contents

1. Executive Summary

The overarching result of King County's renewed Mental Illness and Drug Dependency sales tax (referred to as "MIDD 2" throughout this document) investment is that people living with, or at risk of behavioral health conditions, are healthy, have satisfying social relationships, and avoid criminal justice involvement. King County's MIDD initiatives are a holistic approach to the continuum of behavioral health services in order to achieve this outcome.

MIDD 2 priorities:

- Funding services and programs to keep people out of, or from returning to jail and the criminal justice system, including upstream prevention and diversion activities.
- Investing in a treatment on demand system that delivers treatment to people who need it, when they need it, so crises can be avoided or shortened.
- Creating services that are responsive to the unique needs of King County's geographic and cultural/ethnic communities.

These priorities are enacted by 53 unique and complementary initiatives[1] included in the MIDD 2 Service Improvement Plan (SIP), adopted by the King County Council in November 2016 via Ordinance 18406 and funded through the County's 2017-2018 adopted budget.

The SIP is the blueprint for MIDD 2, outlining the fundamental policies, goals and operational components of MIDD 2. This MIDD 2 Implementation Plan, along with the concurrently transmitted MIDD 2 Evaluation Plan, builds on the SIP by providing the initiative specific, detailed working components of MIDD 2 called for by the Council in Ordinance 18407. The three documents work together to provide a full picture of MIDD 2 for policymakers, stakeholders and the public.

This report responds to the requirement of Ordinance 18407 to provide an Implementation Plan for King County's Mental Illness and Drug Dependency (MIDD) sales tax funded programs.

Required Components of the Implementation Plan: As required by Ordinance 18407, there are seven required components to be included in the MIDD Implementation Plan. The table below references where to find each component.

[1] The terms "initiative" and "MIDD initiative" describe individual programs and services supported by the MIDD sales tax.

MIDD Implementation Plan Requirements (Ordinance 18407)	
The implementation plan shall describe the implementation of the initiatives, programs, and services outlined in the Mental Illness and Drug Dependency Service Improvement Plan. The description shall include:	
Required Ordinance Component	***Where to Find it***
1. *A schedule of the implementation of initiatives, programs, and services outlined in the Mental Illness and Drug Dependency Service Improvement Plan*	***Table*** *Section 5: Implementation Schedule Table* *Pages 27-38*
2. *A discussion of needed resources, including staff, information and provider contracts; outcome and performance measures*	***Individual Initiative Descriptions*** *Section 6: Initiative Descriptions* *Pages 39-211*
3. *Procurement and contracting information*	***Individual Initiative Descriptions*** *Section 6: Initiative Descriptions* *Pages 39-211*
4. *Community engagement efforts*	***Individual Initiative Descriptions*** *Section 6: Initiative Descriptions* *Pages 39-211*
5. *How the initiative, program or service advances the county's mental health and chemical dependency policy goals*	***Individual Initiative Descriptions*** *Section 6: Initiative Descriptions* *Pages 39-211*
6. *An updated 2017-2018 biennial spending plan*	***Appendix D*** *Page 229*
7. *A financial plan*	***Appendix E*** *Page 231*

The Initiative Descriptions are program- and service-specific narratives for each of the MIDD's 53 approved initiatives. Individual descriptions are provided because each MIDD initiative is distinctive in its services, approach or modality in responding to the required Ordinance components. Overarching narrative related to the required ordinance components is also included in this report.

MIDD 2 Overview: 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 which provide the essential framing for achieving the MIDD 2 priorities via the MIDD 2 initiatives. The policy goals also drive implementing and evaluating MIDD 2.

MIDD 2 Framework: MIDD 2 is organized using an accountability structure in the form of the MIDD 2 Framework[2]. The framework includes five overarching strategy areas, based in the continuum of behavioral health care and linked to outcomes. As indicated in the SIP, the MIDD 2 Framework is a living document, updated as MIDD 2 is shaped by new information. The MIDD 2 Framework referenced in and

[2] Please see Appendix A.

attached to this document has been updated as a result of work on MIDD 2 evaluation. "Outcomes" have been changed to "headline indicators," population indicators have been updated, and therapeutic courts are added as a fifth strategy area.

MIDD 2 Management and Operations

MIDD Management: DCHS maintains overall responsibility for the management and implementation of MIDD 2, including budget and procurement oversight, program development, and evaluation. The Behavioral Health and Recovery Division (BHRD) provides contract and program staff that support MIDD functions, including the MIDD Advisory Committee.

Equity and Social Justice: The County's Equity and Social Justice (ESJ) Initiative is foundational to planning and operations of MIDD. The planning and development of MIDD 2 was conducted with a deep focus on equity and social justice, and the implementation of MIDD continues to be driven by ESJ values, including cultural responsiveness and harm reduction.[3]

Request for Proposal (RFP) and Contracting: The procurement of services under MIDD 2 aims to support and promote coordination across funding sources as well as expanded access. As applicable, this may include technical assistance and/or subcontracting with smaller community groups, and the use of flexible contracting approaches to reduce barriers.

Participation in MIDD Evaluation: All providers and county departments and agencies receiving MIDD funds must participate in data collection. This information is used for the evaluation of MIDD programs' impact on the adopted MIDD policy goals contained in Ordinance 18407. A separate MIDD Evaluation Plan is transmitted concurrently with this report outlining the MIDD evaluation approach.

Coordination with Best Starts for Kids and Veterans and Human Services Levy: To maximize impact, MIDD 2 has been developed in coordination with Best Starts for Kids (BSK) and the Veterans and Human Services Levy (VHSL), and also includes partnerships in the housing, employment, and developmental disabilities service areas for procurement and contracting, contract management, performance measures and data reporting whenever appropriate. This collaboration continues with the implementation of MIDD, where MIDD and BSK staff are collaborating on a joint initiative featuring braided funding. BSK and MIDD evaluation plans are being designed with a goal of meaningfully informing each other.

Systems Integration: DCHS is moving toward an integrated, coordinated approach that fosters collaboration and better outcomes. The implementation of MIDD 2 reflects systems integration principles in its effort to deliver person-centered services.

MIDD 2 Implementation

Of the 53 MIDD 2 initiatives, 22 are new. The vast majority of MIDD 1 initiatives have been continued into MIDD 2. The 53 MIDD 2 initiatives are grouped into three implementation categories: 1) new initiatives; 2) existing MIDD 1 programs continued into MIDD 2 that are to be modified; and 3) existing

[3] Harm reduction activities "meet people where they are," enabling individuals to access better health and human potential outcomes.

MIDD 1 programs continued in MIDD 2 with no substantive change. The new initiatives are in varying stages of execution:

- Of the 22, 14 are to be directly allocated to providers following the decision model for determining the need for Request For Proposals (RFP)/Competitive Procurement that was included in the SIP and is attached to this document as Appendix F.
- Of the 14, nine initiatives have been contracted.
- The remaining eight new initiatives will go through some type of procurement process (RFP, Request for Information, or Request for Qualifications).

The specific status of each initiative is addressed in the implementation descriptions contained within this document. In addition, this document contains a number of tables that provide summarized implementation schedule data for each initiative. Additionally, a summary table of changes to initiative descriptions since the SIP is included as an Appendix C.

Performance Measures and Results Based Accountability: Initiative descriptions within this document have been updated based on a Results Based Accountability (RBA) approach to performance measurement and accountability. RBA is a straightforward, easily understood structure that begins with results. The MIDD Framework was developed with the RBA approach which is further advanced in the development of performance measures in the individual initiative descriptions.

Planning and Community Engagement: MIDD 2 strives to conduct all aspects of its work in a community- and stakeholder-informed manner. As a result, planning for MIDD 2's new programs includes outreach to partners and affected communities, as well as coordination with other relevant King County human service initiatives. In addition, the MIDD Advisory Committee reviewed this document and provided feedback at its June 22, 2017 meeting.

Conclusion and Looking Ahead

Since the MIDD sales tax was extended in November 2016, county staff have been working to implement MIDD 2 initiatives. This implementation plan is a point-in-time summary of planning work completed on the implementation of new MIDD 2 initiatives and planned changes to existing MIDD 1 initiatives provided in response to Ordinance 18407.

There are two major factors that affect MIDD in the current biennium and beyond: Physical and Behavioral Health Integration (PBHI) and state and federal funding and policy changes. In the case of state or federal services, when they are reduced, or services are expanded, this is likely to affect MIDD-funded services, including the implementation of certain initiatives.

- After behavioral health care in Washington was integrated last year following direction by the State Legislature, planning and negotiations are now underway for full integration encompassing behavioral health and physical health by 2020, with an option for a transition by 2019. King County's role may shift as part of this transition, and could also lead to a reevaluation of the use of MIDD funds.

- As of the writing of this report, a substantive repeal of the Affordable Care Act (ACA) has passed one chamber in Congress. In the event of significant reductions to Medicaid or its expansion component, the use of MIDD funds may be reevaluated.

DCHS is approaching these potential change drives carefully and is in the process of developing contingency options. The department has established a Medicaid Reconciliation Reserve in the MIDD Fund financial plan to help cover care gaps in the case of rolled back Medicaid funds.

Additional MIDD Activities: A change to the MIDD name is planned in 2017 to something that is less stigmatizing and reflects recovery principles. New Advisory Committee members will be brought on throughout the year as directed by Ordinance 18452.

Reporting and Updates to Initiatives: MIDD 2 will operate with continued communication and transparency throughout its implementation and operation. The Executive will communicate key implementation updates and other relevant impacts to the Council via the MIDD annual report.[4] Electronic newsletters to MIDD providers and stakeholders and regular MIDD Advisory Committee meetings provide additional means for updates to and ongoing feedback from providers, stakeholders, and community members.

[4] The next MIDD Annual Report is scheduled to be transmitted to the Council in August 2018.

2. MIDD 2 Overview

Renewed Local Support for Behavioral Health

King County first adopted a one-tenth of one percent sales tax allowed by state law in 2007[5]. 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; including treatment, case management, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service, as well as the operation of therapeutic courts.*[6]

King County demonstrated the impact and value of MIDD services in the 2016 Comprehensive Historical Review and Assessment Report transmitted to the King County Council. 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[7].

After reauthorization of the sales tax, the MIDD Service Improvement Plan (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. In companion legislation, Ordinance 18407, 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[8], including the county's therapeutic courts. These strategy areas are summarized in the MIDD Framework, which is outlined in Section 5 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.

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 towards 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 shown in the Initiative Descriptions. The primary focus of the MIDD 2 evaluation is to determine progress of MIDD-supported programs toward meeting the five policy goals.

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

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 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 affects 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.

MIDD Advisory Committee

Ordinances 16077 and 18452 established and revised the membership of the 37-member MIDD Advisory Committee. As its name indicates, the committee is an advisory body to the King County Executive and Council. Each member of the Advisory Committee brings their individual and systems wide experience and knowledge to the MIDD Advisory Committee table to inform discussions and develop recommendations for policymakers on issues related to MIDD. A roster of MIDD Advisory Committee members is included as Appendix B.

A Brief History of the Design of MIDD 2

As noted, this implementation plan builds upon and updates the initiative descriptions in the Service Improvement Plan (SIP). As detailed in the adopted SIP, the MIDD 2 Implementation Plan has involved more than two and a half years of collaborative work by a diverse range of County and community

stakeholders. Shaped by values and guiding principles determined by the MIDD Oversight Committee[9] and with ongoing strategic feedback from a team of eight Oversight Committee members, a multistage community-driven process was undertaken to shape programming recommendations for MIDD 2.

A hallmark of the MIDD renewal process that led to the SIP and then the Implementation Plan has been community input and involvement. More than 1,000 King County residents participated in surveys, focus groups or regional community conversations[10] to provide input toward the process. The very first formal phase of renewal work was an open call to the community for new program concepts in late 2015 and early 2016. These initial input processes resulted in 141 new program ideas from community members, system partners and other stakeholders. Comprehensive analysis, conducted by county staff in partnership with stakeholders, resulted in 90 briefing papers providing essential context about current and possible new programming options. Next, 50 individuals – including community members and Oversight Committee members working side by side – participated on diverse review panels to sort existing programs and new concepts into high, medium and low categories for potential funding consideration.

County staff then aligned recommendations and identified funding levels in light of amended policy goals for MIDD 2. Initial recommendations were released for public comment and Oversight Committee review in April 2016, with revised recommendations released and reviewed in May 2016. Final programmatic and funding recommendations were transmitted to the Council as part of the MIDD 2 SIP in August 2016, along with a range of other planned improvements to MIDD operations and evaluation. The SIP was adopted by King County Council via Ordinance 18406 in November 2016.

One Framework, Five Strategy Areas, 53 Initiatives

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 MIDD Framework is included as Appendix A to this document.

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. The framework is a living document that will continue to be updated over the life of MIDD 2 to reflect specific programmatic and services or other drivers.[11]

[9] At the time, the MIDD Advisory Committee was known by its previous name, the MIDD Oversight Committee. The name change to the Advisory Committee occurred along with the advent of MIDD 2 in 2017, as a result of Ordinance 18452.

[10] 14 focus groups were conducted with specific communities between October 2015 and February 2016. Five regional community conversations were conducted jointly with Best Starts for Kids (BSK) to inform planning for both BSK and MIDD. Over 360 individuals responded to the MIDD renewal survey between September 2015 and February 2016. More information about this input-gathering process is available in the adopted MIDD 2 Service Improvement Plan.

[11] This implementation plan contains some updates to the MIDD Framework, as described in this section. Future updates to the framework will be communicated via the MIDD annual report.

Framework revisions reflected in this implementation plan include:

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

The Headline Indicators section of the MIDD Framework, formerly Outcomes, contains the following updates. These updates were made after analysis found that population level indicators were not available for the MIDD specific subpopulation.

The MIDD Evaluation Subcommittee reviewed the MIDD Framework revisions through its work shaping and advising BHRD on the development of the revised MIDD Evaluation Plan.

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 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

As shown in the chart on the next page, 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. King County’s therapeutic courts are fully funded by the MIDD sales tax under MIDD 2. MIDD 1 initially funded only the expansion of therapeutic courts, although as noted earlier, due to a change in state law, MIDD 1 funds were later allowed to fund most of the base costs of therapeutic courts.

MIDD 2 Strategy Area	Description	Initiative Programmatic Elements
1. Prevention and Early Intervention	People get the help they need to stay healthy and keep problems from escalating	Programs in this area range from trainings to early assessment to brief therapies to expanded access to ongoing outpatient care for those who lack access to Medicaid, and services cross the lifespan.
2. Crisis Diversion	People who are in crisis get the help they need to avoid unnecessary hospitalization or incarceration	Programs in this area range from expedited access to outpatient care to multidisciplinary community-based outreach teams to crisis facilities to alternatives to incarceration.
3. Recovery and Reentry	People become healthy and safely reintegrate to community after crisis	Programs in this area range from housing capacity and services to supported employment to peer-driven recovery supports to criminal justice reentry services.
4. System Improvements	Strengthen the behavioral health system to become more accessible and deliver on outcomes	Programs in this area strengthen the behavioral health workforce to improve the quality and availability of core services; and, fund community-initiated behavioral health projects for underserved rural areas or cultural/ethnic groups.
5. Therapeutic Courts	People experiencing behavioral health conditions who are involved the justice system are supported to achieve stability and avoid further justice system involvement	This area provides support for the operations of King County's therapeutic courts.

The MIDD 2 Framework is a living document that is updated over the life of MIDD 2 to reflect specific programmatic and services changes or other drivers. Framework updates will be communicated via the MIDD annual report as well as through discussion at the MIDD Advisory Committee.

3. MIDD 2 Management and Operations

The areas below outline key areas associated with the management and operations of MIDD 2 initiatives.

MIDD 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, memorandum of agreement (MOA), and contracting processes; and evaluation of MIDD. DCHS' Behavioral Health and Recovery Division (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.

BHRD continues to implement a number of internal MIDD operating and process improvements designed to enhance transparency, streamline processes, promote collaboration and share information more efficiently.

It is important to note that while DCHS administers MIDD funds, not all county MIDD funds are managed by DCHS. Departments and agencies like Public Health, the Prosecuting Attorney's Office and Judicial Administration receive a direct allocation of MIDD funds and are responsible for management of MIDD expenditures and funds. Those other departments oversee procurement processes for MIDD initiatives they manage.

Equity and Social Justice

As outlined in the SIP and reiterated here, the County's Equity and Social Justice Initiative is foundational to planning and operations of MIDD. The planning and development of MIDD 2 was conducted with a deep focus on equity and social justice (ESJ) and the implementation of MIDD continues to be driven by ESJ values. Below is a list of several key principles that the County considers in the procurement, contracting, training and/or implementation of programs supported by MIDD 2.

Culturally Responsive and Informed: Toward the County's aim to provide services under MIDD 2 that are culturally responsive and culturally specific, MIDD 2 invests in services that recognize institutional and structural racism, classism, xenophobia, ableism, heteronormism, and gender binarism, and support individuals who encounter such biases or discrimination.

In conducting procurement activities, the County will seek community-based agencies providing culturally-specific and culturally-responsive behavioral health, primary care and reentry support services. Addressing trauma as a result of both interpersonal violence and childhood experiences as well as historical and cultural trauma is critical for serving the individuals served by publicly-funded behavioral health services. MIDD 2 providers will be asked to explore and implement the use of alternative interventions which are culturally informed, such as substance use disorder treatment for

historically disempowered communities,[12] which may yield more meaningful treatment outcomes for marginalized populations.

King County encourages organizations receiving MIDD funds to provide technical assistance and/or sub-contract with smaller community groups and organizations to increase participation by community groups and organizations that may have difficulty meeting the County's contracting requirements. In addition, when possible, King County will utilize flexible contracting approaches to reduce barriers that make it more difficult for small organizations to participate.

Evidence-Based Practices and Equity: It is expected that whenever possible, evidence-based practices (EBPs) are to be embedded in the service continuum of MIDD 2. Because most mental health/substance use disorder treatment EBPs are researched on predominantly mainstream/white populations, it is important to have a critical and continuous improvement lens to these behavioral health services to ensure that services are not perpetuating marginalization and negatively impacting those individuals being served, furthering their disenfranchisement. Whenever possible, MIDD 2 will use anti-oppressive practices to complement recovery-oriented and person-centered approaches.

Harm Reduction: It is expected where possible, MIDD 2 initiatives will employ a harm reduction model. Harm reduction activities "meet people where they are," enabling individuals to access better health and human potential outcomes, irrespective of whether the individual engages in substance use. Harm reduction is a grassroots and "user-driven" set of compassionate and pragmatic approaches to reducing substance-related harm and improving quality of life.[13] Harm reduction is linked to equity and social justice because provision of services should be nonjudgmental, non-coercive and recognize the realities of poverty, class, racism, social isolation, past trauma, sex-based discriminations, and all other social inequalities that affect an individual's vulnerability to, and capacity for, effectively changing behavior.[14]

The County is committed to removing barriers that limit the ability of some to fulfill their potential. Consistent with our ESJ Initiative and the historical and persistent patterns of inequities, King County focuses on equity impacts on communities of color, low-income populations and limited English-speaking residents in its work. Though the approach is comprehensive, it is recognized that true opportunity requires that every person has access to the benefits of our society regardless of race, ethnicity, gender, religion, sexual orientation, ability or other aspects of who people are, what people look like, where people come from, where people live, and what people believe. The MIDD's commitment to and focus on equity and social justice is furthers the County's ESJ principles.

Requests for Proposals (RFPs) and Contracting

Whenever possible, MIDD 2's approach to RFPs and contracting is guided by two principles: coordination with other related funding sources, and expanded access.

[12] White, W. & Sanders, M. (2004). Recovery Management and People of Color: Redesigning Addiction Treatment for Historically Disempowered Communities. Posted at www.bhrm.org.

[13] Collins, Clifasefi et al. 2011; Marlatt, 1998

[14] http://harmreduction.org/about-us/principles-of-harm-reduction/.

The great majority of services provided through the MIDD are contracted out to community agencies, though not all MIDD initiatives are subject to an RFP process. For example, MIDD 1 services that are provided under an MOU with another King County department and are continued into MIDD 2 will not be RFPd. MIDD 2 will use the same approach used for MIDD 1 to determine whether proposed MIDD 2 initiatives will engage in a competitive RFP process. Please see Appendix F[15] for the decision model BHRD will continue to use to determine the need for competitive procurement.

As MIDD initiatives increase their alignment and integration, RFP processes and contracting are examples of MIDD systems that can coordinate and/or integrate with VHSL, BSK and other initiatives in instances where multiple fund sources seek similar services, are engaging similar providers, or contract with the same agency in the community. The Collaborative School-Based Behavioral Health Services initiative, with continued funding from MIDD and coordinated expansion funding from BSK, is one example of how such an approach is bringing new services to new populations in a coordinated way. Combined RFPs and contracting practices offer increased simplicity for providers and increased alignment among King County's initiatives.

In addition to integrating RFPs, contracting processes and contract monitoring, a renewed MIDD may study and incorporate lessons learned from BSK, VHSL, and others to consider how these practices can advance King County's goals of equity and social justice. Possibilities could include increasing the representativeness of review panels, increasing language access and engaging diverse communities in the process of designing RFP criteria or contract monitoring performance measures.

King County will encourage organizations receiving MIDD 2 funds to provide technical assistance and/or to sub-contract with smaller community groups and organizations to increase participation by community groups and organizations that may have difficulty meeting the County's contracting requirements. In addition, when possible, King County will utilize flexible contracting approaches to reduce barriers that can make it more difficult for small organizations to participate. Examples in MIDD 2 of this flexibility in how funds are disbursed will be the two new programs being developed under the System Improvement strategy area to provide small, time-limited grants for community-initiated behavioral health projects in rural and cultural/ethnic communities.

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.

[15] The decision model was also included in SIP as Appendix G. The decision model attached to this document has been updated to reflect current King County procurement requirements.

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.

Participation in MIDD Evaluation

MIDD programs are evaluated on their progress toward meeting the adopted MIDD policy goals contained in Ordinance 18407. Per MIDD contracting requirements, all providers and county departments and agencies receiving MIDD funds must participate in data collection for the evaluation of MIDD. Technical assistance is made available to providers to facilitate their meeting of data submission needs.

DCHS will coordinate with other countywide initiatives to align performance measures and targets for similar services. Details about how MIDD will be evaluated are outlined in the MIDD Evaluation Plan submitted concurrently with this implementation plan.

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

Together, the Best Starts for Kids (BSK)[16], Veterans and Human Services Levy (VHSL)[17] 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 are leading these initiatives continue to plan and coordinate these three major levies actively. Looking across the shared domains of populations, services and outcomes, staff from BSK, VHSL and MIDD are working together to:

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

Notably, BSK, VHSL and MIDD will utilize an outcomes-based framework approach known as Results Based Accountability or "RBA." Framework alignment with BSK and VHSL will allow for common results and indicators between the three initiatives, increasing the County's ability to measure the combined effectiveness of the three local revenue sources for human services funding and to more effectively

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

[17] 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.

conduct combined continuous improvement processes when possible. Development of a shared data dashboard is also underway.

One area where MIDD and BSK are collaborating is school-based behavioral health services. MIDD continues its funding for school-based services for youth in middle schools. Specifically, MIDD funds community-based organizations to provide behavioral health (mental health and substance abuse prevention) services in 25 middle schools in 12 out of King County's 19 school districts. MIDD funding will be blended with BSK funding starting in 2018 to serve all 19 school districts in King County. BSK and MIDD staff collaborated on developing the scope of work, community outreach and the evaluation components of the initiative. Please see MIDD Initiative PRI-05 on page 52 for details.

MIDD 2 is intentionally collaborating with Best Starts for Kids on initiatives like these so that services and funding can be braided to achieve maximum impact.

Systems Integration

The Department of Community and Human Services is driving innovation to move services from silos that are difficult for people and organizations to navigate to an integrated, coordinated approach that fosters collaborations and results in better individual and population outcomes. As noted in the SIP, MIDD 2 reflects systems integration "silo busting" principles so that services are person-centered, not program-centered. Ongoing planning and implementation of MIDD initiatives in MIDD 2 occurs in collaboration with initiatives like Best Starts for Kids and the Veterans and Human Services Levy, and also includes partnerships in the housing, employment, and developmental disabilities service areas for procurement and contracting, contract management, performance measures and data reporting whenever appropriate.

An example of DCHS and MIDD's intentional systems integration work is the development of the MIDD's youth and young adult crisis and diversion initiatives,[18] known as "Safe Spaces." In response to community feedback, including input from the County's Juvenile Justice Equity Steering Committee, related to the lack of diversion options for children, youth, families and young adults in crisis, DCHS and Executive staff collaborated with providers and other stakeholders to develop a comprehensive crisis intervention and diversion approach to serving youth who would otherwise be booked into juvenile detention. Additional information on the three MIDD initiatives involved in Safe Spaces (CD-02, CD-16, and CD-17) is included on pages 79, 127, and 130.

This approach is also consistent with the principles of King County's plans for behavioral health integration and health and human services transformation, which call for reduced fragmentation across systems, increased flexibility of services and coordination of care, and strong emphasis on prevention, recovery and elimination of disparities for marginalized populations.

[18] CD-02 Youth and Young Adult Homelessness, CD-16 Youth Behavioral Health Alternatives to Secure Detention initiatives, and CD-17 Young Adult Crisis Facility.

4. MIDD 2 Implementation

Overview

This implementation plan is a point-in-time status report on the implementation of new MIDD 2 initiatives and planned changes to existing MIDD 1 initiatives. It updates the initial MIDD Initiative Descriptions included in the adopted MIDD Service Improvement Plan (SIP).

The MIDD Implementation Plan is a summary of planning work completed to date and a preview of the continued work ahead to implement MIDD 2. It is a companion to the adopted MIDD Service Improvement Plan (SIP), which is the blueprint for MIDD 2, and links to the concurrently transmitted MIDD Evaluation Plan. Together these three documents outline the mission of MIDD and address key aspects of MIDD, from funding, to services, to evaluation.

It is noteworthy that planning and implementation for MIDD initiatives is influenced by a number of factors, including environmental shifts such as changing local, state, and federal funding or policy; staffing capacity at the County and at community-based organizations; feedback from communities; and evolving or emerging needs of the behavioral health and/or health and human services systems.

Required Components of the Implementation Plan: As required by Ordinance 18407, there are seven required components to be included in the MIDD Implementation Plan. The table below references where to find each required component.

MIDD Implementation Plan Requirements (Ordinance 18407)	
The implementation plan shall describe the implementation of the initiatives, programs and services outlined in the Mental Illness and Drug Dependency Service Improvement Plan. The description shall include:	
Required Ordinance Component	***Where to Find it***
1. *A schedule of the implementation of initiatives, programs, and services outlined in the Mental Illness and Drug Dependency Service Improvement Plan*	***Table*** *Section 5: Implementation Schedule Table* *Pages 27-38*
2. *A discussion of needed resources, including staff, information and provider contracts; outcome and performance measures*	***Individual Initiative Descriptions*** *Section 6: Initiative Descriptions* *Pages 39-211*
3. *Procurement and contracting information*	***Individual Initiative Descriptions*** *Section 6: Initiative Descriptions* *Pages 39-211*
4. *Community engagement efforts*	***Individual Initiative Descriptions*** *Section 6: Initiative Descriptions* *Pages 39-211*

MIDD Implementation Plan Requirements (Ordinance 18407)	
The implementation plan shall describe the implementation of the initiatives, programs and services outlined in the Mental Illness and Drug Dependency Service Improvement Plan. The description shall include:	
Required Ordinance Component	***Where to Find it***
5. How the initiative, program or service advances the county's mental health and chemical dependency policy goals	***Individual Initiative Descriptions*** *Section 6: Initiative Descriptions* *Pages 39-211*
6. An updated 2017-2018 biennial spending plan	***Appendix D*** *Page 229*
7. A financial plan	***Appendix E*** *Page 231*

In accordance with the adopted SIP, the vast majority of MIDD 1 initiatives have been continued into MIDD 2. In terms of implementation, the 53 initiatives of MIDD 2 are grouped into three implementation categories: 1) new initiatives; 2) existing MIDD 1 programs continued into MIDD 2 that are to be modified; and 3) existing MIDD 1 programs continued in MIDD 2 with no substantive change. The breakout of MIDD 2 initiatives among these three categories is below:

Category	Number of Initiatives per Category
New	22
Existing to be Modified	9
Continued with No Substantive Programmatic Changes	22

MIDD 2's 22 new initiatives were in various stages of planning, development and launch at the time of the drafting of this report:

- Of the 22, 14 are to be directly allocated to providers following the decision model for determining the need for Request For Proposals/Competitive Procurement that was included in the SIP and is attached to this document as Appendix F.
- Of the 14, nine initiatives have been contracted.
- The remaining eight new initiatives are planned to go through some type of procurement process (Request For Proposal, Request for Information or Request for Qualifications).

The specific status of each new initiative is detailed in the specific initiative descriptions and summarized in the **MIDD 2 New Initiatives Implementation Schedule Summary table** beginning on page 27.

The nine existing MIDD initiatives that are to be modified are planned for re-RFP are detailed in the specific initiative descriptions and summarized in the **MIDD 2 Existing Initiatives to be Modified Status Summary table** on page 32.

- Existing MIDD 1 programs that have continued into MIDD 2 with no programmatic changes were already fully implemented under MIDD 1. Initiative descriptions for these initiatives are included in this document in order to provide a complete picture of MIDD 2 services and programs. These initiatives are detailed in the specific initiative descriptions and included in the **MIDD 2 Existing Initiatives with No Programmatic Change Summary table** on page 34.

As referenced here, this plan includes detailed initiative descriptions for each of the 53 MIDD initiatives. The descriptions were included, in preliminary form, in the SIP[19]. The initiative descriptions have been updated to reflect the adopted MIDD 2 policy goals, work to date on performance measures, and community engagement efforts relevant to particular initiatives. In addition, timelines and other program nuances have been brought up to date to reflect current estimates as applicable. Some new initiatives have already undergone considerable planning, and the descriptions have been updated to reflect progress to date.

As updated, these descriptions now outline expected program design and development (where applicable) and current and/or future operations for each initiative, and therefore constitute the initiative-level implementation plan for MIDD 2.

Performance Measures and Results Based Accountability

The initiative descriptions in this report reflect the use of a Results Based Accountability (RBA) framework, which is a major difference between the initial initiative descriptions contained in the SIP. 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-being 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. The MIDD Evaluation Plan details further MIDD evaluation activities and performance measure information.

Planning and Community Engagement

The robust community process that informed and grounded the renewal of MIDD is reflected in planning and implementation of MIDD 2 programming. As indicated in the MIDD 2 SIP, these efforts are under way and ongoing across many of MIDD's 53 initiatives. Throughout the life of MIDD 2, review by the MIDD Advisory Committee and/or its steering committee[20] will be incorporated whenever

[19] The SIP noted that the initiative descriptions were preliminary, "…information for the proposed MIDD 2 initiatives is very preliminary due to the need to conduct detailed implementation planning in collaboration with stakeholders and communities. Additionally, most existing MIDD 1 initiatives that are recommended to continue into MIDD 2 will also undergo some form of operational updating to increase efficiency, effectiveness and meet revised policy goals." MIDD SIP, Page 43.

[20] Like the comparable group established for MIDD renewal, the MIDD Advisory Committee Steering Committee has been established, consisting of a subset of advisory committee members and/or their designees. This group provides a venue for ongoing preliminary input regarding a variety of issues related to MIDD implementation and evaluation. Implementation issues to be reviewed by the full Advisory Committee will typically be previewed by this group whenever appropriate or feasible. Lower-level adjustments may be addressed only at the steering committee level, or handled by staff in coordination with initiative providers, other stakeholders and/or service recipients.

substantive adjustments to this plan are being considered, following the review thresholds outlined in the adopted SIP's Appendix G.

For a number of initiatives, the County is currently engaged in analytical work and option development in areas where programming changes are being considered. Whenever possible those impacted by MIDD services will be invited to participate in input opportunities as steps toward contracting and implementation occur, usually through initiative-specific follow-up to the broad community input processes undertaken as part of MIDD renewal. To the degree feasible, and especially for new initiatives, the perspective(s) of potential service participants and/or affected communities is sought. In particular, the initiatives in the system improvement strategy area require a significant amount of collaboration with and input from stakeholders and providers.

Community Engagement Plans for New and Retooled Initiatives: For new MIDD 2 initiatives and existing initiatives that have been identified for retooling, options for MIDD initiative program design have been in development after adoption of the SIP and the 2017-2018 King County budget in November 2016. This has involved review of lessons learned and potential improvements (as applicable), system gap analysis, and consultation with stakeholders and/or experts whenever feasible. Many of these design efforts will proceed next to a community input phase beginning later in 2017, to provide opportunities for groups and organizations to help shape, validate and/or adjust recommendations generated through initial planning work. Though the depth and breadth of these engagement processes are impacted by MIDD's limited staffing resources, every effort will be made to maximize opportunities for input, including partnering when appropriate with DCHS' other community outreach processes conducted under the auspices of BSK and/or VHSL.

Initiatives that are expected to conduct focused community/stakeholder involvement processes around program design or distribution of funds for MIDD 2 include CD-07 Multipronged Opioid Strategies; small grants initiatives focused on rural and cultural/ethnic communities (SI-01 and SI-02); SI-03 Quality Coordinated Outpatient Care (formerly titled "Workload Reduction"); and SI-04 Workforce Development. The Multipronged Opioid Strategies initiative, for example, has already conducted a series of community meetings in order to provide public education about heroin and opioid addiction and treatment and related health services, and to obtain community input to inform strategies and solutions to the problem of addiction and overdose in King County, including community learning events throughout the County in partnership with the King County Library System.

Ongoing Community/Stakeholder Engagement Processes for Some Initiatives: In addition, several initiatives include community or stakeholder involvement as a routine part of their operations. The Law Enforcement Assisted Diversion (LEAD) initiative, for example, regularly provides a venue for community outreach and advocacy for individuals experiencing homelessness, including those who are graduates of or currently participating in LEAD; coordinates with neighborhood and neighborhood safety groups; and is establishing a table of community leaders to hold LEAD accountable to its mission and goals.

MIDD Advisory Committee Collaboration: This document reflects feedback from the MIDD Advisory Steering Committee and the MIDD Advisory Committee regarding the Implementation Plan and processes. The plan was discussed by both committees at their respective June 2017 meetings with no concerns or issues identified. 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.

Staffing Resources

With regard to staffing resources, King County DCHS was granted three additional full time employees for MIDD 2 during the 2017-2018 county budget process: two programmatic employees associated with CD-07 Multipronged Opioid Strategies and CD-01 LEAD, respectively, and one MIDD administration FTE. An additional FTE was requested for MIDD administration, but not included in the 2017-2018 biennial budget.

New MIDD 2 Programs

In alignment with the adopted SIP, the MIDD 2 Implementation Plan outlines the launch of 22[21] new MIDD initiatives that are designed to address unmet needs, service access issues, or care continuum gaps that had been identified by community members, stakeholders or policymakers. As part of the MIDD renewal process described above, the vast majority of these new programs were generated through the open new concept process, and reviewed and sorted by community review panels.

In alignment with MIDD 2's overarching vision to conduct all aspects of its work in a community- and stakeholder-informed manner, planning for MIDD 2's new programs involves outreach to key partners and community members, as well as coordination of each initiative with other relevant King County human service initiatives including BSK and VHSL. The rapidly shifting health policy and funding environment at both the state and federal levels also must be continually taken into account in the development of initiatives. The necessary careful planning takes time. As a result, the array of MIDD 2's new programs is expected to be implemented throughout 2017 and 2018 as community engagement, design and/or procurement processes are completed.

[21] During the 2017-2018 biennial budget process, two programs were added to MIDD which are included in this figure; initiative descriptions for these Council additions are included in this report.

New MIDD 2 Programs	Where to Find Initiative Description
PRI-06 Zero Suicide Initiative Pilot	Page 55
PRI-07 Mental Health First Aid	Page 58
CD-01 Law Enforcement Assisted Diversion (LEAD)	Page 73
CD-02 Youth and Young Adult Homelessness Services	Page 79
CD-04 South County Crisis Diversion Services/Center	Page 85
CD-07 Multipronged Opioid Strategies	Page 94
CD-09 Behavioral Health Urgent Care Walk-in Clinic Pilot	Page 102
CD-13 Family Intervention Restorative Services (FIRS)	Page 116
CD-14 Involuntary Treatment Triage	Page 119
CD-16 Youth Behavioral Health Alternatives to Secure Detention	Page 127
CD-17 Youth Crisis Facility	Page 130
RR-04 Rapid Rehousing – Oxford House Model	Page 142
RR-07 Behavioral Health Risk Assessment Tool for Adult Detention	Page 150
RR-09 Recovery Café	Page 156
RR-11 Peer Bridgers and Peer Support Pilot	Page 163
RR-12 Jail-based SUD Treatment	Page 168
RR-13 Deputy Prosecuting Attorney for Familiar Faces	Page 171
RR-14 Shelter Navigation Services (Council addition)	Page 174
SI-01 Community-Driven Behavioral Health Grants	Page 176
SI-02 Behavioral Health Services in Rural King County	Page 182
TX-CCPL Community Court Planning	Page 208
SP-01: Consejo (Council addition)	Page 210

Existing MIDD 1 Programs to be Modified or Continued with No Change

MIDD 2 implementation planning has successfully preserved and improved upon the groundbreaking success of MIDD 1 in bringing together health and human services, criminal justice, King County government, and community providers to establish a comprehensive multijurisdictional approach to address the needs of people with behavioral health conditions. As demonstrated in the MIDD 1 Comprehensive Retrospective Report, aggregated evaluation data results found that MIDD 1 programs and services are successful and effective in meeting the policy goals, including these significant long-term reductions in jail and emergency department admissions and psychiatric hospitalizations:[22]

[22] MIDD Comprehensive Retrospective Report, approved by Ordinance 14712 in September 2016.

Positive Impacts of MIDD's Continuing/ Existing Initiatives	Emergency Department Use	Psychiatric Hospitalization		Jail	
		Admissions	Days	Bookings	Days
How Much Improvement?	25-39% Less	44% Less	24% Less	13-53% Less	Up to 44% Less
Improvements Start How Soon?	Year 2 after services start	Year 3	Year 3	Year 1	Year 2

In ongoing initiatives from MIDD 1 where the MIDD 2 SIP outlined more significant changes, retooling is under way, with revised expectations, funding distribution, and/or re-procurement (as applicable) expected to be completed during the 2017-2018 biennium. This work will be informed by community input whenever feasible. Specific initiatives and page number for the initiative descriptions are shown below:

MIDD 2 Existing Initiatives to be Modified	Where to Find Initiative Description
PRI-01 Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Page 40
PRI-02 Juvenile Justice Youth Behavioral Health Assessments	Page 43
PRI-03 Prevention and Early Intervention Behavioral Health for Adults Over 50	Page 46
PRI-04 Older Adult Crisis Intervention/Geriatric Regional Assessment Team	Page 49
PRI-05 Collaborative School Based Behavioral Health Services	Page 52
CD-10 Next-Day Crisis Appointments	Page 105
CD-15 Wraparound Services for Youth	Page 122
SI-03 Quality Coordinated Outpatient Care	Page 187
SI-04 Workforce Development	Page 190

Contracting for these programs has continued using MIDD 1 methodologies for 2017, and is expected to be revised for 2018, including an array of options for feedback for each affected initiative.

Often, the need to re-envision an initiative is driven by environmental or system changes – such as the advent of integrated payment for behavioral health services driven by the state's 2014's Engrossed Substitute Senate Bill 6312, the state's rollout of new Wraparound with Intensive Services (WISe) funding and requirements, the continuing national behavioral health workforce shortage, or the passage and implementation of King County's Best Starts for Kids (BSK) levy. In other cases, initiative revisions are being undertaken in order to improve service access countywide. Provider performance may also be considered in the decision whether or not to re-RFP an initiative. In all cases where retooling or a re-RFP process has been planned for a continuing/existing initiative during 2017-2018, programming has been carried forward from MIDD 1 in the interim to ensure that there is no disruption to needed services.

MIDD 2 Existing Initiatives with No Programmatic Change	Where to Find Initiative Description
PRI-08 Crisis Intervention Training – First Responders	Page 61
PRI-09 Sexual Assault Behavioral Health Services	Page 63
PRI-10 Domestic Violence and Behavioral Health Services and System Coordination	Page 66
PRI-11 Community Behavioral Health Treatment	Page 70
CD-03 Outreach and Inreach System of Care	Page 82
CD-05 High Utilizer Care Teams	Page 88
CD-06 Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team	Page 91
CD-08 Children's Domestic Violence Response Team	Page 99
CD-11 Children's Crisis Outreach Response System (CCORS)	Page 109
CD-12 Parent Partners Family Assistance	Page 113
RR-01 Housing Supportive Services	Page 133
RR-02 Behavior Modification Classes at Community Center for Alternative Programs (CCAP)	Page 136
RR-03 Housing Capital and Rental	Page 138
RR-05 Housing Vouchers for Adult Drug Court	Page 145
RR-06 Jail Reentry System of Care	Page 147
RR-08 Hospital Reentry Respite Beds	Page 153
RR-10 Behavioral Health Employment Services and Supported Employment	Page 160
TX-ADC Adult Drug Court	Page 193
TX-FTC Family Treatment Court	Page 196
TX-JDC Juvenile Drug Court	Page 199
TX-RMHC Regional Mental Health Court	Page 202
TX-SMC Seattle Municipal Mental Health Court	Page 205

5. Implementation Schedule Tables

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[23]**
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

[23] 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[23]**
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[23]**
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[23]**
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[23]**
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[24]**
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

[24] 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[24]**
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[24]**
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

6. Initiative Descriptions

The initiative descriptions that are included in this section **update** implementation and evaluation information provided in the MIDD 2 Service Improvement Plan (SIP). The Initiative Descriptions provide detailed information for each of MIDD 2's 53 initiatives, and these descriptions collectively outline the MIDD 2 Implementation Plan as of the writing of this report.

The information in this section is **subject to revision** based on stakeholder and community feedback that might occur during ongoing implementation and evaluation planning work or as a result of environmental or policy changes that could affect MIDD in the future. Future revisions will be shared with the Advisory Committee whenever changes are substantive, in accordance with the established initiative revision decision process. All revisions and updates to initiatives will be communicated to policymakers, stakeholders and the public through the MIDD annual reporting process to the King County Council and via the MIDD Advisory Committee meetings.

Please note that in most instances, information for new MIDD 2 initiatives reflects evolving conditions and development processes, including ongoing detailed implementation planning that in many cases includes collaboration with stakeholders and communities. Also, some MIDD 1 initiatives that are continuing into MIDD 2 are undergoing operational updates to increase efficiency, effectiveness and/or meet revised policy goals. Update and development processes are referenced in these initiative descriptions whenever they may affect initiative goal(s), component(s) or procurement approach.

A table summarizing high-level substantive changes made to Initiative Descriptions between the Service Improvement Plan and the Implementation Plan is included as Appendix C.

MIDD 2 Initiative PRI-01: Screening, Brief Intervention and Referral to Treatment (SBIRT)

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

Individuals who have abused alcohol and/or other drugs have an increased risk of being involved in vehicle and other crashes, as well as a heightened risk for other health problems, which may lead to emergency room admissions. SBIRT is a tool to universally screen and identify people with mild to severe substance use disorders (SUD) and/or who have depression or anxiety. Persons identified by SBIRT screening are given a brief intervention (BI) by a medical professional or counselor. The brief intervention (BI) addresses the individual's substance use, depression, and/or anxiety and assists with establishing a plan to reduce use in the future. When indicated, patients are referred to specialty care for their substance use disorder, depression or anxiety.

In addition to identifying and intervening with people who have mild SUDs, SBIRT also identifies individuals with moderate to severe SUD and works to connect them (Referral to Treatment) to substance use treatment or options. In cases where there is not a SUD but there is an indication of depression or anxiety, patients are referred to a behavioral health specialist. In cases where SUD and depression and/or anxiety are present, depression/anxiety are handled first because often times the SUD is the self-medication for the depression/anxiety symptoms. SBIRT services connect behavioral and primary health care to effectively meet the needs of individuals.

1. Program Description

◊ *A. Service Components/Design (Brief)*

MIDD SBIRT services have focused on emergency departments (ED) by providing staff support to assist with SBIRT for SUD. Harborview ED, St Francis ED, and Highline ED have staff that assist in SBIRT. Universal screening has not been possible with limited staff resources for an ED that operates 24 hours/seven days per week.

SBIRT is provided to individuals when a patient shows an indication of use of alcohol or drugs; the SBIRT clinician is alerted and will complete a brief screen for alcohol and/or drugs. The tools chosen are the Alcohol Use Disorders Identification Test (AUDIT),[25] the Drug Abuse Screening Test (DAST),[26] and the Patient Health Questionnaire-9 (PHQ-9)[27] and Generalized

[25] Babor TF, Higgins-Biddle JC , Saunders JB, Monteiro MG. AUDIT: The Alcohol Use Disorders Identification Test Guidelines for Use in Primary Care. 2nd Edition. World Health Organization. 2001

[26] Skinner HA. The Drug Abuse Screening Test. Addictive Behavior. 1982, 7(4): 363-371; and Yudko E, Lozhkina O, Fouts A. A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. J Subst Abuse Treatment. 2007, 32:189-198.

[27] Spitzer RL, Williams JBW, Kroenke K, Linzer M, deGruy FV, Hahn SR, Brody D, Johnson JG. Utility of a new procedure for diagnosing mental disorders in primary care: The PRIME-MD 1000 study. JAMA 1994; 272:1749-1756

Anxiety Disorder-7 (GAD-7)[28] screens for depression and anxiety symptoms, respectively. Based on screen results, a brief intervention using Motivational Interviewing techniques[29] may be completed. The patient is offered assistance in connecting to further assistance with the behavioral health clinician either for a follow-up brief therapy visit or for a referral for an assessment.

◊ *B. Goals*

SBIRT is an evidenced-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and drugs.[30] Individuals who have abused alcohol and/or other drugs have an increased risk of being involved in vehicle and other crashes, as well as a heightened risk for other health problems, which may lead to emergency room admissions. Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment. Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*

1.How much? Service Capacity Measures

This initiative serves 2,500 unduplicated individuals annually.

2.How well? Service Quality Measures

- Increased use of preventive (outpatient) services

3.Is anyone better off? Individual Outcome Measures

- Reduced substance use
- Reduced behavioral health risk factors
- Reduced unnecessary emergency department use

◊ *D. Provided by: Contractor*

[28] Spitzer RL, Kroenke K, Williams JBW, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. Arch Intern Med 2006; 166:1092-1097.

[29] Miller, WR & Rollnick, S. (2013). Motivational Interviewing: Helping People Change (3rd Edition). Guilford: New York. "Motivational Interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion."

[30] http://www.integration.samhsa.gov/clinical-practice/sbirt

2. Spending Plan

Year	Activity	Amount
2017	Screening, Brief Intervention and Referral To Treatment in EDs continue.	$ 717,500
	2017 Annual Expenditure	**$ 717,500**
2018	Screening, Brief Intervention and Referral To Treatment in EDs continue.	$ 736,155
	2018 Annual Expenditure	**$ 736,155**
	Biennial Expenditure	**$ 1,453,655**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Current providers will continue through 2017 with existing contract. A Request for Qualifications (RFQ)/Request for Interest (RFI) will be developed and released in the fourth quarter of 2017.

◊ *B. Services Start date (s)*

Services continue with existing providers through 2017; revised contracts and/or providers in first quarter 2018.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model. Stakeholder engagement is under way regarding planning for the RFQ/RFI, sustainability and expansion opportunities.

MIDD 2 Initiative PRI-02: Juvenile Justice Youth Behavioral Health Assessments

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

A majority of youth entering the juvenile justice (JJ) system have underlying mental health and/or substance use disorder issues that may have caused the behavior which resulted in the initial need for juvenile justice involvement. This program assesses the behavioral health needs of youth and recommends service and treatment options in order to divert youth with mental illness and substance use disorder needs and diagnoses from further justice system involvement.

1. Program Description

◊ *A. Service Components/Design (Brief)*

This initiative has provided mental health and substance use disorder screening/assessment services and psychological evaluations services for King County youth age 12 years or older who have become involved with the juvenile justice system. The Juvenile Justice Assessment Team (JJAT) conducts assessments, makes recommendations to the court regarding youth needs, including sentencing options and diversion from criminal justice sentencing due to underlying mental health or substance use disorder issues, refers youth to treatment services when a treatment need has been identified; and works to help youth follow-up on the treatment referrals and transition from screening/assessment/evaluation to ongoing treatment services when indicated.

For MIDD 2, in collaboration with the Court, communities, and stakeholders, BHRD will engage in system mapping and promising practice analysis to determine the best way to serve JJ youth with behavioral health needs and their families through integrated behavioral health with these funds. As a result, the current service approach may continue or may be revised.

◊ *B. Goals*

The goal of this program is to serve youth whose involvement with the juvenile justice system is due to behavioral health issues to get them to the right type of service and treatment so that treatment and justice outcomes are improved, including reduced recidivism, reduced alcohol and substance use, and improved behavioral health of the youth and family.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[31]

1. How much? Service Capacity Measures

The number of unduplicated individuals served will be determined based upon final program design.

2. How well? Service Quality Measures

- Increased use of preventive (outpatient) services

3. Is anyone better off? Individual Outcome Measures

- Reduced substance use
- Reduced behavioral health risk factors
- Reduced unnecessary incarceration

◊ *D. Provided by: Both County and Contractor*

2. Spending Plan

Year	Activity	Amount
2017	Juvenile Justice assessments and treatment linkage services continue.	$584,250
2017 Annual Expenditure		**$584,250**
2018	Juvenile Justice assessments and treatment linkage services continue.	$599,441
2018 Annual Expenditure		**$599,441**
Biennial Expenditure		**$1,183,691**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Contracts are currently in place for assessment services. A Request for Proposal (RFP) and/or Request for Qualifications (RFQ) may be necessary after the system mapping and service approach review is complete.

[31] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◊ *B. Services Start date (s)*

Current services continued on January 1, 2017. Revised services may be RFPd and/or RFQ pending completion of system mapping and analyses and/or program redesign.

4. Community Engagement Efforts

Superior Court continually incorporates feedback from several community stakeholder groups whose focus is on restorative justice, including the Reclaiming Futures Seattle and King County Fellowship, Uniting for Youth Executive Steering Committee, and the Juvenile Justice Equity Steering Committee. The JJAT and Juvenile Court Services are intentionally seeking to bolster and expand relationships with the community in efforts to expand the diversity and cultural responsivity of services provided.

MIDD 2 Initiative PRI-03: Prevention and Early Intervention Behavioral Health for Adults Over 50

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "improve health and wellness of individuals living with behavioral health conditions."

Screening for depression, anxiety and substance use disorder is provided for older adults (age 50+) receiving primary medical care in the health safety net system. Older adults who screen positive are enrolled in the Mental Health Integration Program (MHIP)[32], a short-term behavioral health intervention based on the Collaborative Care Model. The Collaborative Care Model is a specific model for integrated care developed at the University of Washington Advancing Integrated Mental Health Solutions (AIMS) Center to treat common mental health conditions that are persistent in nature and require systematic follow-up. Services take place in primary care clinics that are contracted under Public Health.

MHIP focuses on a defined patient population identified through screening and uses measurement-based practice and treatment to reduce depression and anxiety (as measured by validated screening tools such as the Patient Health Questionnaire-9 and Generalized Anxiety Disorder-7). Primary care providers work with behavioral health professionals to provide evidence-based medications and psychosocial treatments supported by regular consultation with a psychiatric specialist and treatment adjustment for patients who are not improving. Treatment lasts on average for six months.

Adults with more severe or complex needs that cannot be adequately treated in primary care are referred to mental health and substance use disorder treatment.

1. Program Description

◊ *A. Service Components/Design (Brief)*

The MIDD Strategy Prevention and Early Intervention Mental Health and Substance Abuse Services for Adults Age 50+ provides prevention and intervention services for older adults to reduce or prevent more acute illness, high-risk behaviors, substance use, mental and emotional disorders, and other emergency medical or crisis responses. This MIDD 2 initiative provides screening for depression, anxiety and substance use disorder for older adults (age 50+) receiving primary medical care in the health safety net system. Older adults who screen positive are enrolled in MHIP.

◊ *B. Goals*

The goal of this initiative is to reduce depression and anxiety (as measured by validated screening tools such as the Patient Health Questionnaire-9 and Generalized Anxiety Disorder-7) and to reduce or prevent more acute illness, high-risk behaviors, substance use, mental and emotional disorders, and other emergency medical or crisis responses.

[32] https://aims.uw.edu/washington-states-mental-health-integration-program-mhip

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[33]

1. How much? Service Capacity Measures

This initiative will serve at least 4,000 participants annually.

2. How well? Service Quality Measures

- Increased use of preventive (outpatient) services

3. Is anyone better off? Individual Outcome Measures

- Reduced behavioral health risk factors
- Reduced unnecessary emergency department use

◊ *D. Provided by: Contractors*

2. Spending Plan

Year	Activity	Amount
2017	Continued screening and intervention services for older adults	$484,639
2017 Annual Expenditure		**$484,639**
2018	Continued screening and intervention services for older adults	$497,240
2018 Annual Expenditure		**$497,240**
Biennial Expenditure		**$981,880**

[33] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

3. Implementation Schedule

◊ *A. Procurement and Contracting of Providers*

Public Health – Seattle & King County (PHSKC) manages this initiative as part of the MHIP. PHSKC also manages three strategies for the current Veterans and Human Services Levy (VHSL) that target different populations from the MIDD 2 Initiative but are also a part of the MHIP. Pending the outcome of the VHSL renewal, PHSKC may plan for a procurement process for the MHIP that includes funding from both MIDD 2 and the renewed VHSL. Planning will begin in late 2017 after the outcome of the VHSL renewal process is known. A Request for Applications (RFA) will be issued in the second quarter of 2018. New contracts for MIDD 2 funds under this initiative will begin on January 1, 2019. In the meantime, current MIDD 2 service contracts will continue.

◊ *B. Services Start date (s)*

Services continued on January 1, 2017.

4. Community Engagement Efforts

In late 2016, PHSKC solicited input from stakeholders including the Community Health Plan of Washington (a Medicaid Managed Care Organization implementing MHIP with its members), contracted service providers, and subject matter experts from the University of Washington regarding this initiative and its evaluation.

MIDD 2 Initiative PRI-04: Older Adult Crisis Intervention/Geriatric Regional Assessment Team (GRAT)

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

GRAT provides a comprehensive assessment, crisis intervention and referral and linkage to community resources for older adults struggling with mental health and/or chemical dependency issues. By intervening early, GRAT effectively diverts many of the older adults it serves from using other more costly services, such as inpatient psychiatric hospitalization, emergency rooms, skilled nursing facilities and jail. GRAT also provides consultation, care planning and education on older adult mental health issues for other community providers.

1. Program Description

◊ *A. Service Components/Design (Brief)*

GRAT provides a specialized outreach crisis and mental health assessment, including a substance use screening, that is age, culturally, and linguistically appropriate for King County residents age 60 years and older who are experiencing a crisis in which mental health or alcohol and/or other drugs are a likely contributing factor and/or exacerbating the situation, and who are not currently enrolled in mental health services under the King County Mental Health Plan.

◊ *B. Goals*

GRAT provides assessment, crisis intervention and referral for older adults throughout King County, and for many, this service diverts them from using more intensive and costly crisis services (hospital emergency room, psychiatric hospitalization, jail, etc.). This program is consistent with the recovery model, in that it focuses on helping those older adults most in need to improve their well-being, get the assistance needed to accomplish this, and to help older adults live as independently as possible.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[34]

1. How much? Service Capacity Measures

This initiative serves 340 unduplicated individuals annually.

2. How well? Service Quality Measures

- Diversion of referrals from costly dispositions, such as homelessness, emergency department and psychiatric hospital admissions

[34] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced unnecessary hospital and emergency department use
   - Reduction of crisis events

◊ *D. Provided by: Contractor*

2. Spending Plan

Year	Activity	Amount
2017	Continued specialized outreach crisis and mental health assessment, including substance use screening, for older adults	$329,025
2017 Annual Expenditure		**$329,025**
2018	Continued specialized outreach crisis and mental health assessment, including substance use screening, for older adults	$337,580
2018 Annual Expenditure		**$337,580**
Biennial Expenditure		**$666,605**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Continuing its contracting arrangement from MIDD 1, King County BHRD contracts with EvergreenHealth (EH)[35] for GRAT services. The County expects to re-RFP this service in late 2017.

◊ *B. Services Start date (s)*

King County BHRD is currently working in partnership with providers and other stakeholders to improve the crisis continuum for children/youth and adults in three areas: a) ensuring that the crisis continuum is reflective of the move toward integrated care and therefore meets the needs of individuals with mental health and substance use disorders; b) ensuring high quality, standardized response to those experiencing crisis regardless of payor; and c) offering increased options for diversion from emergency room and hospitalization to provide some relief to the current system. Because MIDD initiative PRI-4 is part of the crisis continuum and linked to the system improvement efforts underway, implementation planning for this

[35] EvergreenHealth also receives funding from other sources that supports the program.

initiative is staged so that it can align with the larger crisis system improvement planning process. Re-RFPd services would be in place by Q1 2018.

4. Community Engagement Efforts

GRAT is included in the community engagement process associated with the crisis system redesign, described above.

MIDD 2 Initiative PRI-05: Collaborative School Based Behavioral Health Services: Middle and High School Students

How does the program advance the adopted MIDD policy goals?

This initiative will impact the adopted MIDD policy goal of "improve health and wellness of individuals living with behavioral health conditions."

This initiative includes the development and integration of school-based SBIRT (screening, brief intervention, and referral to treatment)[36] services. This will entail working with all middle schools on the development and implementation of SBIRT services, which includes training and technical assistance in the Global Appraisal of Individual Need – Short Screen (GAIN-SS). The GAIN-SS is a 23-question screening tool that quickly and effectively screens for depression, anxiety, substance abuse and other behavioral health disorders.

1. Program Description

◊ *A. Service Components/Design (Brief)*

The MIDD Collaborative School Based Mental Health and Substance Abuse Services initiative invests in prevention/early intervention for school-based services provided in middle schools. These services include assessments, screenings, brief intervention, referral, case coordination and mental health and behavioral health support groups, including social skills groups, anger management groups, and recovery groups. MIDD School Based Suicide Prevention provides students and schools suicide prevention trainings. Youth are trained on stress management and suicide prevention. Adults are trained on identification of early signs of stress, depression, and suicide ideation, and how to handle these issues in families and in youth-serving organizations.

This MIDD initiative and the Best Starts for Kids (BSK) school-based SBIRT strategy are collaborating in the delivery of school-based services, as well as the addition of SBIRT work in middle schools served by MIDD. After a 2017-2018 BSK planning period concludes, braided MIDD/BSK funding and collaborative implementation are expected starting in the 2018-19 school year.

◊ *B. Goals*

The goals of this initiative are to:

- Reduce the risk of students developing mental or emotional illness, or using drugs/alcohol
- Reduce poor school performance, to prevent school dropout, and to decrease other problem behaviors experienced by youth

[36] http://www.integration.samhsa.gov/clinical-practice/SBIRT

- Build collaboration between organizations in order to connect middle school-aged students or high school-aged students to needed mental health and substance abuse services in the school and community.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[37]

1. How much? Service Capacity Measures

This initiative serves 1,000 unduplicated youth per year in individual and small group services and at least 5,000 people in large group activities.

2. How well? Service Quality Measures

- Increased use of prevention (outpatient) services

3. Is anyone better off? Individual Outcome Measures

- Reduced substance use
- Reduced behavioral health risk factors
- Improved wellness and social relationships

◊ *D. Provided by: Contractor*

2. Spending Plan

Year	Activity	Amount
2017	School-based prevention services	$1,579,652
2017 Annual Expenditure		**$1,579,652**
2018	School-based prevention services	$1,607,552
2018 Annual Expenditure		**$1,607,552**
Biennial Expenditure		**$3,187,204**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

A planning period will involve coordinating this MIDD 2 initiative with BSK to ensure a comprehensive program is developed across initiatives. BSK SBIRT planning grants for 2017-2018 were released in second quarter 2017, while current MIDD PRI-05 providers were trained in school-based SBIRT. A joint MIDD/BSK Request for Information (RFI), Request for Qualifications (RFQ) or Intent to Bid (ITB) is expected to be released in the first quarter 2018.

[37] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◊ *B. Services Start date (s)*

Services continue on January 1, 2017. The joint MIDD/BSK RFI/RFQ/ITB will lead to implementation during the 2018-2019 school year.

4. Community Engagement Efforts

During the fourth quarter of 2016, community engagement efforts began through a workgroup focused on school-based Screening Brief Intervention and Referral to Treatment (SBIRT) services, which has led to training for current providers and contract adjustments to ensure continuous services for students. Continued community engagement will occur in 2017-2018 as part of BSK planning efforts.

MIDD 2 Initiative PRI-06: Zero Suicide Initiative Pilot (NEW)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "reduce the number, length, and frequency of behavioral health crisis events."

Zero Suicide[38] is built on the foundational understanding that suicide deaths are preventable. The Zero Suicide Initiative is the beginning of a comprehensive suicide prevention strategy/plan for King County, and will be a new approach for suicide prevention for the region.

Suicide is a major public health problem. In Washington State, suicide is the eighth leading cause of death overall and the second leading cause of death among young people ages 15-35. In King County, there are roughly 250 deaths by suicide every year. For every suicide, it is estimated that 25 attempts are made, some requiring expensive emergency room and hospital visits. For every suicide death, it is estimated that six friends and family members of the deceased will struggle with this particularly devastating and complicated form of grief for the rest of their lives.[39]

Zero Suicide will involve a multi-stage project where the public health and behavioral health systems serving adults with serious mental illnesses will be supported in adopting a specific set of strategies, tools and training to transform these systems to eliminate patient safety failures and to close gaps in depression and suicide care. Zero Suicide is a key concept in health care that is contained in the 2012 National Strategy for Suicide Prevention.[40]

1. Program Description

◊ *A. Service Components/Design (Brief)*

The Zero Suicide Initiative will begin with the King County behavioral health and health care system, including both the provider and county system (DCHS and Public Health). Additional future implementation phases may include hospital and health care systems already participating in Screening, Brief Intervention and Referral to Treatment (SBIRT); remaining hospital, behavioral health and health care systems; and/or community trainings.

Zero Suicide approach implementation includes the following major components: data and system analysis; selection of an initial provider cohort selection; training in the Zero Suicide approach; establishment of a learning collaborative; technical assistance; and the launch of additional cohorts in future years.

[38] http://zerosuicide.sprc.org/about
[39] http://www.doh.wa.gov/Portals/1/Documents/5500/IV-SUI2013.pdf
[40] http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf

It may also include any or all of the following other components: lethal means training; a follow-up care program; universal risk screening; programming for family/friends after a suicide loss; universal gatekeeper suicide prevention training; social marketing/media outreach; and stigma reduction via partnership with Mental Health First Aid trainings.

◊ *B. Goals*

Through this initiative's training and technical assistance efforts, key elements of suicide prevention care for health and behavioral systems would gradually be adopted by behavioral health and physical health care providers, and become a new best practice standard for publicly funded care in King County.[41] Additional goals include effective implementation of suicide prevention components across King County.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[42]

1. *How much? Service Capacity Measures*

   Each annual provider cohort is expected to include several agencies, each of which will identify implementation teams to pioneer Zero Suicide approaches within their organizations. The number of potential clients who could benefit from the resulting enhanced services provided by these teams is indeterminate and likely to vary by agency. Additional individuals reached by suicide prevention trainings will vary depending on funding allocation.

2. *How well? Service Quality Measures*

   - Improved perception of health and behavioral health issues and disorders

3. *Is anyone better off? Individual Outcome Measure*

   - Reduced behavioral health risk factors

◊ *D. Provided by: Contractor*

The training and services will be contracted to suicide prevention experts and the pilot grants will be contracted to provider agencies. County staff will provide program management and oversight.

[41] Key elements include Lead, Train, Identify, Engage, Treat, Transition, and Improve. More detail is available via the Zero Suicide Toolkit at http://zerosuicide.sprc.org/toolkit.

[42] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. Spending Plan

Year	Activity	Amount
2017	Develop and implement initial phases of Zero Suicide pilot	$400,000
2017 Annual Expenditure		**$400,000**
2018	Continue implementation and services	$410,400
2018 Annual Expenditure		**$410,400**
Biennial Expenditure		**$810,400**

This spending plan is revised from the 2016 SIP spending plan. It decreases spending in this initiative by $202,600 with a commensurate increase in spending for the PRI-07, Mental Health First Aid initiative.

3. Implementation Schedule

◊ *A. Procurement of Providers and Contracting of Services*

At the time of this report, a request for Information (RFI) was to be conducted in second quarter 2017.

◊ *B. Services Start date (s)*

Services and training will begin in the third quarter of 2017.

4. Community Engagement Efforts

King County BHRD has engaged in regular community engagement with suicide prevention partners, including co-sponsoring a Zero Suicide conference. Stakeholders and partners will continue to be consulted as pilot design and implementation proceed. Several organizations in Washington State have attended Zero Suicide Academies and have begun implementing Zero Suicide within King County, including Group Health/Kaiser Washington, CHI Franciscan Health and several tribal health systems. A number of other organizations have shown interest in the implementation of Zero Suicide, and through this initiative, MIDD will provide needed training and support.

MIDD 2 Initiative PRI-07: Mental Health First Aid (NEW)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "improve health and wellness of individuals living with behavioral health conditions."

Each year, about one in five Americans experiences a mental illness.[43] Many people are reluctant to seek help or might not know where to turn for care. Many people in society remain uninformed or fearful about the signs and symptoms of mental illnesses. Just as CPR training helps a person with no clinical training assist an individual following a heart attack, Mental Health First Aid training helps a person assist someone experiencing a mental health crisis such as contemplating suicide. In both situations, the goal is to support an individual *until appropriate professional* help arrives.

Mental Health First Aid is intended for all people and organizations that make up the fabric of a community.[44]

1. Program Description

◊ *A. Service Components/Design (Brief)*

Mental Health First Aid is an 8-hour training course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Funded by MIDD, Mental Health First Aid would be available to a variety of audiences, including: health and human services providers; employers and business leaders; faith community leaders; college and university staff and faculty; law enforcement and public safety officials; veterans and family members; persons with mental illness-substance use disorders and their families; and other caring citizens.

Mental Health First Aid trainees learn a 5-step strategy that includes assessing risk, respectfully listening to and supporting the individual in crisis, and identifying appropriate professional help and other supports. Participants are also introduced to risk factors and warning signs for mental health or substance use problems, engage in experiential activities that build understanding of the impact of illness on individuals and families, and learn about evidence-supported treatment and self-help strategies.

The initiative service components will include a combination of direct Mental Health First Aid trainings and "train the trainer" courses, with the numbers of each type of training to be determined by community capacity and interest. The County will act as a convener and organizer and leverage existing resources and momentum to create a community wide mental health first aid response.

[43] Any Mental Illness (AMI) Among Adults. (n.d.). Retrieved December 11, 2015, from http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-adults.shtml

[44] Mental Health First Aid Frequently Asked Questions. (n.d.). Retrieved December 11, 2015, from http://www.mentalhealthfirstaid.org/cs/faq/

◊ *B. Goals*

The goal of this project is to make Mental Health First Aid as common as CPR in King County community. Giving more people in the community the basic tools to recognize and respond to emergent mental health crises will increase the likelihood of useful interventions from a person' s natural support system during a behavioral health crisis. In addition, having more people throughout the county who become knowledgeable about psychiatric conditions will ultimately reduce stigma for individuals with these conditions.

This program supports a population health approach to behavioral health and aims to improve the overall health of the population and promote wellness in the region by intervening earlier.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[45]

1. *How much? Service Capacity Measures*

   Given current funding levels and national estimates of average costs of Mental Health First Aid training per person, 2,000 people per year minimum will be trained. This number may change based on the number of direct trainings offered, train the trainer courses conducted and the ability to leverage local funds.

2. *How well? Service Quality Measures*

   - Improved perception of health and behavioral health issues and disorders

3. *Is anyone better off? Individual Outcome Measures*

   - Improved perception of health and behavioral health issues and disorders

◊ *D. Provided by: Contractor*

Procurement and contracting for implementation of Mental Health First Aid training calendar and trainings will be explored in consultation with partners. Most or all trainings are expected to be provided by contractors.

[45] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. Spending Plan

Year	Activity	Amount
2017	Mental Health First Aid trainings to communities and certification courses	$300,000
2017 Annual Expenditure		**$300,000**
2018	Mental Health First Aid trainings to communities and certification courses	$307,800
2018 Annual Expenditure		**$307,800**
Biennial Expenditure		**$607,800**

This spending plan is revised from the 2016 SIP spending plan. It increases spending in this initiative by $202,600 with a commensurate decrease in spending for the PRI-06 Zero Suicide Pilot initiative.

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

King County BHRD will contract with providers for much of this work although some training may be conducted by existing King County staff. Specific components of procurement for this initiative will be determined following community engagement activities.

◊ *B. Services Start date (s)*

Services are expected to begin in September 2017.

4. Community Engagement Efforts

The County is collaborating with the National Council for Behavioral Health to capitalize on work already occurring in the community. Stakeholders and partners will continue to be consulted as design and implementation proceed. The County will convene behavioral health stakeholders to inform and develop the program components. They will consult, in part, about their willingness and capacity to have staff trained as facilitators. Staff will also conduct outreach to entities such as school districts and law enforcement agencies about their interest in hosting or attending these trainings.

MIDD 2 Initiative PRI-08: Crisis Intervention Training – First Responders

How does the program advance the adopted MIDD policy goals?

This initiative will impact the adopted MIDD policy goals of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

Crisis Intervention Training (CIT) is an intervention primarily focused on increasing the understanding and use of community-based resources to help reduce the reliance on and use of jail and hospitals. The initial strategy goals were to increase diversion of youth and adults with mental illness and chemical dependency from initial or further justice system involvement, and to reduce the number of people with mental health and substance use disorders using costly interventions such as jail, emergency rooms, and hospitals.

1. Program Description

◊ *A. Service Components/Design (Brief)*

The King County CIT program is modeled after the Crisis Intervention Team program of police-based crisis intervention with community behavioral health care and advocacy partnerships. CIT provides intensive training to law enforcement and other first responders that teaches them to effectively assist and respond to individuals with mental illness or substance use disorders, and better equips them to help individuals access the most appropriate and least restrictive services while preserving public safety.

◊ *B. Goals*

The goals for CIT are to increase safety for first responders, individuals, and the community; increase options and tools when responding to individuals in crisis; and encourage and increase the use of community resources resulting in decreased jail bookings and hospital emergency department admissions.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[46]

1. How much? Service Capacity Measures

This initiative trains 600 participants annually.

2. How well? Service Quality Measures

- Improved perception of health and behavioral health issues and disorders

3. Is anyone better off? Individual Outcome Measures

- Increased skills related to crisis de-escalation/intervention

[46] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◊ *D. Provided by: Both County and Contractor*

2. Spending Plan

Year	Activity	Amount
2017	Crisis intervention trainings to law enforcement and other first responders continue.	$ 820,000
2017 Annual Expenditure		**$ 820,000**
2018	Crisis intervention trainings to law enforcement and other first responders continue.	$ 841,320
2018 Annual Expenditure		**$ 841,320**
Biennial Expenditure		**$ 1,661,320**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

BHRD currently contracts with the Washington State Criminal Justice Training Commission and coordinates with the King County Sheriff's Office for CIT services. No RFP is needed.

◊ *B. Services Start date (s)*

Trainings continued on January 1, 2017.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model and minimal expected change. Routine community engagement that occurs as part of the ongoing delivery of this program includes monthly meetings with CIT coordinators from participating first responder agencies, behavioral health providers, and CIT instructors to ensure regional review and coordination regarding policies, legal issues, community needs, and program-specific needs in local jurisdictions.

MIDD 2 Initiative PRI-09: Sexual Assault Behavioral Health Services

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "improve health and wellness of individuals living with behavioral health conditions."

The sexual assault service delivery system addresses a unique set of needs as compared to broader community mental health treatment. In the sexual assault service system, victims and/or their families are seeking services as a result of the crime and its impact. They may have a variety of specific needs including medical, forensic, crisis response, information, advocacy to assist with legal needs, and specialized counseling. Often victims and families may not know the variety of issues and the impacts of the assault.[47]

Community Sexual Assault Programs (CSAPs) are designed to provide holistic services tailored to the sexual assault-specific needs of victims. Because of their experience with and in-depth knowledge of all aspects of sexual assault, the organizations are equipped to anticipate and respond based on an individualized assessment of needs. CSAPs provide empirically supported services through a trauma-informed lens. This holistic response means that the organization can address the full range of concerns about legal, medical and other systems that may adversely affect mental health outcomes, while also providing brief early interventions to reduce the likelihood of longer term mental health distress. For individuals who develop persisting sexual assault-specific mental health problems, effective evidence-based interventions are provided.

1. Program Description

◊ *A. Service Components/Design (Brief)*

Services currently provided by the CSAPs as part of this initiative include the following:

- Screening and assessment to identify the mental health and/or substance use disorder (SUD) needs of survivors receiving sexual assault services at the contractor.
- Evidence-based trauma-focused therapy and related advocacy services for those children, teen and adult survivors of sexual assault who would benefit from the therapy.[48]
- Referrals to community mental health and SUD treatment agencies for those sexual assault survivors who need more intensive services.

[47] This contrasts with typical assistance from traditional public mental health settings where clients are eligible for services if they meet access to care criteria related to a mental health disorder, and their unique needs related to the assault may or may not be able to addressed directly in that setting.

[48] Evidence-based services at King County's CSAPs include trauma-focused cognitive behavioral therapy (TF-CBT), prolonged exposure (PE), prolonged-exposure-adolescent (PE-A), cognitive processing therapy (CPT), parent child interaction therapy (PCIT), and the common elements treatment approach (CETA), and other evidence-based approaches proven effective for post-traumatic stress disorder including interventions specifically for children.

◊ *B. Goals*

This initiative aims to increase access to early intervention services for mental health issues, and prevention of severe mental health issues for survivors of sexual assault throughout King County.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[49]

1. *How much? Service Capacity Measures*

   Approximately 222 clients will be served per year through this initiative.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced behavioral health risk factors
   - Improved wellness and social relationships

◊ *D. Provided by: Contractor*

Services for this initiative will be procured from community-based organizations.

2. Spending Plan

Year	Activity	Amount
2017	Screening and evidence-based sexual assault therapy	$509,373
2017 Annual Expenditure		**$509,373**
2018	Screening and evidence-based sexual assault therapy	$522,618
2018 Annual Expenditure		**$522,618**
Biennial Expenditure		**$1,031,991**

This spending plan is revised from the 2016 SIP spending plan. It decreases spending in this initiative by $151,700 with a commensurate increase in spending for the PRI-10 Domestic Violence Behavioral Health Services and System Coordination initiative. This is a net zero change to overall spending for the MIDD budget, with no service impacts to clients or providers. The

[49] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

change was made at the request of providers to more accurately reflect the population and services.

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Clinical services have been procured from agencies with expertise in evidence-based sexual assault therapy and related advocacy services. Contracts are expected to continue without need for a competitive bidding process, with updates to reflect MIDD 2 funding levels and performance expectations.

◊ *B. Services Start date (s)*

Services continued in January 2017.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model and minimal expected change. No active, formal community engagement is occurring at this time.

MIDD 2 Initiative PRI-10: Domestic Violence Behavioral Health Services and System Coordination

The programmatic and budget information below is subject to change pending adoption of the 2017-2018 King County Budget.

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "improve health and wellness of individuals living with behavioral health conditions."

Survivors of domestic violence are at greater risk of developing a variety of mental health disorders, including depression, anxiety and post-traumatic stress disorder. Survivors are often in an environment of on-going trauma, which can prolong and exacerbate their mental health concerns, increase their vulnerability and compromise their safety.

This initiative's model of early, accessible mental health intervention combined with integrated advocacy and other supportive services decreases the risk of mental health concerns and other negative impacts of domestic violence and increases survivor stability and capacity to cope. The initiative also decreases barriers for survivors by identifying areas of concern (screening), providing trauma-informed therapy integrated with advocacy, and facilitating referrals to other appropriate behavioral health support.

The system coordination component of this initiative aims to support information sharing, consultation and expertise dissemination across the domestic violence, sexual assault and behavioral health systems.

1. Program Description

◊ *A. Service Components/Design (Brief)*

Co-Located Mental Health Professional (MHP) Component

This initiative co-locates MHPs with expertise in domestic violence (DV) and substance use disorders in community-based DV victim advocacy programs around King County. Some of these staff may co-locate in an organization serving marginalized population(s), such as people of color or Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) individuals.

Services provided by co-located mental health professional include the following:

- Screening using an evidence-based instrument
- Assessment
- Brief therapy and mental health support, both individually and in groups
- Referral to mental health and substance use disorder treatment for those DV survivors who need more intensive services

- Consultation to DV advocacy staff and staff of community mental health or substance use treatment agencies

Culturally Appropriate Clinical Services Component

This initiative also funds clinical consultation and training for a team of domestic violence advocates providing direct care – including screening, assessment, brief therapy and referral as above – to clients in multiple languages, at an agency specializing in the provision of services to immigrant and refugee survivors of domestic and sexual violence.

System Coordination Component

In addition to treatment services, this initiative also supports ongoing cross training, policy development and consultation on domestic violence (DV), sexual assault and related issues between mental health, substance abuse, sexual assault and DV agencies throughout King County. The systems coordinator offers training, consultation, relationship building, research, policy and practice recommendations, etc. for clinicians and agencies who wish to improve their response to survivors with behavioral health concerns but who lack the time or knowledge to do so.

◊ *B. Goals*

The overall goals of this initiative include the following:

- To promote a reduction in the incidence and severity of substance abuse, mental and emotional disorders in youth and adults.
- To integrate mental health services within community-based domestic violence agencies, including training and consultation for advocacy and other staff, making services more accessible to domestic violence survivors.
- To improve screening, referral, coordination and collaboration between mental health, substance use disorder, domestic violence, and sexual assault service providers.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[50]

1. How much? Service Capacity Measures

Approximately 560 clients will be served per year through the clinical components of this initiative.

The system coordination component of this initiative includes training for approximately 160 professionals per year, among other services provided.

[50] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. *How well? Service Quality Measures*

   - Increased use of preventive services
   - Improved perception of health and behavioral health issues and disorders

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced behavioral health risk factors
   - Improved wellness and social relationships
   - Improved perception of health and behavioral health issues and disorders

◊ *D. Provided by: Contractor*

Services for this initiative will be procured from community-based organizations. See also 3.A below.

2. Spending Plan

Year	Activity	Amount
2017	Behavioral health screening, brief therapy, and referral co-located within DV agencies; culturally appropriate behavioral health consultation within agency serving immigrant and refugee survivors; and system coordination, training, and consultation[51]	$638,627
2017 Annual Expenditure		**$638,627**
2018	Behavioral health screening, brief therapy, and referral co-located within DV agencies; culturally appropriate behavioral health consultation within agency serving immigrant and refugee survivors; and system coordination, training, and consultation	$655,231
2018 Annual Expenditure		**$655,231**
Biennial Expenditure		**$1,293,858**

This spending plan is revised from the 2016 SIP spending plan. It increases spending in this initiative by $151,700 with a commensurate decrease in spending for the PRI-09 Sexual Assault Behavioral Health Services initiative. This is a net zero change to overall spending for the MIDD

[51] Under MIDD 1, funding for this role was divided between strategies addressing sexual assault and DV. Under MIDD 2, although the function of the position is unchanged and is designed to cross between these systems, for administrative purposes it is funded under the DV initiative only at the request of stakeholders.

budget, with no service impacts to clients or providers. The change was made at the request of providers to more accurately reflect the population and services.

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Clinical services have been procured from agencies with expertise in serving survivors of DV that have the capacity to incorporate a co-located mental health professional. Coordination functions have been procured from an organization with relevant expertise in training, consultation and/or system coordination.

Contracts are in place with DV agencies for co-located MHPs. Contracts are expected to continue without need for a competitive bidding process, with updates to reflect MIDD 2 funding levels and performance expectations. Competitive bids are not needed at this time for the system coordination portion of this initiative, as a provider is already in place. If new agencies are contracted to serve marginalized populations, a community process will be initiated to identify appropriate agencies.

◊ *B. Services Start date (s)*

MIDD 2 services have continued in January 2017.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model and minimal expected change. Routine community engagement that occurs as part of the ongoing delivery of this program includes the following:

- Client satisfaction surveys administered at least annually, as well as more specific individual feedback, are used regularly to shape agency programming including the delivery of more responsive therapy models.
- Training and workgroups with a variety of community stakeholders leads to shared expertise and collaboration.
- Input from leadership and staff at the behavioral health and domestic violence agencies is incorporated into system coordination projects, trainings and tools.

MIDD 2 Initiative PRI-11: Community Behavioral Health Treatment

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "improve health and wellness of individuals living with behavioral health conditions."

The current community need for behavioral health treatment is significant. There is a large unserved population of people who are not on Medicaid, or do not qualify for Medicaid, whose behavioral health needs are only addressed when their need reaches crisis proportions – either in hospital emergency departments, in-patient care or jails. Over half of the individuals with mental illness who are admitted to psychiatric hospitals do not have Medicaid coverage. Eleven percent of people in King County over the age of 18 suffer from frequent mental distress; most are living in poverty and many live in South King County.[52] Twenty-seven percent of school-aged youth are experiencing depression, many of which are minorities living in south King County, while 29 percent of in-school youth in King County report having used some type of illicit drug within the past 30 days.[53] These treatment services decrease disparities across King County so that all residents have the opportunity to achieve their full potential.

1. Program Description

◊ *A. Service Components/Design (Brief)*

This initiative provides mental health (MH) and substance use disorder (SUD) services to those who are not served by Medicaid, including undocumented individuals, incarcerated individuals, people on Medicare, people who are under 220 percent of the federal poverty level and have extremely high co-pays and deductibles in order to access service, people on Medicaid spend down (meaning they have to pay a certain amount of out-of-pocket expense every six months before Medicaid reimbursement kicks in), and people who are pending Medicaid coverage. In addition, this initiative provides essential services that are part of the treatment continuum not covered by Medicaid such as outreach, transportation and SUD peer support.

◊ *B. Goals*

The goals of the strategy are to increase access to and provide services for individuals who are currently ineligible for Medicaid, decrease the number of people with behavioral health issues who are re-incarcerated or re-hospitalized, reduce jail and inpatient utilization, and homelessness.

[52] Behavioral Risk Factor Surveillance System. Public Health – Seattle & King County, Assessment, Policy Development and Evaluation Unit. December 2014.

[53] Healthy Youth Survey. Public Health – Seattle & King County, Assessment, Policy Development and Evaluation Unit. December 2014.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[54]

1. *How much? Service Capacity Measures*

   This initiative serves at least 3,500 unduplicated individuals annually.

2. *How well? Service Quality Measures*

   - Increased use of prevention (outpatient) services

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced substance use
   - Reduced behavioral health risk factors
   - Improved wellness and social relationships
   - Reduced unnecessary incarceration, hospital, and emergency department use
   - Reduction of crisis events

◊ *D. Provided by: Contractors*

2. Spending Plan

Year	Activity	Amount
2017	Continued behavioral health services for people who are not served by Medicaid, and essential services in the care continuum that are not covered by Medicaid	$11,890,000
2017 Annual Expenditure		**$11,890,000**
2018	Continued behavioral health services for people who are not served by Medicaid, and essential services in the care continuum that are not covered by Medicaid	$12,199,140
2018 Annual Expenditure		**$12,199,140**
Biennial Expenditure		**$24,089,140**

[54] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

The behavioral health providers currently under contract with BHRD are providing the services. No RFP is needed.

◊ *B. Services Start date (s)*

Services continued on January 1, 2017.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model and minimal expected change. Routine community engagement that occurs as part of the ongoing delivery of this program includes but is not limited to discussions with the outpatient treatment provider community through established regular meetings.

MIDD 2 Initiative CD-01: Law Enforcement Assisted Diversion (LEAD) (NEW)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

Drug use, mental illness and homelessness often create conditions that fuel repeated involvement with the criminal justice system, impede an individual's recovery and foster community public safety/order concerns.[55]

The Law Enforcement Assisted Diversion (LEAD) program diverts individuals who are engaged in low-level drug crime, prostitution, and other collateral crime due to drug involvement, from the justice system, bypassing prosecution and jail time, to directly connect drug-involved individuals to case managers who can provide immediate assessment and crisis response, and long term outreach-based case management to help individuals with behavioral health issues to avoid coming into repeated contact with the criminal justice system.

LEAD is a community policing reform effort, addressing low-level drug crimes with socioeconomic and health impacts, and providing law enforcement with credible alternatives to booking people into jail. At the point of a person with a substance use condition comes into contact with law enforcement, officers can identify individuals for referral to the LEAD program to activate a community-based health and human services response, whenever possible and appropriate. LEAD is based in the principles of harm reduction,[56] which focuses on prevention of harms to individuals and communities, using quality of life and utilizing relationship-based approaches. LEAD case managers work in collaboration with law enforcement and prosecutors to identify and address individuals' basic needs and behavioral health treatment needs. They do not requiring sobriety for program access, and coordinate any existing legal involvement with a focus on prevention of future contact with the criminal justice system.

1. Program Description

◊ *A. Service Components/Design (Brief)*

All LEAD participants receive case management, which includes street outreach, a key factor for ongoing engagement with LEAD for many of the participants. Case management supports include meeting basic needs, assisting and advocating for access to housing and supporting housing stability, assistance with job attainment and/or income stabilization and navigating

[55] King County's Familiar Faces project found that nearly all individuals with four or more bookings into the County's jails in a year have a behavioral health indicator of drug dependency or mental illness, and at least one other acute or chronic medical condition. More than half (likely undercounted) were homeless. *Familiar Faces: Current State – Analysis of Population*, September 28, 2015

[56] Harm reduction interventions are designed to match interventions to where individuals are, including their motivation to change, in order to tailor strategies to meet their specific needs and to minimize the harms to themselves and their community. "Harm reduction strategies can be effective in reducing harm, increasing the quality of life and decreasing high-risk behaviors." Marlatt, G. Alan; Larimer, Mary E.; Witkiewitz, K., Harm Reduction: Pragmatic Strategies for Managing High-Risk Behaviors.

enrollment in drug and alcohol treatment. Prosecutors assigned to LEAD work closely with LEAD case managers, and provide coordination of all criminal justice involvement to support and not compromise LEAD intervention plans. In general, LEAD pursues the goals of the individual participant, as identified by the case manager and the participant in an Individual Intervention Plan.

Case managers provide street-based outreach and engagement, as well as immediate response to unscheduled needs wherever possible. Case managers use trauma-informed motivational interviewing techniques, and establish a low- or no-barrier atmosphere that ensures participants are not shamed and can readily re-engage when they have struggled or are struggling.

The second component of LEAD is the coordination of all prosecution and contact participants may have with the criminal justice system for other cases that may not be eligible for diversion, including getting outstanding warrants quashed – a large barrier for many LEAD participants to sustaining community tenure. The LEAD prosecutorial role includes the ability to make discretionary decisions about whether to file charges, recommend pre-trial detention or release conditions, reduce charges, and recommend lesser or no jail sentences for post-adjudication cases already underway. LEAD prosecutors support the intervention plan designed for the particular participant, in order to maximize community health and safety.

Another component of the LEAD program is engagement with the community and addressing neighborhoods' concerns with criminal activity and public safety. This takes the form of ongoing education and dialogue with community leaders about the LEAD approach, coordination of information between neighborhood leaders and the operational workgroup regarding LEAD participants and neighborhood hotspots and concerns. It also generates community-based social contact referrals to LEAD that can be validated by law enforcement as appropriate referrals. Through LEAD, community-generated pressure for traditional enforcement can be transformed into participation in alternative health-based responses.

Specific strategies of the LEAD program include:

- Effective training of and engagement with front-line law enforcement officers (officers and sergeants) to enlist their active participation in this approach, to familiarize them with harm reduction principles, and to tap into their experience, knowledge and relationships with street-involved populations.
- Criminal justice system coordination by LEAD prosecutors to coordinate exiting legal cases, remove barriers to community tenure such as outstanding warrants, and make decisions not to file a criminal case on any charges that may be eligible at the point of referral to LEAD or anytime thereafter.
- Ongoing community outreach and engagement.
- Provision of case management in a harm reduction/Housing First framework.

- Coordination with public defenders to receive defense-initiated social contact referrals and ensure defenders integrate LEAD into defense planning for resolution of filed cases as appropriate.

Potential service recipients would be located in currently funded areas[57] as well as other communities that have expressed interest in becoming partners in the delivery of LEAD. There is a particular interest among LEAD's policy coordinating group in exploring opportunities to expand LEAD into south and east King County jurisdictions that presently make comparatively high use of jail facilities throughout King County for individuals with frequent bookings,[58] as part of a countywide strategy to increase access to the program and decrease the unnecessary use of jail.

Of note, the current LEAD case management level of care may need to be enhanced for some individuals who are referred to the program. Through other demonstration efforts, more intensive levels of care will become available to address higher needs.

◊ *B. Goals*

As described above, the primary objectives of LEAD are to reduce recidivism and criminal justice costs, and to increase positive psychosocial, housing and quality-of-life outcomes for participants.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[59]

1. How much? Service Capacity Measures

This initiative is expected to serve 500 unduplicated individuals annually when fully operational.

2. How well? Service Quality Measures

- Increased use of preventive (outpatient) services
- Improved access to social services safety net (e.g. enrollment in Apple Health, access to housing assessment and coordination)

[57] LEAD launched as a pilot in Seattle's Belltown neighborhood and King County's Skyway neighborhood in 2011, funded entirely by grants from private foundations. In 2014, with support from the City of Seattle, and at the request of other downtown Seattle neighborhoods, the program was expanded to include the rest of downtown Seattle. LEAD received $800,000 in one-time funding from MIDD 1 in 2016. The City of Seattle plans to expand LEAD to its east precinct (Capitol Hill) in 2016, and, since other Seattle neighborhoods have requested LEAD, the City Council has requested a plan for how to scale up citywide. The Sound Cities Association has also entered discussions regarding expanding LEAD to other King County cities.

[58] This refers to individuals who meet the Familiar Faces threshold of four or more bookings into the County's jails in a year.

[59] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

3. *Is anyone better off? Individual Outcome Measures*

    - Reduced substance use
    - Reduced behavioral health risk factors
    - Reduced unnecessary incarceration
    - Increased stability in treatment, employment, or other quality of life measures

    Specific outcomes and measures for LEAD, especially identification of what will be evaluated as part of MIDD 2, are subject to further definition.

◊ *D. Provided by: Contractor*

Prosecution services will be provided by the King County Prosecuting Attorney's Office (KCPAO) and municipal attorneys including the Seattle City Attorney's Office as well as those representing any future cities that may participate in future expansions of LEAD to south and/or east King County.

Funding for community engagement, project management including accountability to MIDD and other oversight bodies, and stakeholder coordination would be directed to the Public Defender Association (PDA).

Funding for case management will be contracted to PDA through King County BHRD, which will provide program oversight of and contract monitoring for the MIDD-funded portion of LEAD, including ensuring that other funding sources including Medicaid are maximized. (See 3.A below for the expected long-term approach to case management contracting.)

2. Spending Plan

This spending plan shows estimated amounts and expected categories for MIDD 2's recommended contribution to LEAD.

It is designed to invest in expansion of LEAD to other jurisdictions, and/or other Seattle neighborhoods, as part of a countywide strategy. Each additional jurisdiction will be expected to secure or contribute funding for increased case management, project management, community engagement, client legal services, law enforcement overtime and training costs when LEAD expands into its area, alongside the MIDD 2 investment.

All expenses shown are provisional and may be adjusted depending on the timing of expansion of LEAD into other communities within Seattle and/or throughout the County.

Year	Activity	Amount
2017	Case management, prosecution costs, project management, stakeholder coordination, community engagement, and planning to enhance integration and expand to suburban cities	$1,771,718
2017 Annual Expenditure		**$1,771,718**
2018	Case management, prosecution costs, project management, stakeholder coordination, community engagement, and planning to enhance integration and expand to suburban cities	$1,817,782
2018 Annual Expenditure		**$1,817,782**
Biennial Expenditure		**$3,589,500**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

County funds will be granted to Public Defender Association (PDA) to support its existing role in project management, stakeholder coordination and community engagement for LEAD, including its role in working with the multisystem LEAD Policy Coordinating Group, the consensus-based governing body of LEAD that includes PDA, prosecutors, law enforcement, the King County Executive's Office, the local chapter of the American Civil Liberties Union (ACLU) and municipal funders.

Funding for LEAD case management will be administered by the through a contract between PDA and King County BHRD, which will provide program oversight of and contract monitoring for the MIDD-funded portion of LEAD.

It is the long-term goal for LEAD that King County BHRD will oversee the contract for case management services and oversee the social services aspect of LEAD, including behavioral health, primary care, and housing, and assist with systems coordination to better meet other socials needs of those served in LEAD. This will occur when BHRD-administered "on demand" referral portals are available featuring harm reduction and trauma-informed care approaches.

If new King County cities wish to launch LEAD, an RFP would be developed by BHRD staff in conjunction with the Policy Coordinating Group in order to identify case management providers appropriate to those new cities.

◊ *B. Services Start date (s)*

As the initiative is already operating, services are expected to continue uninterrupted in the current service areas.

Expansion to other communities throughout King County is expected to occur gradually between 2017 and 2022 when:

- Specific jurisdictions come forward with interest and additional funding.
- Agreements and law enforcement/prosecution training is completed.
- Contracted case management provider(s) are identified for South and/or East King County as applicable.

4. Community Engagement Efforts

With support from the Public Defender Association (they provide a dedicated staff), VOCAL-WA provides a venue for community outreach and advocacy for individuals experiencing homelessness, including those who are graduates of or currently participating in LEAD. PDA also coordinates with neighborhood and neighborhood safety groups (e.g. Downtown Seattle Association, Metropolitan Improvement District, Friends of Waterfront Seattle, Little Saigon/International District), and is establishing a table of community leaders to hold LEAD accountable to the program's mission and goals.

MIDD 2 Initiative CD-02: Youth and Young Adult Homelessness Services (NEW)

How does the program advance the adopted MIDD policy goals?

This initiative will impact the adopted MIDD policy goals of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

This initiative, in collaboration with initiative CD-16, Youth Behavioral Health Alternatives to Secure Detention, is a coordinated approach to supporting youth under the age of 18 experiencing homelessness and who, as a result of being disconnected from their families, are coming into contact with law enforcement and/or the juvenile justice system through at-risk youth or truancy petitions. Together these initiatives will expand and support the behavioral health crisis system continuum to support populations of homeless and at-risk youth whose needs are not currently being met.

This approach is also consistent with the principles of King County's plans for behavioral health integration and health and human services transformation, which call for reduced fragmentation across systems, increased flexibility of services and coordination of care, and strong emphasis on prevention, recovery and elimination of disparities for marginalized populations.

1. Program Description

◊ *A. Service Components/Design (Brief)*

This initiative provides mobile crisis outreach team(s) to youth under the age of 18 who are potentially homeless. Components include expanding and enhancing the Children's Crisis Outreach Response System (CCORS) program to ensure immediate access to youth, families, law enforcement officers and other community organizations to mobile crisis outreach 24/7 anywhere within the county. The crisis outreach team will work to de-escalate the current crisis. Once the crisis is stabilized, the crisis outreach team will complete a comprehensive assessment of the youth and family's current strengths, resources, and needs and provide time-limited in-home and community based supports that ensure linkage to ongoing services, provide parents and family members the tools they need to manage ongoing behavior, and get youth back on track.

When the crisis situation cannot be stabilized and/or calls for a more intensive response, the crisis team will have access to crisis stabilization beds, located within existing DCHS providers, where youth can stay for up to 14 days (or longer if necessary). The stabilization beds are described in initiative CD-16 Alternatives to Secure Detention.

◊ *B. Goals*

Improving behavioral health services for youth under the age of 18 who may be homeless and/or disconnected from their families and come into contact with, or are at risk of coming into contact with law enforcement/juvenile justice and divert youth from a pathway of justice involvement, are linked to appropriate behavioral health services and treatment, and help ensure that their homelessness is a brief and one-time experience.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[60]

1. *How much? Service Capacity Measures*

   It is unclear exactly what the volume of crisis response need will be for homeless youth at risk of juvenile justice involvement. CCORS will track the number of referrals from various referral sources as well as the number of outreaches, location, client demographics and other key service measures to ensure that the capacity of the CCORS teams meets the volume of need. They will also track crisis stabilization bed utilization and disposition.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services
   - Increased housing stability

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced behavioral health risk factors
   - Reduced unnecessary incarceration, hospital and emergency department use
   - Reduction of crisis events

◊ *D. Provided by: Contractor*

[60] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. Spending Plan

Year	Activity	Amount
2017 July 1-Dec 31	Mobile crisis outreach team(s) increased capacity	$150,000
2017 Annual Expenditure		**$150,000**
2018	Mobile crisis outreach team(s)	$457,800
2018 Annual Expenditure		**$457,800**
Biennial Expenditure		**$607,800**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Services offered under this initiative will be contracted for with the YMCA and managed by staff within King County Department of Community and Human Services.

◊ *B. Services Start date (s)*

Services are expected to start in July 2017.

4. Community Engagement Efforts

This initiative, along with CD-16 Youth Behavioral Health Alternatives to Secure Detention, was developed in collaboration with the County's Juvenile Justice Equity Steering Committee (JJESC). County staff will work with the provider and a design group from the JJESC to refine this initiative to ensure that it is responsive to the population it serves and community needs. The JJESC will also participate in ongoing monitoring of implementation and operations.

Stakeholders and partners will continue to be consulted as design and implementation proceed.

MIDD 2 Initiative CD-03: Outreach and In Reach System of Care

How does the program advance the adopted MIDD policy goals?

This initiative will impact the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

Community-based outreach and engagement connect individuals in need of services prior to court involvement or as a treatment alternative. Many individuals do not enter into criminal justice system responses, such as specialty courts, when they have health and human service needs and often return to the streets after release from jail still in desperate need of connection to treatment, housing and community.

1. Program Description

◊ *A. Service Components/Design (Brief)*

Existing MIDD 1 services are provided under Public Health through two agencies: 1) Harborview Medical Center (HMC) in downtown Seattle and 2) the Valley Cities Counseling and Consultation (VCCC) in south and east King County, and known as the Bridges program[61] and through the Seattle Indian Health Board at the Dutch Shisler Service Center and the Chief Seattle Club. All provider agencies target individuals who have a recent history of cycling through hospitals, jails, other crisis facilities, psychiatric hospitals, or residential substance use disorder (SUD) treatment facilities. They work with individuals who do not have or are not eligible for Medicaid, and clients with mental health problems who are not eligible for enrollment in the Behavioral Health Organization (BHO) network that has provided publicly funded mental health services, or who are disconnected from their BHO case manager or program. The services are community-based mental health/SUD-based outreach, engagement and service linkages, including advocacy for individuals with mental health and substance use conditions, mental health assessments and linkage to counseling.

County administration/oversight resources, community-based organizations and other experts will be engaged to use a collective impact approach, in order to assess current defined results and recommend any needs to redefine any determined results. This will include looking at population currently being served, to be served, accessibility, community need, etc.

Public Health – Seattle and King County (PHSKC), King County Behavioral Health and Recovery Division (BHRD) and Housing and Community Development, Harborview Medical Center (current provider), Valley Cities Counseling and Consultation (current provider), local homelessness advisory boards (e.g. Eastside Homeless Advisory Committee), All Home, community-based organizations and other community meeting forums, will be engaged to determine if the current defined scope and parameters of this initiative are properly defined.

[61] http://www.valleycities.org/services/outreach/bridges/

PHSKC will continue funding current organizations into early 2017. Component re-design, evaluation and consultation will happen on a quarterly continuous improvement cycle. A review of utilizer systems will be conducted in early 2017 to ensure that the current agencies are meeting goals and serving the target population.

◊ *B. Goals*

The primary goal of this initiative is to increase availability of outreach, engagement and case management services for homeless individuals.

Behavioral health professionals engage clients and provide stabilizing services with the goal of making referrals to mental health and SUD treatment providers in order to ensure appropriate ongoing treatment for those individuals who are eligible for services.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[62]

1. *How much? Service Capacity Measures*

   The number of unduplicated individuals served annually is 450.

2. *How well? Service Quality Measures*

   - Increased use of prevention (outpatient) services
   - Improved wellness self-management
   - Increased housing stability

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced unnecessary incarceration
   - Reduction of crisis events

◊ *D. Provided by: Contractor*

[62] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. Spending Plan

Year	Activity	Amount
2017	Community-based outreach and engagement services continue.	$410,000
2017 Annual Expenditure		**$410,000**
2018	Community-based outreach and engagement services continue.	$420,660
2018 Annual Expenditure		**$420,660**
Biennial Expenditure		**$830,660**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Funding will continue to be distributed to PHSKC via a Memorandum of Understanding (MOU). BHRD currently contracts with Seattle Indian Health Board for services in this initiative. No RFP is needed unless the review process determines that a program change is needed during the second quarter 2017.

◊ *B. Services Start date (s)*

Services continue in first quarter 2017.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model and minimal expected change. No active community engagement is occurring at this time. Should the review process determine program change is needed, community stakeholders and persons being served will be engaged for input.

MIDD 2 Initiative CD-04: South County Crisis Diversion Services/Center (NEW)

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

This program relates to the current MIDD 1 strategy Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team in the availability of in-the-community crisis response and the accessibility of a facility-based crisis diversion program. The program would provide south King County first responders with a therapeutic community-based alternative to jail and hospital settings when engaging with adult individuals in behavioral health crisis.

1. Program Description

◊ *A. Service Components/Design (Brief)*

The South County Crisis Center (SCCC) is envisioned to provide crisis services to the southern region of King County serving 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. This allows for potential co-location and coordination of many crisis receiving and stabilization services accessible 24 hours a day, 7 days per week (24/7), including but not limited to on-site respite/crisis diversion and mobile crisis teams.

◊ *B. Goals*

The goals of the programs at the SCCC would be to meet the individual where they are, rather than expecting the individual to be ready for services, housing, etc. The recovery aspect would be indicated in the expectation that the SCCC will work with individuals on a repeat basis in order to work on motivation for treatment, while also focusing their efforts on addressing what is important for the individual. Without basic needs being met, individuals will likely be moving from crisis to crisis, rather than moving down a path of recovery. By setting the focus on identifying and addressing the most pressing needs – such as obtaining identification, obtaining health benefits, completing housing applications, etc. – the facility will be able to take the extra steps to ensure an individual has access to services and the support they need to help them maintain stabilization.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[63]

1. How much? Service Capacity Measures

This initiative is expected to serve 1,500 individuals annually when fully operational.

[63] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services
   - Improved access to social services safely net

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced unnecessary incarceration, hospital, and emergency department use
   - Reduction of crisis events

◊ *D. Provided by: Contractor*

2. Spending Plan

The spending plan outlined here is limited to the pilot funding level. As such, implementation may include only some of the program elements listed above. The timing and/or amounts of some expenditures shown below may depend on when and how the facility is successfully sited. Potential timeframe changes and/or revisions to these approaches should be expected.

As noted in the Service Improvement Plan, the County recognizes that it is not always possible to begin spending on all MIDD initiatives as soon as budget authority is granted. This initiative is among a group of programs expected to be implemented via a staged approach, to allow for thoughtful planning and procurement processes. This is reflected in the spending plan below via different expenditure amounts for the first and second years of the 2017-2018 biennium.

Year	Activity	Amount
2017 only	South King County Crisis Diversion Facility/Services capital investment and/or startup costs	$500,000
2017 Annual Expenditure		**$500,000**
2018	South King County Crisis Diversion Facility programs, services, and operations	$1,539,000
2018 Annual Expenditure		**$1,539,000**
Biennial Expenditure		**$2,039,000**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Planning for this new initiative will include a staged implementation process.

◊ *B. Services Start date (s)*

The anticipated start of services is TBD at this time. Startup timing will be affected by time required for planning and procuring a contractor and any additional funding needed, site identification, and the extent of renovations or construction needed.

4. Community Engagement Efforts

To guide implementation of this program, it is anticipated that the input of community partners and stakeholder agencies will be solicited via a robust community engagement process. Issues such as program siting, operations and eligibility criteria will be addressed through this process with all interested stakeholders. In addition, first responder partners from south King County will be provided multiple opportunities to provide feedback and recommendations regarding the development of the SCCC, given their experience with the current Crisis Solutions Center program.

MIDD 2 Initiative CD-05: High Utilizer Care Teams

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

The initiative assists people in the midst of crisis by delivering flexible and individualized service beginning in the emergency department (ED) or hospital inpatient unit. This program builds on initial supportive contact to help people reintegrate safely into the community after an immediate crisis, and help them to acquire and engage with stabilizing resources such as housing and community-based care, thereby reducing future emergency system use.

The program focuses on reducing individuals' use of crisis services, including the emergency room, inpatient psychiatry, and inpatient medical care, and enhancing the capacity to link individuals to community services. The initiative serves people who are falling through the cracks of the existing service system, such as people who have no services in place but need intensive outreach to connect to care, or people with mental illness who also have chronic medical conditions.[64]

1. Program Description

◊ *A. Service Components/Design (Brief)*

This initiative will serve individuals who are frequently seen at the ED or psychiatric emergency service (PES) at Harborview Medical Center (HMC). This initiative will serve individuals that use the HMC ED or PES four or more times in three months.[65] Due to the intensity of service as well as the complex needs of program individuals, caseloads are kept smaller, so people with eight or more ED or PES visits in six months will be prioritized, because they are most likely to benefit from the services offered by this specialized care team. The program also provides support for clients' basic needs that reduce barriers to participating in the plan of care through a modest fund to address transportation, clothing, rent and similar expenses.

Data from Washington's Emergency Department Information Exchange (EDIE) will also be used to identify Harborview patients who may not meet the priority threshold based on HMC data alone, but have a high level of ED use at other King County hospitals.

Most participants are homeless at the outset of the intervention. Along with homelessness, almost all individuals' vulnerability arises from at least two of the following: chronic medical issues, substance use disorders and serious mental illness.[66]

[64] Harborview Medical Center, December 2015.
[65] Extracted from 2015 Harborview Medical Center Contract, Exhibit IV.
[66] Harborview Medical Center, December 2015.

Service components include a harm reduction approach to substance abuse, motivational strategies to engage individuals in primary health care for chronic conditions, active engagement of community supports, outreach during individuals' crises in the ED or during an inpatient admission, and continued engagement of individuals once they return to the community. Broadly, the team assists individuals to find stable housing, improves de-escalation skills to decrease behavioral barriers to care, and helps individuals with co-occurring disorders access needed behavioral health services and connections to primary care for their medical needs.[67]

The most frequent service connections upon discharge are in mental health, substance abuse and medical clinics. Staff will coordinate with King County; other EDs; and behavioral health, social service, and housing providers in order to ensure appropriate referrals and linkages to services. The team uses HMC primary care and aftercare clinics to provide urgent and long-term service connections to primary care. HMC's mental health services provide mental health urgent care, while long-term case management comes from a variety of community mental health providers.[68]

◊ *B. Goals*

This initiative's goal is to connect individuals who have frequent crisis visits to EDs or the PES to care providers and treatment systems in the community in order to decrease their need for emergency services.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[69]

1. *How much? Service Capacity Measures*

   The program has the capacity to serve approximately 100 unduplicated individuals annually.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced behavioral health risk factors
   - Reduced unnecessary hospital and emergency department use
   - Reduction of crisis events

[67] ED/PES High Utilizer Case Management Annual Report, MIDD I Strategy 12c, King County Contract 5656153 – Exhibit IV (December 2014).

[68] ED/PES High Utilizer Case Management Annual Report, MIDD I Strategy 12c, King County Contract 5656153 – Exhibit IV (December 2014).

[69] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◊ *D. Provided by: Contractor*

All services offered under this initiative will be contracted to Harborview Medical Center. The contractor will manage expenditures on clients' basic needs and seek reimbursement from the County up to allowed limits.

2. Spending Plan

Year	Activity	Amount
2017	High utilizer care team services, with support for basic needs to reduce barriers to care plan participation	$256,250
2017 Annual Expenditure		**$256,250**
2017	High utilizer care team services, with support for basic needs to reduce barriers to care plan participation	$262,913
2018 Annual Expenditure		**$262,913**
Biennial Expenditure		**$519,163**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Harborview Medical Center continues to serve as the contractor for these services. No RFP is needed.

◊ *B. Services Start date (s)*

Services continued in January 2017.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model and minimal expected change. No active community engagement is occurring at this time.

MIDD 2 Initiative CD-06: Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

The Crisis Solutions Center (CSC), operated by the Downtown Emergency Service Center (DESC), provides King County first responders with alternative options to jail and hospital settings when engaging with individuals, age 18 and older, in behavioral health crisis. The intent of the facility is to stabilize and support individuals in the least restrictive setting possible, while identifying and directly linking them to appropriate and ongoing services in the community. The CSC has three program components intended to stabilize and support an individual in the least restrictive setting possible, while identifying and directly linking that individual to ongoing services in the community.

1. Program Description

◊ *A. Service Components/Design (Brief)*

The Adult Crisis Diversion Center strategy (herein referred to as the Crisis Solutions Center or CSC) provides King County first responders with a therapeutic, community-based alternative to jails and hospitals when engaging with adults who are in behavioral health crisis. King County contracts with DESC to provide crisis diversion services in King County at the CSC. DESC has a strong history of engaging with individuals who are homeless, who experience mental health and substance use disorders, and who may be reticent in accepting traditional services. The CSC has three program components: Mobile Crisis Team (MCT), Crisis Diversion Facility (CDF), and Crisis Diversion Interim Services (CDIS). The programs are intended to stabilize and support individuals in the least restrictive setting possible, while identifying and directly linking them to appropriate and ongoing services in the community.

The MCT consists of teams of two mental health clinicians, trained in the field of substance use disorders, who provide crisis outreach and stabilization services in the community 24 hours a day, 7 days per week (24/7). The team responds to requests from first responders in the field to assist with people in a mental health and/or substance use crisis. They intervene with individuals in their own communities, identify immediate needs and resources, and, in most cases, relieve the need for any further intervention by first responders. The MCT is available for consultation or direct outreach to any location in King County and may assist individuals in crisis by providing or arranging for transportation.

The CDF is a 16-bed facility for individuals in mental health and/or substance abuse crisis who can be diverted from jails and hospitals, and voluntarily agree to services. The facility accepts individuals 24/7, with a 72-hour maximum length of stay. Individuals receive mental health and physical health screenings upon arrival. Services include crisis and stabilization services, case management, evaluation and psychiatric services, medication management and

monitoring, mental health and substance abuse disorder assessments, peer specialist services and linkage to ongoing community-based services.

The CDIS is a 30-bed program co-located with the CDF. After a crisis has resolved at the CDF, individuals may be referred to the CDIS if they are homeless, their shelter situation is dangerous or has the potential to send them into crisis again, or they need additional services prior to discharge to help support stabilization. Individuals can stay at the CDIS for up to 2 weeks. Services include continued stabilization services, intensive case management, peer specialist services, and linkage to community-based services, with a focus on housing and benefits applications.

◊ *B. Goals*

One of the main goals of crisis services is to stabilize individuals in the community. Crisis services also provide post-stabilization activities, including referral and linkage to outpatient services and supports.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[70]

1. *How much? Service Capacity Measures*

   The number of individuals served is 3,000 annually.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services
   - Improved access to social services safety net

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced unnecessary incarceration, hospital, and emergency department use
   - Reduction of crisis events

◊ *D. Provided by: Contractor*

[70] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. Spending Plan

Year	Activity	Amount
2017	Diversion services for people with mental health and substance use disorders experiencing a crisis program management, and stakeholder coordination continue.	$5,125,000
2017 Annual Expenditure		**$5,125,000**
2018	Diversion services for people with mental health and substance use disorders experiencing a crisis, program management, and stakeholder coordination continue.	$5,208,569
2018 Annual Expenditure		**$5,208,569**
Biennial Expenditure		**$10,333,569**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

BHRD currently contracts with DESC to provide services for this initiative. No RFP is needed.

◊ *B. Services Start date (s)*

Services continued on January 1, 2017.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model and minimal expected change. No active community engagement is occurring at this time.

MIDD 2 Initiative CD-07: Multipronged Opioid Strategies (NEW)

How does the program advance the adopted MIDD policy goals?

This initiative primarily addresses the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

Opioid prescribing has increased significantly since the mid-1990s and has been paralleled by increases in pharmaceutical opioid misuse and opioid use disorder, heroin use, and fatal overdoses.[71] These increases in morbidity and mortality were seen among those who were prescribed opioids and those who were not. When opioid prescribing began decreasing between 2005-2010, the number of teens in Washington State reporting use of these medicines to "get high" also decreased. As pharmaceutical opioids became less available, some people with opioid use disorder switched to heroin because of its greater availability and lower cost.[72] Heroin, however, brings with it higher risks for overdose, infectious disease and, because it is illegal, incarceration.[73]

While these dynamics have affected individuals of all age groups, the impact is particularly striking for adolescents and young adults, with research indicating that youth ages 14-15 represent the peak time of initiation of opioid misuse.[74] Since 2005, this young cohort has represented much of the increase in heroin-involved deaths and treatment admissions in King County and Washington State.[75]

In King County, heroin use continues to increase, resulting in a growing number of fatalities. In 2013, heroin overtook prescription opioids as the primary cause of opioid overdose deaths. By 2014, heroin-involved deaths in King County totaled 156, "their highest number since at least 1997 and a substantial increase since the lowest number recorded, 49, in 2009."[76] Increases in heroin deaths from 2013 to 2014 were seen in all four regions of the county, with a total increase from 99 to 156.[77] Heroin-involved

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[71] Jones, C. M., Mack, K. A. & Paulozzi, L. J. Pharmaceutical overdose deaths, United States, 2010. *JAMA* 309, 657–9 (2013); Paulozzi, L. J., Budnitz, D. S. & Xi, Y. Increasing deaths from opiate analgesics in the United States. *Pharmacoepidemiol. Drug Saf.* 15, 618–27 (2006); Paulozzi, L. J., Zhang, K., Jones, C. M. & Mack, K. A. Risk of adverse health outcomes with increasing duration and regularity of opiate therapy. *J. Am. Board Fam. Med.* 27, 329–38 (2014); and Jones, C. M., Paulozzi, L. J. & Mack, K. A. Sources of prescription opiate pain relievers by frequency of past-year nonmedical use United States, 2008-2011. *JAMA Intern. Med.* 174, 802–3 (2014).

[72] Jones, C. M., Logan, J., Gladden, R. M. & Bohm, M. K. Vital Signs: Demographic and Substance Use Trends Among Heroin Users – United States, 2002-2013. *MMWR. Morb. Mortal. Wkly. Rep.* 64, 719–25 (2015); and Jones, C. M. Heroin use and heroin use risk behaviors among nonmedical users of prescription opiate pain relievers – United States, 2002-2004 and 2008-2010. *Drug Alcohol Depend.* 132, 95–100 (2013).

[73] Jenkins, L. M. *et al.* Risk Factors for Nonfatal Overdose at Seattle-Area Syringe Exchanges. *J. Urban Heal.* 88, 118–128 (2011); and Cedarbaum, E. R. & Banta-Green, C. J. Health behaviors of young adult heroin injectors in the Seattle area. *Drug Alcohol Depend.* (2015). doi:10.1016/j.drugalcdep.2015.11.011

[74] McCabe, S. E., West, B. T., Teter, C. J. & Boyd, C. J. Medical and nonmedical use of prescription opiates among high school seniors in the United States. *Arch. Pediatr. Adolesc. Med.* 166, 797–802 (2012); and Meier, E. A. *et al.* Extramedical Use of Prescription Pain Relievers by Youth Aged 12 to 21 Years in the United States. *Arch. Pediatr. Adolesc. Med.* 166, 803 (2012).

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[76] Drug Abuse Trends in the Seattle-King County Area: 2014. Banta-Green, C et al. Alcohol & Drug Abuse Institute, Univ. of Washington, June 17, 2015. http://adai.washington.edu/pubs/cewg/Drug%20Trends_2014_final.pdf

[77] Drug Abuse Trends in the Seattle-King County Area: 2014. Banta-Green, C et al. Alcohol & Drug Abuse Institute, Univ. of Washington, June 17, 2015. http://adai.washington.edu/pubs/cewg/Drug%20Trends_2014_final.pdf

overdose deaths in King County remain high with 132 deaths in 2015.[78] Although prescription opioid-involved deaths have been dropping since 2008, many individuals who use heroin, and the majority of young adults who use heroin, report being hooked on prescription-type opioids prior to using heroin.[79]

Opioid treatment programs (OTP) that dispense methadone and buprenorphine in King County have been working to expand capacity, and the number of admissions to these programs increased from 696 in 2011 to 1,486 in 2014.[80] As of October 1, 2015, there were 3,615 people currently maintained on methadone at an OTP in King County.[81]

This initiative aims to address the trend by supporting the September 2016 recommendations of the Heroin and Prescription Opioid Addiction Task Force jointly convened by the King County Executive and the mayors of Seattle, Auburn, and Renton.[82] Specifically, recommended interventions were developed in the following areas:

- Primary Prevention
- Treatment and Service Expansion and Enhancement
- User Health and Overdose Prevention.

These recommendations will promote equity in access to limited treatment resources, while also ensuring that residents whose heroin use is chaotically and expensively impacting other publicly-funded resources (such as emergency medical care, psychiatric hospitalizations, criminal courts and incarceration facilities) have access to less expensive and responsive treatment services.

1. Program Description

◊ *A. Service Components/Design (Brief)*

MIDD funds may support any or all of the Heroin and Prescription Opiate Addiction Task Force's recommendations, which include the following:

Primary Prevention:

- Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose and opioid use disorder.
- Promote safe storage and disposal of medications.

[78] Drug Abuse Trends in the Seattle-King County Area: 2015. Banta-Green, C et al. Alcohol & Drug Abuse Institute, Univ. of Washington, July 2016. http://adai.uw.edu/pubs/pdf/2015drugusetrends.pdf

[79] Peavy KM, Banta-Green CJ, Kingston S, Hanrahan M, Merrill JO, Coffin PO. "Hooked on Prescription-Type Opiates Prior to Using Heroin: Results from a Survey of Syringe Exchange Clients," *Journal of Psychoactive Drugs*, 2012:44(3):259-65, and Cedarbaum ER, Banta-Green CJ, "Health Behaviors of Young Adult Heroin Injectors in the Seattle Area," Drug Alcohol Depend [Internet] 2015 [cited 2015 Dec 18]; available from http://www.ncbi.nlm.nih.gov/pubmed/26651427

[80] TARGET database, Washington State Publically funded treatment, Division of Behavioral Health and Recovery.

[81] TARGET database, Washington State Publically funded treatment, Division of Behavioral Health and Recovery.

[82] http://kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/task-forces/heroin-opiates-task-force.aspx. Task Force recommendations were issued on September 15, 2016.

- Leverage and augment existing screening practices in schools and health care settings to prevent and identify opioid use disorder.

Treatment and Service Expansion and Enhancement:

- Create access to buprenorphine in low-barrier modalities close to where individuals live for all people in need of services.
- Develop treatment on demand for all modalities of substance use disorder treatment services.
- Alleviate barriers placed upon opioid treatment programs, including the number of clients served and siting of clinics.

User Health and Overdose Prevention:

- Expand distribution of naloxone in King County.
- Establish, on a pilot program basis, at least two Community Health Engagement Locations (CHEL sites) where supervised consumption occurs for adults with substance use disorders in the Seattle and King County region. Given the distribution of drug use across King County, one of the CHEL sites should be located outside of Seattle.

This initiative also continues the MIDD 1-funded PHSKC needle exchange social work staff to engage clients and link them to needed treatment services.

◊ *B. Goals*

Broad goals of this initiative include reduced heroin or opioid-linked overdose fatalities, and an improved continuum of health care services, treatment and supports for opioid users in King County.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[83]

1. How much? Service Capacity Measures

The social work staff at PHSKC serves 700 unduplicated individuals per year, refers 300 clients per year to Medication Assisted Treatment (MAT), and successfully places 200 clients in treatment.

Targets for the number of individuals to be served will be identified in 2017 in collaboration with MIDD staff and with task force workgroups. As the initiative's varied approaches are likely to yield interventions across the continuum of care, some potential interventions may come into contact with many people, while others may have a more focused impact on a smaller number of participants.

[83] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. *How well? Service Quality Measures*

   - Increased use of prevention (outpatient) services
   - Improved wellness self-management.

3. *Is anyone better off? Individual Outcome Measures*

   - Improved wellness and social relationships
   - Reduced unnecessary incarceration, hospital, and emergency department use
   - Reduction of crisis events.

◊ *D. Provided by: County and/or Contractor*

Some funding for the task force recommendations will support County direct service staff, while many other aspects will be contracted to community providers.

2. Spending Plan

As noted in the Service Improvement Plan, the County recognizes that it is not always possible to begin spending on all MIDD initiatives as soon as budget authority is granted. This initiative is among a group of programs expected to be implemented via a staged approach, to allow for thoughtful planning and procurement processes. This is reflected in the spending plan below via different expenditure amounts for the first and second years of the 2017-2018 biennium.

Year	Activity	Amount
2017	Task Force-recommended service enhancements to address opiate addiction	$667,000
2017	Continuation of needle exchange social work staff to engage clients with treatment	$83,000
2017 Annual Expenditure		**$750,000**
2018	Task Force-recommended service enhancements to address opiate addiction	$1,456,000
2018	Continuation of needle exchange social work staff to engage clients with treatment	$83,000
2018 Annual Expenditure		**$1,539,000**
Biennial Expenditure		**$2,289,000**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

- Primary Prevention: For any prevention work to be contracted to providers, requests for proposals (RFPs) will be issued during the third quarter of 2017.
- Treatment Expansion and Enhancement: An RFP for buprenorphine expansion services will be issued in third quarter 2017.
- User Health and Overdose Prevention: A contract is in place with Kelley-Ross Pharmacy to provide naloxone medication to behavioral health providers. At the time of this report, the County does not yet know by whom any future CHEL site(s) will be operated. Finally, social worker engagement services to link clients of PHSKC's needle exchange to needed treatment services are continuing from MIDD 1, distributed via a Memorandum of Understanding (MOU).

Adjustments to these procurement plans may occur as opioid task force implementation workgroups continue planning efforts.

◊ *B. Services Start date (s)*

Primary prevention services are expected to start in third quarter 2017. Treatment expansion and enhancement service start dates will likely be in third quarter 2017. User health and overdose prevention naloxone and needle exchange social worker services began in the first quarter of 2017. The start date for CHEL services is unknown at the time of this report.

4. Community Engagement Efforts

During the course of the task force process, a series of community meetings was held in order to provide public education about heroin and opioid addiction, treatment and health services, and/or to obtain community input as the Task Force developed strategies and meaningful solutions to the problem of addiction and overdose in King County. The Task Force also conducted an extensive media effort to discuss the heroin epidemic and efforts to address it. Between February and April 2017, the task force sponsored community-learning events throughout the County in partnership with the King County Library System.

MIDD 2 Initiative CD-08: Children's Domestic Violence Response Team (CDVRT)

How does the program advance the adopted MIDD policy goals?

CDVRT addresses the adopted MIDD policy goal of "improve health and wellness of individuals living with behavioral health conditions."

The CDVRT provides a continuum of recovery services to address the needs of the families served. The impacts of domestic violence (DV) vary depending on severity of the violence in the home, age and developmental stage of the child, and the ability of the primary caretaker to meet the child's needs. Children's symptoms range from mild (primary and secondary prevention) to severe impairments in functioning requiring intensive rehabilitation/treatment. Support groups such as "Kids Club" and its concurrent parenting group, are offered for children and non-abusive parents who may not need or want mental health services. For children and families needing a higher level of mental health treatment, child and family therapists use individual, family, and group counseling; Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)[84]; and Parent-Child Interaction Therapy (PCIT).[85]

1. Program Description

◊ *A. Service Components/Design (Brief)*

A team provides mental health and advocacy services to children, ages 0-17 who have experienced DV, and support, advocacy and parent education to their non-violent parent. The team consists of a children's mental health therapist, a children's DV advocate, and other team members as identified by the family (including supportive family members, caseworkers, teachers, etc.). Children are assessed through a parent and child interview, and use of established screening tools. Children's treatment includes evidence-based Trauma Focused Cognitive Behavioral-Therapy, as well as Kids Club, a tested group therapy intervention for children experiencing DV. Children and families are referred through the DV Protection Order Advocacy program, as well as through other partner agencies.

◊ *B. Goals*

The CDVRT has one primary long-term goal: to help break the generational cycles of violence – to decrease the likelihood that exposure to violence at home will lead to other forms of juvenile and adult violence by children who have been exposed to domestic violence. The CDVRT's more immediate program goals are: 1) to ensure ongoing physical and emotional safety of children and families impacted by domestic violence; and 2) to support emotional healing for children and adults who are victims and survivors of domestic violence.

[84] http://nctsnet.org/sites/default/files/assets/pdfs/tfcbt_general.pdf
[85] http://www.pcit.org/

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[86]

1. *How much? Service Capacity Measures*

   Approximately 85 unduplicated families with 150 children are served annually.

2. *How well? Service Quality Measures*

   - Increased resiliency and reduced negative beliefs

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced behavioral health risk factors
   - Increased stability in treatment, employment, or other quality of life measures
   - Improved wellness and social relationships

◊ *D. Provided by: Contractor*

2. Spending Plan

Year	Activity	Amount
2017	Provide CDVRT services to children and their supportive parent	$281,875
2017 Annual Expenditure		**$281,875**
2018	Provide CDVRT services to children and their supportive parent	$289,204
2018 Annual Expenditure		**$289,204**
Biennial Expenditure		**$571,079**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

It is cost effective to utilize existing organizations to develop the integrated model of DV and behavioral health services within community based DV advocacy organizations. BHRD continues to contract with Sound Mental Health for this program under MIDD 2.

[86] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◊ *B. Services Start date (s)*

Services continued as of January 1, 2017.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model and minimal expected change. No active community engagement is occurring at this time.

MIDD 2 Initiative CD-09: Behavioral Health Urgent Care Walk-In Clinic (NEW)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "reduce the number, length, and frequency of behavioral health crisis events."

In communities where Behavioral Health Urgent Care Clinics (BHUCCs) exist, people have rapid access to behavioral health services and supports, including peer specialists, to avert the need for more intensive crisis response by law enforcement, involuntary detention authorities, EDs and inpatient hospitals. BHUCCs are available to intervene earlier, and to offer alternatives that prevent future destabilization. They promote hope and recovery, and offer skills to promote resilience. BHUCCs are an innovative system improvement and operate in coordination with all other components of a community's continuum of crisis services.

1. Program Description

◊ *A. Service Components/Design (Brief)*

The King County BHUCC[87] is envisioned to serve adults who are experiencing a behavioral health crisis and in need of immediate assistance. The BHUCCwould be as centrally located as possible and accessible via public transportation. Individuals may self-refer by coming directly to the Clinic during established business hours including evenings. Other referral avenues may be developed. No appointments would be necessary.

As funding permits, services available at the King County BHUCC may include:

- Help with coping skills and crisis resolution planning
- Support from peer recovery specialists who bring hope to others on their recovery journeys
- Access to crisis psychiatry as necessary
- Crisis stabilization services, as needed, for up to 30 days
- Intake/referral for crisis residential services
- Substance use disorder screening and referral
- Family education and support
- Referral to community services for needs beyond the immediate crisis

[87] The King County Behavioral Health Urgent Care Clinic (BHUCC) for adults experiencing behavioral health crises will be closely modeled after the Mental Health Crisis Alliance's Urgent Care Clinic, which has been in operation in St. Paul, Minnesota for over five years (http://mentalhealthcrisisalliance.org).

- Coordination of care with an individual's current providers, as permitted by the client
- Crisis phone support.

Services are voluntary and meant to be short-term.

◊ *B. Goals*

The goals of the King County BHUCC are to offer urgent care services to individuals experiencing a behavioral crisis to help them avoid involuntary detention, hospital emergency department (ED) visits, psychiatric inpatient stays or involvement with law enforcement.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[88]

1. *How much? Service Capacity Measures*

   It is not yet known how many individuals may be served by this program, as the BHUCC's service scope is scaled to available funding.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced unnecessary hospital and emergency department use
   - Reduction of crisis events

◊ *D. Provided by: Contractor*

All services offered under this initiative will be contracted to community providers, potentially in tandem with Next-Day Appointment services as described further below. County staff will provide program management and oversight.

2. Spending Plan

The spending plan outlined here is limited to the pilot funding level. As such, implementation may include only some of the program elements listed above. The timing and/or amounts of some expenditures shown below may depend on when and how the clinic is successfully sited. Potential timeframe changes and/or revisions to these approaches should be expected.

[88] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

Dates	Activity	Funding
2017 only	Urgent Care Walk-In Clinic capital investment, startup costs, program design, siting, and public awareness	$250,000
2017 Annual Expenditure		**$250,000**
2018 Annual Expenditure	Urgent Care Walk-In Clinic operations and services	$256,500
2018 Annual Expenditure		**$256,500**
Biennial Expenditure		**$506,500**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

A Request for Proposals (RFP) process hosted by King County BHRD will result in the selection of one or more Behavioral Health Urgent Care Walk-In pilot provider(s). Procurement for this initiative may be paired with Next-Day Appointments, a closely related part of the crisis continuum that is also funded in part by MIDD, and is expected to occur in fourth quarter 2017.

◊ *B. Services Start date (s)*

King County BHRD is currently working in partnership with providers and other stakeholders to improve the crisis continuum for children/youth and adults in three areas: a) ensuring that the crisis continuum is reflective of the move toward integrated care and therefore meets the needs of individuals with mental health and substance use disorders; b) ensuring high quality, standardized response to those experiencing crisis regardless of payor; and c) offering increased options for diversion from emergency room and hospitalization to provide some relief to the current system. Because MIDD initiative CD-9 is part of the crisis continuum and linked to the system improvement efforts underway, implementation planning for this initiative is staged so that it can align with the larger crisis system improvement planning process. Contracts are expected to be in place in early 2018.

4. Community Engagement Efforts

Community engagement regarding this MIDD initiative is occurring in the context of the activities described in 3.B.

MIDD 2 Initiative CD-10: Next-Day Crisis Appointments (NDA)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

The Next-Day Appointment (NDA) program helps to divert people experiencing a behavioral health crisis from psychiatric hospitalization – especially those who are not currently enrolled in the King County mental health outpatient treatment system. Over 91 percent of individuals who participate in NDAs would otherwise be considered for psychiatric inpatient care.

The NDA program is designed to provide an urgent crisis response follow-up (within 24 hours) for individuals who are presenting in emergency rooms at local hospitals with a behavioral health crisis, or as a follow-up to the Designated Mental Health Professionals (DMHPs) who have provided an evaluation for involuntary treatment and found the person not eligible for, or could be diverted from detention with follow-up services.

MIDD funding enables the NDA program to provide follow-up services for a brief period after an initial appointment, in order to increase the degree to which participants link to ongoing care.

1. Program Description

◊ *A. Service Components/Design (Brief)*

Individuals served in NDA services present with a behavioral health crisis, either to hospital emergency departments or to crisis outreach mental health professionals. These are adults that typically do not have access to any ongoing mental health services. The crisis clinicians that respond to the individual in the hospital or community setting assess the individual and determine that an inpatient psychiatric hospital stay could be averted if the person had access to outpatient crisis stabilization services within 24 hours following their crisis assessment. A referral is made to the King County Crisis Clinic and an appointment is made with the NDA service in the geographic area of the person's preference.

Including baseline services made possible by the state and other funding partners, NDA services include:

- Crisis intervention and stabilization services provided by professional staff trained in crisis management.
- Consultation with an appropriate clinical specialist when such services are necessary to ensure culturally-appropriate crisis response.
- Referral to long-term mental health or other care as appropriate.
- Benefits counseling to work with NDA clients to gain entitlements that will enable clients to qualify for ongoing mental health and medical services.

- Psychiatric evaluation and medication management services, when clinically indicated, that include access to medications via prescription or direct provision of medications, or provides access to medication through collaboration with the individual's primary care physician.

MIDD specifically funds an enhancement to NDAs including short-term follow-up services:

- Consumers in crisis are offered additional short-term treatment and stabilization beyond the next-day appointment. Potential additional services include:
  - Linkage to ongoing services;
  - Completion of a Medicaid application process;
  - Development of a medication plan;
  - Linkage to a primary care provider for those who are not enrolled for ongoing services; and/or
  - Referrals to chemical dependency treatment.

As future funding permits, NDA capacity may be expanded to meet demand, as the need for NDAs from the local Emergency Departments far outstrips the current capacity.

◊ *B. Goals*

The Next-Day Appointment (NDA) program is a clinic-based, follow-up crisis response program that provides assessment, brief intervention, and linkage to ongoing treatment. The goal of the program is to provide crisis stabilization and to divert individuals from psychiatric inpatient care.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[89]

1. How much? Service Capacity Measures

At the recommended level of funding, the NDA program is expected to serve about 1,800 unduplicated individuals per year at its five current sites, including state- and MIDD-funded capacity. Of these, most come from hospital emergency departments, while other referrals come from DMHPs, the Crisis Clinic's voluntary hospital authorization team, and other first responder services. MIDD-supported follow-up services will be provided to at least 350 NDA participants per year system wide, based on their needs.[90]

[89] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

[90] Improved methods for counting recipients of the enhanced service will be explored, as even more people may be receiving follow-up services via MIDD than have been counted in recent years.

Depending on future funding levels from the state and from MIDD, some MIDD funding under this initiative could potentially be used to expand initial NDA appointment capacity to help meet demand.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced unnecessary hospital and emergency department use
   - Reduction of crisis events

◊ *D. Provided by: Contractor*

All services offered under this initiative will be contracted to community providers, potentially in tandem with Behavioral Health Urgent Care Walk-In services.

2. Spending Plan

Year	Activity	Amount
2017	Short-term follow-up services including medication and/or service linkage for at least 350 NDA participants, at five sites throughout King County	$307,500
2017 Annual Expenditure		**$307,500**
2018	Short-term follow-up services including medication and/or service linkage for at least 350 NDA participants, at five sites throughout King County	$315,495
2018 Annual Expenditure		**$315,495**
Biennial Expenditure		**$622,995**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Several community behavioral health providers are currently under contract to provide this service. The county, in collaboration with providers, may re-RFP this body of work in late 2017, particularly should NDA enhanced services be joined with new behavioral health urgent care walk-in services for procurement and contracting purposes. This RFP process would proceed once crisis system improvement plans have been finalized. At that time, there may be changes to this body of work, including related contracts.

◊ *B. Services Start date (s)*

Services continued on January 1, 2017. King County BHRD is currently working in partnership with providers and other stakeholders to improve the crisis continuum for children/youth and adults in three areas: a) ensuring that the crisis continuum is reflective of the move toward integrated care and therefore meets the needs of individuals with mental health and substance use disorders; b) ensuring high quality, standardized response to those experiencing crisis regardless of payor; and c) offering increased options for diversion from emergency room and hospitalization to provide some relief to the current system. Because MIDD initiative CD-10 is part of the crisis continuum and linked to the system improvement efforts underway, implementation planning for this initiative is staged so that it can align with the larger crisis system improvement planning process. Re-RFPd services are expected to be launched in first quarter 2018.

4. Community Engagement Efforts

Community engagement regarding this MIDD initiative is occurring in the context of the activities described in 3.B.

MIDD 2 Initiative CD-11: Children's Crisis Outreach Response System

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "reduce the number, length, and frequency of behavioral health crisis events."

The Children's Crisis Outreach Response System (CCORS) supports a countywide crisis response system for King County youth up to age 18 who are currently experiencing a mental health crisis. These services are provided to children, youth, and families 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. CCORS also addresses the needs of children and youth who are being discharged from a psychiatric hospital or juvenile detention center and need intensive short-term services while ongoing supports are being put in place.

1. Program Description

◊ *A. Service Components/Design (Brief)*

The CCORS program utilizes strength-based, individualized approaches via teams that include Crisis Intervention Specialists (Mental Health Professionals and Children's Mental Health Specialists), family advocates, and parent partners. Teams meet the referred youth and families in the home and other community locations. CCORS partners with families, as well as other professionals and systems, and uses short-term, evidence-based, crisis intervention strategies. Services are available 24 hours a day, 7 days a week, 365 days a year.

The CCORS program has three main components: Crisis Outreach Services and Non-Emergent Outreach; Intensive Stabilization Services (ISS); and Crisis Stabilization Beds (CSBs), also known as Hospital Diversion Beds.

<u>Crisis Outreach Services and Non-Emergent Outreach</u>

CCORS' Crisis Emergent and Non-Emergent Outreach services are available to children and youth in King County who meet certain crisis service criteria and are not currently receiving services through a contracted mental health agency. Emergent Crisis Response consists of: 1) crisis telephone response available 24 hours a day, 7 days a week that includes immediate access to a mental health professional, as well as: 2) an outreach team that, at a minimum, consists of a Children's Mental Health Specialist and a Family Advocate who are trained in crisis management.

Crisis Outreach services provide rapid face-to-face response at the community site of the escalating behavior. Teams develop crisis safety plans with family and youth input. Teams also provide crisis outreach to children/youth not engaged with a contracted mental health agency that have been referred for inpatient hospitalization. Teams provide referrals for voluntary hospitalization or coordination with the Designated Mental Health Professionals (DMHPs) for

involuntary hospitalization when needed, while keeping youth in the least restrictive option available that is clinically appropriate.

Intensive Stabilization Services (ISS)

ISS is an intensive service lasting up to 90 days that provides children and youth whose placement is at risk with immediate crisis stabilization. They build on the family's and child/youth's strengths and provide creative and flexible solutions focused on teaching and modeling parenting and problem-solving skills, developing skills necessary to manage behavior within the home/community environment and to prevent out-of-home placement. A variation of this stabilization service is available to those not enrolled in the pubic mental health system services provided by King County who are determined to need and agree to stabilization services upon initial crisis outreach services. They are available for up to eight weeks. This care is coordinated with new or existing community providers, including, but not limited to, other treatment providers, Department of Child and Family Services (DCFS) social workers and school staff.

Crisis Stabilization Beds (CSBs)

Crisis Stabilization Beds (CSBs) are designed for CCORS clients who would likely be hospitalized or experience another out of home placement without the use of a CSB, or are enrolled in BHO-contracted mental health services and are in need of a CSB for hospital diversion. Crisis outreach teams facilitate access to these beds.

Potential Future Service Improvements[91]

As part of broader efforts to improve crisis response countywide, CCORS and King County will explore potential ways to deliver crisis services for transition-age young adults up to age 21, and/or to serve previously homeless youth in behavioral health crisis.

◊ *B. Goals*

CCORS's main goals are:

- To provide a single, integrated, county-wide, comprehensive system of crisis outreach response, stabilization intervention, family reunification, and transition to community supports for children and youth
- To ensure the safety of children/youth and their families and/or caregivers who are facing crisis situations while helping them stay in the least restrictive location via community-based services and supports.

[91] Other ways that CCORS' services could expand may also be reflected in planning and/or implementation of other MIDD 2 initiatives, such as CD-02 Youth and Young Adult Homelessness Services, CD-16 Youth Behavioral Health Alternatives to Secure Detention, and CD-17 Youth Crisis Facility.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[92]

1. *How much? Service Capacity Measures*

   More than 1,000 unduplicated youth per year benefit from CCORS services via blended funding.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services
   - Diversion of referrals from hospitals and emergency departments

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced behavioral health risk factors
   - Improved wellness and social relationships
   - Reduction of crisis events

◊ *D. Provided by: Contractor*

Services for this initiative will be procured from a community-based organization with expertise in providing this service.

2. Spending Plan

As MIDD funding represents only a modest portion of the cost of the current comprehensive countywide program, federal block grant funds, state Children's Administration (CA)/DCFS funds, and state non-Medicaid funds remain essential to the program's full operation. The spending plan shown here relates solely to the recommended MIDD investment.

[92] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

Year	Activity	Amount
2017	Child/family teams with 24-hour availability to provide in-person support within two hours to any eligible child/family in crisis in King County, as well as short-term follow-up services and CSB access as needed	$563,750
2017 Annual Expenditure		**$563,750**
2018	Child/family teams with 24-hour availability to provide in-person support within two hours to any eligible child/family in crisis in King County, as well as short-term follow-up services and CSB access as needed	$578,408
2018 Annual Expenditure		**$578,408**
Biennial Expenditure		**$1,142,158**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Services will continue to be procured from the current CCORS provider. Competitive bids are not needed at this time, as a contract is already in place with the current CCORS provider, the YMCA of Greater Seattle.

◊ *B. Services Start date (s)*

Services continued in January 2017.

4. Community Engagement Efforts

The initiative is continuing from MIDD 1 with an established program model and minimal expected change. Routine community engagement that occurs as part of the ongoing delivery of this program includes: a) regular community-based trainings, including education about what the CCORS program offers and/or crisis intervention information and supports for youth and families with child serving system and community partners, including schools and law enforcement; b) monthly coordination meetings which include DSHS CA/DCFS and periodic input from the Crisis Line and Crisis and Commitment Services (DMHPs); and c) participation on King County behavioral health crisis system improvement efforts, including conducting a focus group of parent partners working in the behavioral health system.

MIDD 2 Initiative CD-12: Parent Partners Family Assistance

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "improve health and wellness of individuals living with behavioral health conditions."

This program provides family members and caregivers, youth, and community members (schools, faith organizations, social service, and behavioral health agencies, etc.) with information about effectively navigating complex service systems, referrals to services, systems and supports for families, and/or direct support to utilize effective coping skills and strategies in person, via the telephone, or by text. Parent partners and youth peers support families where they need it (e.g., home, school, church, cafes, etc.). Family social events and community educational offerings are provided at an accessible office in Kent and/or throughout the county at parks, libraries, community centers, schools, churches, social service agencies, and other accessible locations.

1. Program Description

◊ *A. Service Components/Design (Brief)*

This initiative funds a freestanding, family-run, family support organization, currently known as Guided Pathways—Support for Youth and Families (GPS). GPS has a staff of three parent partners and one youth peer, in addition to the executive director and an administrative/volunteer coordinator. GPS provides parent training and education, one-on-one parent partner support, and youth peer support, a community referral and education help line, social and wellness activities for families, and advocacy. It also offers continuing education opportunities for peer support specialists employed in King County agencies, and maintains an informative and appealing website that includes a blog, a resource bank, and calendar of activities.

◊ *B. Goals*

The goals are to help families and youth who experience behavioral health challenges to increase their knowledge and expertise; utilize effective coping skills and strategies to support themselves and/or their children/youth; and effectively navigate complex service system(s).

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[93]

1. How much? Service Capacity Measures

This initiative has served approximately 400 unduplicated individuals annually.

[93] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services
   - Improved wellness self-management

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced behavioral health risk factors
   - Improved wellness and social relationships
   - Increased stability in treatment, employment, or other quality of life measures

◊ *D. Provided by: Contractor*

2. Spending Plan

Year	Activity	Amount
2017	System navigation services, educational and social events, other supports to youth and families, program management, and stakeholder coordination continue.	$420,250
2017 Annual Expenditure		**$420,250**
2018	System navigation services, educational and social events, other supports to youth and families, program management, and stakeholder coordination continue.	$431,177
2018 Annual Expenditure		**$431,177**
Biennial Expenditure		**$851,427**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

BHRD currently contracts with Guided Pathways—Support for Youth and Families (GPS) for this body of work. No RFP is needed for MIDD 2.

◊ *B. Services Start date (s)*

Services continued in 2017.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model and minimal expected change. However, GPS continuously seeks feedback from a wide range of community partners, including schools, faith-based organizations, families, youth, and child serving systems, and actively reaches out to existing and potential new partners throughout King County. Service participants are surveyed routinely to assess whether GPS met their needs.

MIDD 2 Initiative CD-13: Family Interventions Restorative Services (FIRS) (NEW)

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

When law enforcement has probable cause of domestic violence in a home involving a youth, the youth is often arrested. Arrested youth are then transported to the King County Youth Service Center and booked into detention. Historically, family violence offenses have comprised the largest category of detainable offenses in King County.

With the FIRS Program, eligible youth involved in a domestic violence situation may avoid detention and have the opportunity to engage in a range of services without the delays of formal court processing. Youth are provided a place to stay in a 24/7 non-secure facility run by a contracted community services provider. Youth are assigned a specialized FIRS Juvenile Probation Counselor (JPC) and a Step-Up Social Worker. During the family intervention process, youth and families will complete a validated risk and needs assessment, complete a family violence safety plan, and craft a FIRS Agreement. The FIRS agreement engages youth in appropriate services, including Step-Up, evidence-based therapy, or the 180 Program. Youth may also agree to complete community service or engage with other services. In addition to enhancing access to existing services, FIRS expands the capacity of Step-Up, a "nationally recognized adolescent family violence intervention program designed to address youth violence toward family members" run by the King County Department of Judicial Administration (DJA). Step-Up provides safety plans for all FIRS families. The Step-Up curriculum provides 20 sessions of group counseling for parents and youth, which will be provided if FIRS screeners determine Step-Up is the appropriate treatment.

1. Program Description

◊ *A. Service Components/Design (Brief)*

The Family Intervention and Restorative Services (FIRS) program is an alternative to court involvement and/or detention. FIRS provides services for King County youth who are violent towards a family member (often their mother). FIRS includes two components:

- A non-detention 24/7 Respite and Reception Center (FIRS Center) staffed by a contract community services organization
- Improved access to evidence-based and best practices interventions for families, including expansion of the Step-Up Program

◊ *B. Goals*

Goals for this initiative include improving prompt access to services for families experiencing youth domestic violence; reducing detention and filings; and reducing future domestic violence and other criminal incidents.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[94]

1. *How much? Service Capacity Measures*

   This initiative is expected to serve more than 300 unduplicated youth annually.

2. *How well? Service Quality Measures*

   - Increased use of prevention (outpatient) services
   - Increased access to culturally appropriate recovery services

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced substance use
   - Reduced behavioral health risk factors
   - Improved wellness and social relationships
   - Reduced unnecessary incarceration

◊ *D. Provided by: Both County and Contractor*

2. Spending Plan

Year	Activity	Amount
2017	24/7 non-secure facility for King County youth who are violent towards a family member and evidence-based and best practices interventions for families	$ 1,087,688
2017 Annual Expenditure		**$ 1,087,688**
2018	24/7 non-secure facility for King County youth who are violent towards a family member and evidence-based and best practices interventions for families	$ 1,115,967
2018 Annual Expenditure		**$ 1,115,967**
Biennial Expenditure		**$ 2,203,655**

[94] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

The initial King County Superior Court pilot of the FIRS program is already active, with initial temporary support from the City of Seattle and MIDD fund balance funding prior to the creation of this MIDD 2 initiative. An RFP may be issued in the future if there is an opportunity for expansion.

◊ *B. Services Start date (s)*

Services continued on January 1, 2017.

4. Community Engagement Efforts

The City of Seattle recently funded a cultural responsivity study of the FIRS pilot conducted by the University of Washington. The study looked at the ability of the FIRS program to serve youth from various communities in King County, most notably youth from East African communities. Findings of the study suggest further investigation of the availability of culturally-responsive services. It is also suggested that the City of Seattle invest in development and implementation of such services.

King County Juvenile Court staff continue to outreach to the communities of King County, the State of Washington and several other states to share the FIRS program. Information sessions on FIRS and the new response to family violence incidents have been conducted with East African community groups, several youth advocacy groups, and groups focused on gender equality. In the last 12 months, King County Juvenile Court staff have hosted over 20 informational tours of the program. In addition, there have been over a dozen presentations of FIRS around the state and the country.

MIDD 2 Initiative CD-14: Involuntary Treatment Triage (NEW)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

This funding will enable Harborview Medical Center (HMC) to provide local triage evaluations for individuals with severe and persistent mental illness who have been charged with a serious misdemeanor offense and are found not competent to assist in their own defense and not able to be restored to competency to stand trial.

This will enable Designated Mental Health Professionals (DMHPs), dispatched from King County Crisis and Commitment Services (CCS), who currently provide these evaluations, to respond more efficiently to a significant volume of initial referrals for involuntary treatment evaluation services under RCW 71.05 (the civil Involuntary Treatment Act). This triage project also ensures full compliance with the process outlined in RCW 10.77, as HMC can evaluate each person for a 90-day civil commitment, unlike DMHPs who may only evaluate for an initial 72-hour detention.

1. Program Description

◊ *A. Service Components/Design (Brief)*

The HMC evaluator (who is a licensed clinical social worker) receives the court order to evaluate the person in jail within a 72-hour window.

If the person is deemed to not meet the threshold for civil commitment, the HMC evaluator develops a safe plan for release in coordination with outside providers and release planners, and petitions the judge for release of the person to the community.

If the person is determined to meet the legal threshold for civil commitment under Chapter 71.05 RCW (the Involuntary Treatment Act), [95] the evaluator (along with a prescriber) will file a petition for a 90-day more restrictive order. In coordination with the County and local Evaluation and Treatment (E&T) facilities, the person is placed in the appropriate local E&T for inpatient psychiatric treatment.

◊ *B. Goals*

This initiative will ensure that incarcerated individuals with mental illness who may not be competent and not restorable receive the appropriate level of care locally. Specifically, if these individuals do not require hospitalization, they will be connected with appropriate outpatient services to address their primary and mental health care needs. This initiative provides a more robust continuum and coordination of care with a more thorough assessment of the individuals' needs and strong linkage to services, either from jail or once discharged from the

[95] Mental Illness and Involuntary Treatment Act statute: http://app.leg.wa.gov/RCW/default.aspx?cite=71.05.

E&T. By keeping individuals in local treatment facilities (vs. Western State Hospital) for the initial treatment, there is a decrease in the number of patients being placed on long-term court orders and in turn a decrease in placements to Western State Hospital (WSH). Lastly, this triage project seeks to avoid the unnecessary use of emergency departments, by providing the initial evaluation in the jail.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[96]

1. *How much? Service Capacity Measures*

   It is estimated that between 200 and 250 unduplicated individuals per year may receive evaluations through this program once fully operational.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced unnecessary hospital and emergency department use
   - Reduction of crisis events

◊ *D. Provided by: Contractor*

2. Spending Plan

Year	Activity	Amount
2017	Competency triage evaluation services	$150,000
2017 Annual Expenditure		**$150,000**
2018	Competency triage evaluation services	$153,900
2018 Annual Expenditure		**$153,900**
Biennial Expenditure		**$303,900**

[96] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

The service has been contracted to current triage project partner Harborview Medical Center, which has been performing evaluations via this workgroup since 2013 to the degree such services have been feasible without dedicated funding.

◊ *B. Services Start date (s)*

Service planning, measures, and data reporting methods for this initiative occurred in early 2017 during the startup phase. MIDD-funded evaluation services began during the second quarter of 2017.

4. Community Engagement Efforts

Although this is a newly funded MIDD 2 initiative, the program model is already established, as the contracted provider has performed these services for a number of years (without funding) until recently. Routine stakeholder engagement is ongoing in the form of a monthly meeting with the court, hospital, and provider to review processes and data and to implement system improvements as needed.

MIDD 2 Initiative CD-15: Wraparound Services for Youth

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "improve health and wellness of individuals living with behavioral health conditions."

Families with children or youth who have serious emotional and behavioral disturbances face numerous challenges that traditional services models are unable to address. These children or youth often experience profound difficulties with functioning in school, maintaining relationships with family and peers, coping with their emotions, and controlling their behavior. Sometimes these difficulties strain families to the point that they see no other solution than to place their child outside of their home. When families turn to formal systems for support, they may experience a fragmented process that is driven more by system needs than by the needs of the child, youth and family. This fragmented process further isolates these youth and families as they develop a mistrust of professionals and lose hope about their own recovery.

Families who participate in wraparound often describe it as the only approach that truly worked for them. They report feeling heard, and then begin to develop positive working relationships with professionals and systems, while also increasing their own resilience, self-determination and overall well-being.[97] Throughout the phases of wraparound, youth and their families learn the skills needed to continue this process, informally creating a sustainable plan of care. This reduces reliance on formal systems, helps families to stay together, and to avoid the inappropriate use of more costly resources such as inpatient care, foster care and/or the juvenile justice system.

1. Program Description

◊ *A. Service Components/Design (Brief)*

Wraparound is a team-based approach to serving youth with complex needs – typically those involved with two or more child-serving systems – and their families. Wraparound's intensive, strength-based, individualized care planning and management supports youth in their community and within their family culture.[98] Wraparound is a proven, effective approach to developing and coordinating plans of care that build on the strengths of the child or youth and family. Resulting plans are individualized and based on the needs and goals identified by the family. Plans address the specific cultural needs of the family, with a goal that services and supports occur in the family's home and community whenever possible. A team of supportive individuals 'wraps' around the family to help them achieve their goals. The team is made up of professionals as well as 'natural' supports like relatives, neighbors, coaches or clergy who will continue to be involved with the family for years. High-fidelity wraparound follows the guidelines set forth in the National Wraparound Initiative.[99] Fidelity monitoring includes

[97] Bruns, E. J., Sather, A., Quick, H., Mudd, R, (2014, 2015, 2016) King County Wraparound Evaluation.
[98] The National Wraparound Initiative http://nwi.pdx.edu/
[99] Walker, J.S. and Bruns, E. J. "Wraparound Implementation Guide 2008-2014," National Wraparound Initiative, Portland, OR.

tracking outcomes and continuous observation and verification of the skills and practices of facilitators. Fidelity monitoring also supports continuous quality improvement.

The implementation of Wraparound in MIDD 2 features a blended funding and service model that fulfills the terms of a 2013 legal settlement with Washington State (*T.R. vs. Quigley and Teeter*). That settlement requires the provision of Wraparound with Intensive Services (known as WISe) by all regions in the state to Medicaid-eligible children and youth with complex behavioral health needs.[100] King County WISe implementation began in March 2016; a portion of those youth served by MIDD Wraparound at that time became eligible for WISe. The WISe program, as defined in the settlement agreement, consists of Wraparound, intensive community-based mental health services, and mobile crisis outreach and stabilization services. These services have been available in King County for several years, due in part to MIDD 1 investments in Wraparound and the Children's Crisis Outreach Response System (CCORS).

While new Medicaid funds will be provided by the state to deliver WISe, the state's funds do not cover the costs of providing the delivery team and services required of the WISe program, nor do those funds support non-Medicaid activities and services that MIDD funds. MIDD funding allows Wraparound to be provided to children and families not eligible for Medicaid and/or not eligible for WISe services, such as children receiving Behavioral Residential Services (BRS) or receiving long-term mental health treatment in a CLIP[101] facility. Under MIDD 1, Wraparound was provided to all families and children who met criteria, without regard to family means and without billing participants' private insurance.

◊ *B. Goals*

Via a collaborative, facilitated process with an emphasis on family voice and choice, Wraparound brings multiple systems and natural supports together with a youth and family. The process and the system participants work together to create effective crisis and safety planning, support children and their families by addressing behaviors or unmet needs to prevent out of home placement, and help youth get back on track developmentally. As implemented in King County, Wraparound has a specific role in assisting families in avoiding long-term inpatient admission or helping a child rejoin family after a long-term inpatient stay or an institutional placement.

When combined with the state WISe funds described above, MIDD 2 Wraparound supports intensive outpatient mental health services and crisis programs for WISe-eligible youth (Medicaid-eligible individuals, up to 21 years of age, with complex behavioral needs and to their families). The goal of the MIDD/WISe program is for eligible youth to live and thrive in

[100] https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/childrens-mental-health-lawsuit-and-agreement
[101] CLIP stands for Children's Long-term Inpatient Program.

their homes and communities, as well as to avoid or reduce costly and disruptive out-of-home placements.[102]

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[103]

1. *How Much? Service Capacity Measures*

   An estimated 650 unduplicated youth will be served annually.

2. *How well? Service Quality Measures:*

   - Increased use of prevention (outpatient) services
   - Education achievement

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced behavioral health risk factors
   - Improved wellness and social relationships
   - Reduction of crisis events

◊ *D. Provided by: Contractors*

Referral management and other coordinating activities will be provided by King County, although county personnel expenditures will now be funded through the WISe Medicaid case rate revenues. Contracted Wraparound Delivery Teams (WDTs) are assigned to specific regions of the county, and eligible referrals are assigned to the appropriate team.[104] The completion of the RFP process may result in a change to which and/or how many agencies contracted to provide Wraparound/WISe in King County.

[102] https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/wraparound-intensive-services-wise-implementation

[103] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

[104] The current five-region geographical allocation of funds and services will be adjusted for MIDD 2, by the 2017 RFP to address current variation in caseload sizes and waitlists in different areas of King County.

2. Spending Plan

Year	Activity	Amount
Program Elements Supported by MIDD 2:		
2017	Five regional Wraparound Delivery Teams to ensure countywide capacity including ability to serve some non-Medicaid/non-WISe children; flexible funds to meet clients' essential needs, including behavioral support aides; training, monitoring, evaluation, and quality management	$3,075,000
2017 Annual Expenditure		**$3,075,000**
2018	Up to six regional Wraparound Delivery Teams to ensure countywide capacity including ability to serve some non-Medicaid/non-WISe children; flexible funds to meet clients' essential needs, including behavioral support aides; training, monitoring, evaluation, and quality management	$3,154,950
2018 Annual Expenditure		**$3,154,950**
Biennial Expenditure		**$6,229,950**
Program Elements Supported by Medicaid WISe Funding:		
Annual	Certain Medicaid-/WISe-eligible services per state plan	Supported by WISe case rate
Annual	Assessment survey instrument and implementation	Supported by WISe case rate
Annual	Program management: referral management, coaching, technical assistance, contract compliance	Supported by WISe case rate

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

The RFP is scheduled to be released by the end of the second quarter of 2017. The purpose will be to adjust the catchment areas for the WDTs based on the distribution of Medicaid eligible youth and the experiences from MIDD 1 to increase overall capacity.

There will be a re-configuration of WDT catchment areas based on the number of potential Medicaid eligible youth, increase in service capacity, and potential changes to program components. Changes to these aspects of Wraparound service delivery will at a minimum result in changes to contract terms to reflect the effects of changes to the MIDD contribution level as well as expected revenue from the new WISe case rate funding stream.

◊ *B. Services Start date (s)*

King County BHRD's work to redefine this initiative began in the fourth quarter of 2016. Implementation of the MIDD 2 initiative, including an RFP, will be completed during the second quarter of 2017. Contracts with the current five agencies expire at the end of September 2017. New contracts will be developed and executed by August 2017.

4. Community Engagement Efforts

Data collected by the Wraparound Evaluation Research and Training institute at the University of Washington Evidence Based Practice Institute (including evaluations from caregivers and youth) will be used in preparing the RFP. A stakeholder survey will be conducted to identify potential recommendations for improving Wraparound in King County.

MIDD 2 Initiative CD-16: Youth Behavioral Health Alternatives to Secure Detention (NEW)

How does the program advance the adopted MIDD policy goals?

This initiative will impact the adopted MIDD policy goals of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

When problems escalate and a crisis ensues, families and youth do not always know who to call – often they dial 9-1-1 and there is a law enforcement response. This can result in unnecessary involvement with the justice system – disproportionately so for youth of color. Families need alternatives to 9-1-1 to get a timely and appropriate community response to ensure youth get what they need to proceed developmentally and reach their potential. Additionally, law enforcement often encounter youth on the streets – as runaways, truant from school and sometimes as a result of low level or misdemeanor type crimes. Law enforcement officers may be unable to locate a responsible adult to receive the youth and find themselves with limited options beyond transporting the youth to juvenile detention for his/her own safety or citing and releasing the youth without access to needed services and supports. Comprehensive assessment and wrap around services are needed so youth coming into detention and those existing can return home with the support they need to be successful in their communities.

This initiative, in collaboration with initiative CD-02, Youth and Young Adult Homelessness Services, is a coordinated approach to supporting homeless youth who are at risk for involvement in the justice system and their families. Together, these initiatives expand and support the behavioral health crisis system continuum to support populations of homeless and at-risk youth whose needs are not currently being met.

This approach is also consistent with the principles of King County's plans for behavioral health integration and health and human services transformation, which call for reduced fragmentation across systems, increased flexibility of services and coordination of care, and strong emphasis on prevention, recovery and elimination of disparities for marginalized populations.

1. Program Description

◊ *A. Service Components/Design (Brief)*

This program provides community-based treatment/crisis stabilization beds for youth under the age of 18 who are involved in the justice system, prioritizing those youth who may be held in detention. Community-based services and supports will be offered to stabilize the youth and family, with the intention of diversion from further justice system involvement related to behavioral health conditions. This initiative addresses a serious gap in the current behavioral health system.

Implementation of this initiative is also linked to CD-02 Youth and Young Adult Homeless Services.

◊ *B. Goals*

The goal of this initiative is to provide youth with behavioral health treatment needs in juvenile detention or before they reach juvenile detention with a comprehensive community based treatment response, including short-term crisis stabilization beds, in order to maintain or safely return youth to their homes with comprehensive supports to the family to prevent further involvement with the juvenile justice system.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[105]

1. *How much? Service Capacity Measures*

   The majority of youth who are arrested for minor crimes are referred to the prosecutor without being booked into detention; in most cases, these youth do not receive screening for needed services. This initiative focuses on this population. It is not clear exactly what the volume of crisis response needed will be nor how many youth will need to access crisis stabilization beds. CCORS will track the number of referrals by referral source (i.e., law enforcement, community, detention, etc.) as well as the number of outreaches, location, client demographics and other key service measures to ensure that the capacity of the CCORS teams meets the volume of need. They will also track crisis stabilization bed utilization and disposition.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services
   - Improved access to social services safety net
   - Increased housing stability

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced behavioral health risk factors
   - Reduced unnecessary incarceration, hospital, and emergency department use
   - Reduction of crisis events

◊ *D. Provided by: Contractor(s)*

[105] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. Spending Plan

Year	Activity	Amount
2017 July-Dec	Crisis stabilization beds	$ 425,333
2017 Annual Expenditure		**$425,333**
2018	Crisis stabilization beds	$850,667
2018 Annual Expenditure		**$850,667**
Biennial Expenditure		**$ 1,276,000**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Services offered under this initiative will be contracted with the YMCA and managed by staff within King County Department of Community and Human Services.

◊ *B. Services Start date (s)*

Services are expected to start in July 2017.

4. Community Engagement Efforts

This initiative, along with CD-02 Youth and Young Adult Homelessness, was developed in collaboration with the County's Juvenile Justice Equity Steering Committee (JJESC). County staff will work with the provider and a design group from the JJESC to refine this initiative to ensure that it is responsive to the population it serves and community needs. The JJESC will also participate in ongoing monitoring of implementation and operations.

Stakeholders and partners will continue to be consulted as design and implementation proceed.

MIDD 2 Initiative CD-17: Young Adult Crisis Facility (NEW)

How does the program advance the adopted MIDD policy goals?

This initiative will impact the adopted MIDD policy goal of "reduce the number, length, and frequency of behavioral health crisis events."

This program helps to address a serious gap in the current behavioral health and housing systems for transition aged youth with serious behavioral health needs, including those experiencing their first psychotic break. Program treatment services will be offered to stabilize individuals and mitigate further trauma for an already vulnerable population.

This approach is also consistent with the principles of King County's plans for behavioral health integration and health and human services transformation, which call for reduced fragmentation across systems, increased flexibility of services and coordination of care, and strong emphasis on prevention, recovery and elimination of disparities for marginalized populations.

1. Program Description

◊ *A. Service Components/Design (Brief)*

This program expands the current Children's Crisis Outreach Response System (CCORS) to respond to the behavioral health needs of transition age youth living in young adult housing throughout Seattle, east King County, and/or south King County including transitional housing, rapid rehousing and permanent housing.

The CCORS Team will provide on-site mobile crisis outreach and short-term intensive community-based support to transition aged youth living in homeless young adult housing. The CCORS team will also provide ongoing stabilization services for the young adult as well as support to the contracted housing providers to ensure the safety of all staff and clients. This includes access to short-term crisis respite/crisis stabilization beds as needed.

◊ *B. Goals*

This initiative focuses on mobile behavioral health team(s) based in young adult housing programs, as a priority element of a coordinated approach that will support youth and young adults experiencing homelessness with acute behavioral health needs and/or a history of trauma in achieving and succeeding in safe and stable housing. Improving behavioral health services to this population will help ensure that their homelessness is a brief and one-time experience.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[106]

1. *How much? Service Capacity Measures*

   There are currently approximately 11 providers of homeless housing for young adults in King County with 441 beds available. Young adults in these beds will be the target population for this initiative. It is unclear what percentage of young adults in homeless housing have behavioral health needs. This information will be updated after the program is in operation for 12 months. The volume of crisis response need in the housing continuum is not yet known. CCORS will track the number of referrals from young adult housing providers as well as the number of outreaches, location, client demographics and other key service measures to ensure that the capacity of the CCORS teams meets the volume of need. They will also track crisis stabilization bed utilization and disposition.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services
   - Improved access to social services safety net
   - Increased housing stability

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced behavioral health risk factors
   - Reduced unnecessary hospital and emergency department use
   - Reduction of crisis events

◊ *D. Provided by: Contractor(s)*

[106] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. Spending Plan

Year	Activity	Amount
2017 Jul-Dec	Mobile behavioral health team(s)	$376,667
2017 Jul-Dec	Crisis Stabilization Beds	$100,000
2017 Annual Expenditure		**$476,667**
2018	Mobile behavioral health team(s)	$753,333
2018	Crisis Stabilization Beds	$200,000
2018 Annual Expenditure		**$953,333**
Biennial Expenditure		**$1,430,000**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Services offered under this initiative will be contracted through expansion of the existing contract with the YMCA that is managed by staff within King County Department of Community and Human Services.

◊ *B. Services Start date (s)*

Services are expected to start in July 2017.

4. Community Engagement Efforts

This program was developed in response to homeless housing provider outreach to King County. The young adult homeless system has seen a dramatic increase in transition aged youth with serious behavioral health needs. In recent months, there have been two suicides, and several attempted suicides by young, homeless people who are experiencing their first psychotic break. There have been multiple other incidents of high needs young people in homeless housing or shelter situations that were not intended or suited to serve youth with these high needs.

Department staff met with homeless housing providers in October 2016. In early 2017, DCHS conducted a site visit to meet with senior leadership to better understand the needs homeless housing providers, see facilities and hear directly from staff and young people, and understanding some of the barriers to serving this youth people.

Stakeholders and partners will continue to be consulted as design and implementation proceed.

MIDD 2 Initiative RR-01: Housing Supportive Services

How does the program advance the recommended MIDD policy goals?

This initiative impacts the recommended MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

This initiative provides housing support services to chronically homeless adults. Individuals that have previously been unsuccessful in housing due to lack of stability and/or lack of daily living skills become successfully housed with the assistance of housing support specialists. Housing stability reduces use of criminal justice and emergency medical systems.

1. Program Description

◊ *A. Service Components/Design (Brief)*

Housing supportive services includes assistance to help the individual meet the obligations of tenancy, i.e., rent payments, abide by landlord rules, cooperate with neighbors, keep the apartment clean and safe; assistance with learning the daily living skills to live independently, i.e., shopping, cooking, budgeting, cleaning; coordination with behavioral health treatment providers and health care providers; and helping individuals get to medical appointments. Housing support services assist individuals in moving from homelessness to housing stability. Services are provided primarily at the individual's housing site and in the surrounding community by housing support specialists.

◊ *B. Goals*

The goal of this initiative is to increase the number of housed individuals with mental illness and chemical dependency who are receiving supportive housing services, leading to increased housing tenure and housing stability. Housing stability is a key determinant in increasing treatment participation and in reducing use of criminal justice and emergency medical systems.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[107]

1. How much? Service Capacity Measures

This initiative had capacity to serve 690 people in 2016. Capacity could grow over time, as new annual awards are included.

[107] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services
   - Improved wellness self-management
   - Increased housing stability

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced unnecessary incarceration, hospital, and emergency department use
   - Reduction of crisis events

◊ *D. Provided by: Contractor*

2. Spending Plan

Year	Activity	Amount
2017	Continued housing supportive services for individuals with behavioral health conditions.	$2,050,000
2017 Annual Expenditure		**$2,050,000**
2018	Continued housing supportive services for individuals with behavioral health conditions.	$2,096,712
2018 Annual Expenditure		**$2,096,712**
Biennial Expenditure		**$4,146,712**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Providers*

The King County DCHS Housing and Community Development (HCD) program administers and oversees funding for housing stability and services programs. MIDD 2 funding was allocated to the HCD in January 2017. HCD distributes MIDD Housing Supportive Services as part of the annual Notice of Funding Availability (NOFA) RFP process.

◊ *B. Services Start date (s)*

Services continued on January 1, 2017.

4. Community Engagement Efforts

The Housing and Community Development Program follows an existing stakeholder process to notify potential applicants of available funding. Typically, fund availability is announced in May of each as part of the Combined Funders NOFA. This NOFA is distributed to multiple email distributions lists, is posted on the HCD website, and is distributed by All Home. For targeted fund sources such as MIDD, HFP and BHRD staff may do focused outreach to providers to ensure that competitive applications are received as part of the RFP process.

MIDD 2 Initiative RR-02: Behavior Modification Classes at Community Center for Alternative Programs (CCAP)

How does the program advance the adopted MIDD policy goals?

This initiative is expeced to impact the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

The Moral Reconation Therapy (MRT) model in this initative uses a positive group dynamic to alter inappropriate thought and behavior amongst domestic violence (DV) offenders. The Moral Reconation Therapy-Domestic Violence (MRT-DV) pilot program adaptation is a cognitive-behavioral program designed to change how DV offenders think (beliefs) and change behavior to one of equality and acceptance. The MRT-DV adaptation takes approximately 55 sessions to complete, which are conducted twice weekly at CCAP.

1. Program Description

◊ *A. Service Components/Design (Brief)*

This initiative enhances program services offered at CCAP in the areas of behavioral health education and intervention, and addresses criminogenic risk factors specifically associated with DV. Since 2014, MIDD has supported a clinician trained in MRT and the specialized DV version to prepare and facilitate groups for one caseload of 15 men participants who are randomly assigned to the MRT-DV program at CCAP by the King County Prosecuting Attorney's Office or referred by CCAP caseworkers. All MRT-DV participants have a substance use disorder, primarily involving alcohol and/or cannabis. Participants are clinically assessed and enrolled in appropriate substance use disorder (SUD) treatment at CCAP per American Society of Addiction Medicine criteria.

◊ *B. Goals*

The program goal is to realize an increase in the scope and effectiveness of the services offered at CCAP and appropriately address the changing service needs of court-ordered participants. Specifically, the MRT-DV pilot was implemented to intervene and provide a holistic array of services including outpatient SUD treatment with court monitoring to promote participant behavior change and recovery, and reduce recidivism and victimization.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[108]

1. How much? Service Capacity Measures

This initiative is expected to serve 40 unduplicated individuals annually.

[108] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. *How well? Service Quality Measures*

   - Increased use of prevention (outpatient) services

3. *Is anyone better off? Individual Outcome Measures*

   - Increased stability in treatment, employment, or other quality of life measures
   - Reduced unnecessary incarceration

◊ *D. Provided by: Contractor*

2. Spending Plan

Year	Activity	Amount
2017	Moral Reconation Therapy – Domestic Violence version for CCAP clients	$77,900
2017 Annual Expenditure		**$77,900**
2018	Moral Reconation Therapy – Domestic Violence version for CCAP clients	$79,925
2018 Annual Expenditure		**$79,925**
Biennial Expenditure		**$157,825**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

A behavioral health provider is currently under contract to provide the services. A new RFP is scheduled for CCAP in third quarter 2017 as part of a larger retooling of CCAP. The results of this process could affect contracting for this initiative.

◊ *B. Services Start date (s)*

Services continued on January 1, 2017. Implementation of re-RFPd services may begin in early 2018.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model and minimal expected change. No active community engagement is occurring at this time.

MIDD 2 Initiative RR-03: Housing Capital and Rental

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

The initiative will provide a dedicated source of capital funding for the creation of housing units specifically set aside for the behavioral health needs of populations struggling with mental health and substance use disorders (SUDs) who are homeless or being discharged from hospitals, jails, prison, crisis diversion facilities, or residential chemical dependency treatment. Dedicated housing for this population decreases homelessness, the need for medical care/hospital stays and jail time.

It also supports housing stability by investing in rental subsidies individuals living in existing supportive housing settings.

1. Program Description

◊ *A. Service Components/Design (Brief)*

Supportive housing with services targeted to people with behavioral health conditions will feature, as much as feasible, a Housing First approach. Housing First is a homeless best practice, designed to create a stable environment where households can address their health issues while receiving additional employment and stable housing services.

Capital funding to create housing is paired with service funding to ensure success of those being housed. While the level of service may vary, for most households facing behavioral health conditions, some level of services will be required for success.

Permanent supportive housing is the most service-enriched housing environment. Many individuals and households with persistent mental illness and/or chronic addiction need this high intensity level of services. Although costly, permanent supportive housing is still more cost effective when compared to homelessness and frequent hospitalization and/or incarceration.

A portion of funds under this initiative will also be used to continue rental subsidies in existing supportive housing projects. These were supported by MIDD 1.

◊ *B. Goals*

The primary focus of this initiative is the creation of housing – to be paired with services through companion MIDD 2 initiative Housing Supportive Services, Medicaid-supported housing funding, and/or other sources – to support extremely low-income households with

mental illness and/or substance abuse issues.[109] This initiative will serve extremely low-income populations below 30 percent of the area median income struggling with mental illness and/or SUDs who are likely to be predominantly homeless.

In addition to creating new housing, a portion of this initiative supports housing access by providing rental subsidies for individuals in existing supportive housing settings.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[110]

1. *How much? Service Capacity Measures*

   The number of individuals to be served by capital investments from this initiative will vary depending on which projects are funded. The number of ongoing rental subsidies to be provided will be determined based on available funding for this purpose, as well as market factors.[111]

2. *How well? Service Quality Measures*

   - Improved wellness self-management
   - Increased housing stability

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced unnecessary incarceration, hospital, and emergency department use

◊ *D. Provided by: Contractor*

Capital funding will be disbursed to housing developers via RFPs administered by King County. Capital funds from MIDD will be paired with capital investments from other funders, and will be linked to services appropriate to each project's target population.

Rental subsidies are contracted by BHRD to supportive housing provider(s).

2. Spending Plan

This spending plan shows estimated amounts and expected categories for MIDD 2's recommended contribution to housing capital and rental subsidies.

Estimated costs below are expected to be adjusted depending on market factors and/or as specific capital project opportunities arise.

[109] A key consideration for this initiative is the connection between housing capital and service funding. Neither service dollars nor capital funds alone can produce the amount of successful supportive housing required to reduce the incidence of homelessness. To be successful any housing dedicated to MIDD populations must include services.

[110] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

[111] During MIDD 1, 25 rental subsidies were provided for supportive housing.

Year	Activity	Amount
2017	Capital investments for new permanent supportive housing units for people with behavioral health conditions; and rental subsidies for people with behavioral health conditions	$2,393,584
2017 Annual Expenditure		**$2,393,584**
2018	Capital investments for new permanent supportive housing units for people with behavioral health conditions; and rental subsidies for people with behavioral health conditions	$2,455,816
2018 Annual Expenditure		**$2,455,816**
Biennial Expenditure		**$4,849,400**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Following existing processes for capital projects, MIDD funding under this initiative for capital projects will be allocated to the King County DCHS Housing Finance Program (HFP) immediately in January 2017, with RFPs for project developers to be released in third quarter 2017 and awarded in fourth quarter 2017, including specific housing set-aside commitments for funded projects.

The HFP and BHRD program staff will review all capital proposals received through the RFP to determine the capacity and experience of the housing developers and service providers, as well as the financial feasibility of each project. The number of proposals received each year will vary, so the number of projects awarded capital MIDD funding will also vary annually.

Awards will be made based on availability of all funding provided from King County as well as the developer's ability to secure any and all additional capital funding from all other sources, such as other state and local funding.

King County DCHS is moving toward a targeted capital affordable housing allocation process. Rather than publishing a general request for proposals (RFP), over several years DCHS will shift the RFP process to one that solicits proposals for specific projects. MIDD funds will be included in this process.

Contract negotiation timing for capital projects will depend on how quickly other funding is secured, including other capital funding and service funding via MIDD and/or other sources. In general, negotiated contracts are in place within six months of award.

Rental subsidy funding will continue to be disbursed by BHRD via contract to supportive housing provider(s).

◊ *B. Services Start date (s)*

Rental subsidies have continued without disruption beginning in January 2017.

Services for clients will begin when housing projects are built, and paired supportive services are in place.

This process will be completed at least annually in order to continue to fund additional units and projects in future years.

4. Community Engagement Efforts

The Housing and Community Development Program follows an existing stakeholder process to notify potential applicants of available funding. Typically, fund availability is announced in May of each year at a stakeholder meeting. Interested applicants are then required to meet with Housing Finance Program staff prior to submitting applications. For targeted fund sources such as MIDD, HFP and BHRD staff may do focused outreach to providers to ensure that competitive applications are received as part of the RFP process.

MIDD 2 Initiative RR-04: Rapid Rehousing Oxford House Model (NEW)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "explicit linkage with, and furthering the work of, other King County and community initiatives."

The rapid rehousing Oxford House voucher program is an immediate solution for affordable, clean and sober housing option for individuals in recovery who are homeless or at risk of homelessness. The program supports the goals of the All Home Strategic Plan, Behavioral Heath Integration, Health and Human Services Transformation and the Veterans and Human Service Levy.

This program will prevent and decrease homelessness and improve the self-reliance and increase employment among program participants. This program supports King County's vision for health care, reflecting the triple aim of improved patient care experience, improved health and reduced cost of health care. As more individuals with substance use disorders receive treatment due to health care reform and system improvement, there will be a greater need for next step housing to bridge the gap between residential treatment and fully independent living.

The initiative pairs a proven residential program with rapid rehousing, a best practice for getting people off the street and out of shelters, while also preventing homelessness.

1. Program Description

◊ *A. Service Components/Design (Brief)*

Specifically, the initiative will provide vouchers for clean and sober housing for individuals in recovery.

This program will serve adults who are newly in recovery – typically having recently completed a drug and alcohol treatment program – and who would be homeless without this assistance. Individuals will receive rental assistance for approximately three months while they secure employment.

◊ *B. Goals*

This initiative creates access to rapid rehousing rental support for individuals for whom such recovery support would enable them to regain stability, but may not have chronic conditions that would qualify them for housing assistance through other traditional sources.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[112]

1. *How much? Service Capacity Measures*

   It is expected that about 333 people in recovery per year will receive vouchers for Oxford housing at the recommended funding level.

2. *How well? Service Quality Measures*

   - Increased housing stability

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced substance use
   - Improved wellness and social relationships
   - Reduced unnecessary incarceration, hospital, and emergency department use

◊ *D. Provided by: Contractor*

All vouchers offered under this initiative will be distributed to community substance use disorders (SUD) treatment providers and managed by existing staff within King County DCHS' Community Services Division's rapid rehousing program, in coordination with King County BHRD.

2. Spending Plan

Year	Activity	Amount
2017	Rapid rehousing vouchers for use in Oxford House settings	$500,000
2017 Annual Expenditure		**$500,000**
2018	Rapid rehousing vouchers for use in Oxford House settings	$513,000
2018 Annual Expenditure		**$513,000**
Biennial Expenditure		**$1,013,000**

[112] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

A Request for Qualifications (RFQ) process will result in the selection of participating qualified SUD treatment agencies who will receive these vouchers for their clients to access.

◊ *B. Services Start date (s)*

Service planning and outcome measurement determination for this initiative will occur primarily in third quarter 2017. Providers will be identified via the RFQ process in third quarter 2017, with services to begin soon thereafter.

4. Community Engagement Efforts

This is a new initiative building from an established program model. Routine community engagement that occurs as part of the process includes regular discussion with Oxford House staff, both locally and nationally.

MIDD 2 Initiative RR-05: Housing – Adult Drug Court (ADC)

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

The recovery-oriented, transitional housing units and housing support services provide the opportunity to stably house vulnerable participants while decreasing the use of jail, shelters and other temporary housing options, which supports recovery and improved behavioral health outcomes. This initiative prevents homelessness for a vulnerable population.

1. Program Description

◊ *A. Service Components/Design (Brief)*

This initiative provides recovery-oriented, supportive, transitional housing units and housing support services for ADC participants. The majority of the added units will be single adult units; however, some will accommodate families. This initiative reduces and prevents homelessness and recidivism in King County by providing safe, supportive and stable housing.

◊ *B. Goals*

The goals of this initiative are to reduce homelessness for those involved in ADC and increase graduation rates of ADC participants. Those who graduate from ADC have more opportunities for employment, health and overall well-being, and stable, safe permanent housing.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[113]

1. How much? Service Capacity Measures

This initiative will serve at least 30 unduplicated individuals annually.

2. How well? Service Quality Measures

- Increased housing stability
- Equitable ADC graduation rates (homelessness vs. not)

3. Is anyone better off? Individual Outcome Measures

- Reduced substance use
- Increased stability in treatment, employment or other quality of life measures
- Reduced unnecessary incarceration

[113] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◊ *D. Provided by: Contractors*

2. Spending Plan

Year	Activity	Amount
2017	Housing units and housing support services for ADC participants.	$231,136
2017 Annual Expenditure		**$231,136**
2018	Housing units and housing support services for ADC participants.	$237,146
2018 Annual Expenditure		**$237,146**
Biennial Expenditure		**$468,282**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

King County Department of Judicial Administration (DJA) manages Adult Drug Court and currently has contracts with housing providers. No RFP is needed.

◊ *B. Services Start date (s)*

Housing units and housing support services continued on January 1, 2017.

4. Community Engagement Efforts

DJA manages the design and implementation of the program based on the National Association of Drug Court Professionals Adult Drug Court Best Practice Standards. No active community engagement is occurring at this time.

MIDD 2 Initiative RR-06: Jail Reentry System of Care

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

The Reentry Case Management Services (RCMS) program consists of a small team of reentry case managers, including a Mental Health Professional (MHP) lead, and provides 90 days[114] of reentry linkage case management services, which begin prior to release from jail (within 45 days) and continues through transition to the community. The RCMS program provides assistance that may include obtaining the following:

- Public entitlements and Apple Health/Medicaid enrollments (includes linkage to state and federal entitlements application)
- Basic needs resources (e.g. clothing, food, hygiene)
- Transportation
- Identification (ID) upon release from custody
- Mental health treatment (primarily outpatient)
- Substance Use Disorder (SUD) treatment (both residential and outpatient)
- Primary physical health care (including dental care)
- Housing (linking to emergency shelter, transitional and linkage to assessment for permanent supportive housing and low-income public housing)
- Employment
- Education and other job training.

In addition to the above RCMS program, which is the largest portion of this initiative, there are two other programs that support individuals while at the Department of Adult and Juvenile Detention (DAJD) Community Corrections Division – Community Center for Alternative Programs (or "CCAP"). These include the Learning Center for CCAP participants and Domestic Violence (DV) education classes at CCAP.

[114] Services may be extended up to six months when needed.

1. Program Description

◊ *A. Service Components/Design (Brief)*

A continuum of care better serves individuals with behavioral health conditions who are booked into jail facilities within King County (including SCORE, Kent, Issaquah, Kirkland and Enumclaw misdemeanor jails). This program links closely with all other programs and services the individual is receiving or needing in order to achieve stability in the community.

◊ *B. Goals*

The goal of this initiative is to provide increased access to intensive, short-term case management to individuals with mental health and/or substance use disorders who are close to release/discharge and in need of assistance in reintegrating back into the community. This includes providing immediate assistance for more participants in accessing publicly-funded benefits (if eligible), housing/Coordinated Entry for All, rental assistance, outpatient treatment and other services including education, training, and employment in the community upon release/discharge.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[115]

1. *How much? Service Capacity Measures*

   This initiative serves 350 unduplicated individuals annually.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services
   - Improved access to social services safety net
   - Increased housing stability

3. *Is anyone better off? Individual Outcome Measures*

   - Increased stability in treatment, employment, or other quality of life measures
   - Improved wellness and social relationships
   - Reduced unnecessary incarceration

◊ *D. Provided by: Contractor*

[115] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. Spending Plan

Year	Activity	Amount
2017	Intensive, short-term case management to individuals with behavioral health conditions who are close to release/discharge from jail	$435,625
2017 Annual Expenditure		**$435,625**
2018	Intensive, short-term case management to individuals with behavioral health conditions who are close to release/discharge from jail	$446,951
2018 Annual Expenditure		**$446,951**
Biennial Expenditure		**$882,576**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

King County contracts with South Seattle Community College, New Beginnings and Sound Mental Health for services. No RFP is required. A planning process in early 2017 has determined improvements that can be made to this initiative to better serve clients. Current quality and programmatic improvement efforts for RCMS are underway; progress and improvements will be monitored throughout 2017 and 2018. Also, broader changes are under way at CCAP that may impact this initiative's Learning Center and DV Education work in the future.

◊ *B. Services Start date (s)*

Services continued on January 1, 2017.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model and limited changes. Routine community engagement that occurs as part of the ongoing delivery of this program includes coordination between King County departments and the five misdemeanor jails in King County and their related in-custody health care providers. Ongoing community outreach and stakeholder engagement includes bi-monthly meetings focused on South King County reentry coordination – one focused on South King County and one addressing Seattle.

MIDD 2 Initiative RR-07: Behavioral Health Risk Assessment Tool for Adult Detention (NEW)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

Individuals who experience behavioral health issues have increased rates of incarceration.[116] Some jurisdictions in the U.S. have been able to reduce rates of recidivism for individuals who experience behavioral health issues through the complete application of evidence-based practices with fidelity, of which risk and need assessment is foundational.[117] The implementation of the comprehensive risk and needs assessment of incarcerated individuals in King County will guide case management and appropriate services placement, and will position King County Department of Adult and Juvenile Detention (DAJD) and the King County Community Corrections Division (CCD) to partner with providers in an effort to reduce recidivism consistent with national best practices.

The first step in this work is the development and implementation of a validated needs assessment platform in King County.[118] At present, a King county cross-system criminal justice and behavioral health work team[119] is working with the Washington State University Criminal Justice Institute to develop a comprehensive jurisdictional needs assessment tool for King County that, when applied countywide, will not only identify the likelihood of re-offense but will specifically categorize the criminogenic needs of the individual.

This initiative supports implementation of a behavioral health risk assessment instrument in King County's adult correctional facilities.

1. Program Description

◊ *A. Service Components/Design (Brief)*

The Behavioral Health Risk Assessment Tool (BHRAT) for adult detention will be administered to individuals who are booked into the King County Correctional Facility (KCCF) or the Maleng Regional Justice Center (MRJC) and are seen by the King County Personal Recognizance (PR) investigators who assess criminal history and danger to the community.

[116] Steadman, HJ, Osher, FC, Robbins, PC, Case, B, Samuels S. "Prevalence of Serious Mental Illness Among Jail Inmates." *Psychiatric Services,* 60, 6, (2009): 761-765.

[117] https://csgjusticecenter.org/nrrc/publications/states-report-reductions-in-recidivism-2/ and https://csgjusticecenter.org/reentry/publications/reducing-recidivism-states-deliver-results/. Accessed 12/31/15.

[118] King County Recidivism Reduction and Reentry Strategic Planning, Progress Report I, July 2015.

[119] King County (KC) Performance, Strategy and Budget, KC Dept. of Adult and Juvenile Detention, KC Prosecuting Attorney's Office, KC Dept. of Public Defense, KC Behavioral Health and Recovery Division, KC Jail Health Services, KC Superior Court, KC Drug Diversion Court, KC Sheriff's Office, KC Council Staff, KC Executive's Office, City of Seattle, Northwest Justice, Public, Defender Assoc., WA State Dept. of Corrections, University of Washington, Antioch University

Those who are identified by the BHRAT as likely having a significant substance use[120] and/or mental health disorder[121] will be referred for comprehensive treatment planning This work considers all relevant individual needs information while factoring local recidivism drivers.

With a comprehensive treatment plan developed, referral sources will be better able to direct participants to viable community-based programs that are prepared to address their behavioral health risks and needs. In the event of a return to custody at KCCF or MRJC in King County, the BHRAT will be updated when the individual is seen again by the King County PR investigators.

◊ *B. Goals*

As King County begins to identify and address individuals' behavioral health risks and criminogenic needs consistent with best practices, a reduction in the return to custody among adult individuals with behavioral health conditions is expected. This new concept addresses a currently unmet need and represents a critical and necessary initial component in the application of alternatives that can result in overall reduced County expenses. It includes better meeting the behavioral health needs of the participants by providing them a specific and unique plan of action designed to address their behavioral health needs and decrease their likelihood of further criminal justice involvement.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[122]

1. *How much? Service Capacity Measures*

   Approximately 2,460 individuals per year are expected to receive the BHRAT at jail booking, as well as targeted referrals.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced substance use
   - Reduced behavioral health risk factors
   - Reduced unnecessary incarceration

[120] http://www.casacolumbia.org/newsroom/press-releases/2010-behind-bars-II. Accessed 12/29/15.

[121] Aufderheide, Dean H. and Brown, Patrick H. "Crisis in Corrections: The Mentally Ill in America's Prison." Corrections Today, Volume 67, Issue 1, (February 2005): 30 to 33. Cited from http://healthaffairs.org/blog/2014/04/01/mental-illness-in-americas-jails-and-prisons-toward-a-public-safetypublic-health-model/ on 12/31/15.

[122] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◊ *D. Provided by: County*

The services planned under this initiative would be provided by the following county staff: (a) PR investigators, housed within the intake services unit of the jail, and (b) Jail Health Services Release Planning (RP) staff, housed within the jail.

2. Spending Plan

Year	Activity	Amount
2017	Intake services staff to implement behavioral health risk assessment; materials and training	$470,900
2017 Annual Expenditure		**$470,900**
2018	Intake services staff to implement behavioral health risk assessment; materials and training	$483,143
2018 Annual Expenditure		**$483,143**
Biennial Expenditure		**$954,043**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

No procurement was necessary, as this service is provided by county staff.

◊ *B. Services Start date (s)*

Funding was distributed to DAJD and Public Health Seattle – King County immediately in first quarter 2017. Hiring and training of intake section and Jail Health Services staff could extend into fourth quarter 2017.

4. Community Engagement Efforts

Planning to date has primarily involved county agency stakeholders. As the initiative is launched, engagement and education will be conducted with providers supporting reentry efforts.

MIDD 2 Initiative RR-08: Hospital Reentry Respite Beds

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

Research has shown that people who experience homelessness with health conditions struggle to establish and/or maintain appropriate treatment within the mainstream health care system[123]. Many people experiencing problems are caught up in cycles of crisis and lack the family and other social supports as well as the income and other material resources that might help them break these cycles. The individuals are extremely challenging for behavioral health and medical providers to locate and engage, let alone establish in an ongoing plan of treatment. Their chronic behavioral health and medical conditions worsen, their likelihood of involvement with the criminal justice system escalates, and, in many cases, they begin to cycle in and out of emergency rooms, inpatient hospital stays, and jail.

These dynamics help explain the significantly higher risk of hospital readmission for patients experiencing homelessness that has been established in numerous research studies.[124] This increased risk relates to the scarcity of places in which homeless patients can safely rest and obtain the support they need to fully recuperate. It also relates to behavioral health disorders that can lead to behaviors that complicate or undermine recuperation.[125] Because of this risk, hospitals often delay discharge of homeless patients past the point at which they would discharge a person with housing and other necessary supports for recuperation and thus past the point that is medically indicated.[126] Their experience has shown that when a person's living situation makes it impossible to adequately rest, keep from walking or putting weight on a joint, or keep a surgical site clean, the hospital is much more likely to see the person return for infections or other problems that necessitate readmission.

1. Program Description

◊ *A. Service Components/Design (Brief)*

The Edward Thomas House Medical Respite Program provides comprehensive recuperative care after an acute hospital stay for people who are living with homelessness, focusing particularly on those with disabling substance use and mental health conditions. The recuperative care is a critical intervention for a segment of the population with high rates of emergency room and hospital utilization as well as involvement in the criminal justice system.

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[123] Bonin E, Brehove T, Carlson C, Downing M, Hoeft J, Kalinowski A, Solomon-Bame J, Post P. *Adapting Your Practice: General Recommendations for the Care of Homeless Patients*, 50 pages. Nashville: Health Care for the Homeless Clinicians' Network, National Health Care for the Homeless Council, Inc., 2010.

[124] Buchanan, D., Doblin, B., Sai, T. & Garcia, P. *The Effects of Respite Care for Homeless Patients: A Cohort Study* American Journal of Public Health Vol. 96, No. 7: 1278-1281, 2006.

[125] Thompson, SJ, Bender KA, Lewis CM, Watkins R. *Shelter-based Convalescence for Homeless Adults*. Canadian Journal of Public Health, Vol. 97, Issue 5: 379-383, 2006.

[126] Gundlapalli A, Hanks M, Stevens SM, Geroso AM, Viavant CR, McCall Y, Lang P, Bovos M, Branscomb NT, Ainsworth AD.. *It takes a village: a multidisciplinary model for the acute illness aftercare of individuals experiencing homelessness*. Journal of Health Care for the Poor and Underserved. Vol. 16 Issue 2:257-72, 2005.

In addition to intensive medical and mental health care, patients at Edward Thomas House (ETH) receive intensive case management services to help them transition from their stay to ongoing behavioral health treatment, housing, social services and primary care. Recovery is promoted by providing a full continuum of services.

◊ *B. Goals*

The program's overarching goal is to improve health outcomes and reduce community costs in the health, human services and housing arenas. Within that broad goal, it seeks to stabilize the medical and behavioral health conditions of its patients and effectively link them to (1) ongoing substance use and/or mental health services in the community, (2) an ongoing medical home, (3) social services and (4) stable, appropriate housing. It strives to ensure that patients leave the program with identified case management provided by partnering agencies in the community that will help them make these linkages.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[127]

1. *How much? Service Capacity Measures*

   This initiative serves 350 unduplicated individuals annually.

2. *How well? Service Quality Measures*

   - increased use of preventive (outpatient) services
   - increased housing stability

3. *Is anyone better off? Individual Outcome Measures*

   - increased stability in treatment, employment, or other quality of life measures
   - reduced unnecessary emergency department use

◊ *D. Provided by: Contractor*

[127] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. Spending Plan

Year	Activity	Amount
2017	Continued comprehensive recuperative care after acute hospital stays for people who are living with homelessness as well as disabling substance use and mental health conditions	$928,650
2017 Annual Expenditure		**$928,650**
2018	Continued comprehensive recuperative care after acute hospital stays for people who are living with homelessness as well as disabling substance use and mental health conditions	$952,795
2018 Annual Expenditure		**$952,795**
Biennial Expenditure		**$1,881,445**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

The Edward Thomas House Medical Respite Program is managed by Harborview Medical Center through a contract with Public Health Seattle and King County. No RFP is needed.

◊ *B. Services Start date (s)*

Services continued on January 1, 2017.

4. Community Engagement Efforts

The Edward Thomas Medical Respite Program has a steering committee that continues to serve the primary mechanism for community engagement and input.

MIDD 2 Initiative RR-09: Recovery Café (NEW)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "improve health and wellness of individuals living with behavioral health conditions."

The nonprofit Recovery Café provides an alternative therapeutic supportive community for women and men traumatized by homelessness, addiction and other mental health challenges. Operating for over 10 years, Recovery Café has helped thousands of women and men find stability and support on their recovery journey.

MIDD 2's annual investment, in combination with operating and capital funding from other sources, would allow a second location in King County to be launched.

The alternative therapeutic model used at Recovery Café provides support, resources, and a community of care along the entire continuum of a person's need for recovery assistance. Whether a person is in crisis, newer to recovery, in long-term recovery, experiencing a relapse, in a difficult life change, or in a mental health transition, Recovery Café is a refuge of care and evidence-based addiction support.

Recovery Café provides a community in which women and men can stabilize in their mental/physical health, housing, relationships and employment/volunteer service. This community helps women and men fulfill their potential and live meaningful lives. Recovery Café teaches people ways to manage their mental health, maintain sobriety and build mutually supportive community.

Through its work, Recovery Café prevents individuals from potentially lethal crises, avoiding the need for emergency intervention to stabilize that person, and allowing mental health and addiction support professionals to focus on health maintenance and additional harm reduction.

Recovery Café has been recognized by Washington State and King County experts as an example of how a Recovery Oriented System of Care (ROSC) works.[128]

[128] The ROSC approach has been embraced by the Washington State Division of Behavioral Health and Recovery and King County. A ROSC is a more effective approach for addressing substance use disorder (SUD) issues than traditional models, because it meets people where they are on the recovery continuum, engages them for a lifetime of managing their disease, focuses holistically on a person's needs, and empowers them to build a life that realizes their full potential. This person-centered system of care supports a person as they establish a healthy life and recognizes that everyone needs a meaningful sense of membership and belonging in community.

1. Program Description

◊ *A. Service Components/Design (Brief)*

Recovery Café provides a safe, warm, beautiful, drug-and-alcohol-free space and loving community to anchor members – Recovery Café's most closely held participants – in the sustained recovery needed to gain and maintain access to housing, social and health services, healthy relationships, education and employment. Recovery Café's program is designed to help people maintain recovery, reduce relapse and fulfill their potential. Important elements of this work include:

- A healing milieu including free nutritious meals, activities, computer access and individualized encouragement.
- Accountability groups called Recovery Circles, where members become known and get to know others.
- Peer-to-peer member empowerment, enrichment and involvement.
- The School of Recovery, an educational program available to members featuring classes that address the underlying causes of addiction, teach coping skills, develop knowledge, learn new skills and build the resources necessary to begin and maintain recovery from substance use disorders.
- Referral Services to help members navigate the complex social services system to gain and maintain housing, health care, mental health services, legal assistance, and a base of support including positive and consistent relationships with service providers.
- 12-step meetings held in a dedicated space.

Recovery Café's community support model has the flexibility to meet the needs of people at any stage of recovery from alcohol and substance addiction. Major elements of the program include behavioral interventions, motivational interviewing style, motivational incentives, psychoeducation (including relapse prevention and skill building), and significant peer-to-peer support.

◊ *B. Goals*

Recovery Cafe services aim to meet the need for stabilizing community accountability for women and men suffering from the trauma of homelessness, addiction and/or other behavioral health challenges in King County.

The goal of MIDD 2's investment in Recovery Café is to seed the launch of a second café in King County beyond downtown Seattle, in partnership with other funds to be secured by Recovery Café, and to provide ongoing support for the operations of this additional site. At the time of this report, Recovery Café was evaluating sites south and east of downtown Seattle, but had not yet selected a site for expansion.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[129]

1. *How much? Service Capacity Measures*

   The MIDD investment could support services for 85 to 350 members at any one time – or 300 to 1,000 per year – depending on the amount of other funds that are leveraged. Services would begin in 2018.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services
   - Improved wellness self-management

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced behavioral health risk factors
   - Improved wellness and social relationships
   - Reduction of crisis events

◊ *D. Provided by: Contractor*

Recovery Café will provide this service via a contract with King County BHRD.

2. Spending Plan

The spending plan outlined here is limited to the MIDD funding level. As such, implementation scale and timing will be significantly affected by the degree to which other funds are leveraged for the second King County Recovery Café site. As a result, the timing and/or amounts of some expenditures shown below may depend on when and how the new location is successfully sited. Potential timeframe changes and/or revisions to these approaches should be expected.

[129] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

Year	Activity	Amount
2017 only	Capital and/or startup funding for second Recovery Café site in King County	$348,717
2017 Annual Expenditure		**$348,717**
2018 Annual Expenditure	Operational funding for second King County Recovery Café site (site management and mental health coordination)	$357,783
2018 Annual Expenditure		**$357,783**
Biennial Expenditure		**$706,500**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

No procurement process will be required. Funding will be disbursed to Recovery Café via a contract that will be specific to the launch of the second site.

◊ *B. Services Start date (s)*

As no procurement process is needed, funds could be disbursed as soon as third quarter 2017. Services at the second Recovery Café site in King County could potentially begin sometime in 2018, after other funding is secured; a site is identified, secured, and readied; and staff are in place to implement the program model.

4. Community Engagement Efforts

This is a new initiative building from an established program model. Recovery Café is working with community stakeholders to determine the best site for expansion. Community engagement that is occurring as part of the site selection process includes regular discussions regarding potential sites for acquisition, outreach to community leaders, and exploring partnership opportunities with other nonprofit entities. As a site is selected, the Café will engage current members in focus group settings to get feedback on the expansion.

MIDD 2 Initiative RR-10: Behavioral Health Employment Services and Supported Employment

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "improve health and wellness of individuals living with behavioral health conditions."

Helping individuals achieve employment outcomes makes a significant difference not only in the income levels of the individuals being served within the behavioral health system, but also helps them achieve self-sufficiency and improve non-vocational based outcomes such as improved self-esteem, sense of purpose, decreased isolation and meaningful activities that employment often provides.[130]

1. Program Description

◊ *A. Service Components/Design (Brief)*

This initiative continues the existing MIDD 1 program Employment Services for Individuals with Mental Illness and Chemical Dependency, also known as "Supported Employment," and offers modified employment services to enhance employment options for people living with mental illness and/or substance use disorders.

Based on the needs of each individual job seeker within the integrated behavioral health system (formerly the mental health and substance use disorders systems), this program provides a two-tiered model to assist the job seeker to receive either the fidelity-based, intensive, Supported Employment (SE) services or a modified employment model that provides less intensive services for individuals requiring less employment support who can benefit primarily from linkage and referral to external employment service providers. This model allows employment services to be offered to a greater number of individuals while disseminating the principles of the evidence-based Supported Employment model.

◊ *B. Goals*

The primary goal of this program is to increase the number of individuals with behavioral health conditions that gain and maintain employment in competitive and integrated jobs in the community that pay at or above minimum wage.

[130] The Impact of Competitive Employment on Non-vocational Outcomes (Luciano, Bond, & Drake, 2014). In addition, a four-year examination of MIDD-funded supported employment by King County Behavioral Health and Recovery Division (BHRD) found a correlation between program participation and decreases in hospitalization and jail utilization. "Treatment Effect of Supported Employment in Reducing Hospitalizations and Incarcerations." Floyd, 2016.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[131]

1. *How much? Service Capacity Measures*

   This initiative will serve 800 unduplicated individuals annually.

2. *How well? Service Quality Measures*

   - Increased job placements and retentions

3. *Is anyone better off? Individual Outcome Measures*

   - Increased stability in treatment, employment, or other quality of life measures
   - Improved wellness and social relationships
   - Reduced unnecessary incarceration and hospital use

◊ *D. Provided by: Contractor*

2. Spending Plan

Year	Activity	Amount
2017	Continued supported employment services at behavioral health provider agencies, with less intensive employment support services also available	$973,750
2017 Annual Expenditure		**$973,750**
2018	Continued supported employment services at behavioral health provider agencies, with less intensive employment support services also available	$999,068
2018 Annual Expenditure		**$999,068**
Biennial Expenditure		**$1,972,818**

[131] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Behavioral health providers currently under contract with BHRD will provide supported employment services and/or linkage to external employment services. No RFP is needed.

◊ *B. Services Start date (s)*

Services continued on January 1, 2017.

4. Community Engagement Efforts

Stakeholder input for this initiative was gathered from BHRD-contracted agencies providing supported employment services, and separately from other contracted agencies providing linkage and referral services to external employment service providers. This input addressed positive program impacts that may extend beyond employment; the possibility of funding for support services for work readiness; and the possibility of expansion of the external linkage and referral employment program.

MIDD 2 Initiative RR-11: Peer Bridgers and Peer Support Pilot (NEW)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "divert individuals with behavioral health conditions from costly interventions, such as jail, emergency rooms, and hospitals."

Specifically, through its two program components, the initiative provides:

- Transition supports for adult individuals who have been hospitalized in inpatient psychiatric units by supporting peer bridger programs that have been shown to be effective in reducing hospital episodes and lengths of stay; reducing rehospitalization; and increasing Medicaid enrollment
- Peer specialists strategically deployed to substance use disorder (SUD) service settings where peers' unique experiences and skills can have a significant impact on participants' ability to maintain recovery by supporting them to engage successfully with ongoing treatment services and other supports. These peer services are critical to diverting people from criminal justice and emergency medical settings.

1. Program Description

◊ *A. Service Components/Design (Brief)*

The initiative includes two discrete but related components: MIDD support for the Peer Bridger programs at Navos Mental Health Solutions and Harborview Mental Health and Addiction Services, and a pilot to support the strategic use of peer services in settings serving individuals with elevated or emergent substance use needs and risks.

<u>Peer Bridger Component</u>

The Peer Bridger programs provide transition supports for adult individuals who have been hospitalized at the psychiatric inpatient units at Navos and Harborview.[132] Teams of certified peer specialists work in coordination with the inpatient treatment teams to identify individuals in need of this support, and to develop individualized plans to promote each person's successful transition to the community.

Peer Bridgers work with individuals for up to 90 days after discharge. Participants are offered:

- Concrete support to obtain personal identification documents, medical insurance benefits, housing, treatment services, medications, social supports, transportation, cell phones, and other basic necessities
- One-to-one and group services during hospitalization

[132] The Peer Bridger Program was originally funded in the spring of 2013 by a grant from the State of Washington Attorney General's Office, Consumer Protection Division, from proceeds associated with a class action lawsuit. Those grant funds were exhausted in December 2015. MIDD fund balance dollars were provided to sustain the current program through 2016.

- Support for wellness self-management using evidence-based tools
- An authentic personal connection based on personal experience.

If this aspect of the initiative is expanded in future years, peer bridger services could expand to serve additional psychiatric units in King County's other evaluation and treatment facilities and/or community hospitals.

SUD Peer Support Component

SUD peers are people with lived experience who have initiated their recovery journey and are able and willing to assist others who are earlier in the recovery process. They can have a unique role in the provision of recovery support services including access to evidence-based practices such as supported employment, education, and housing; assertive community treatment; and illness management. Peers can also play a key role in helping people engage successfully with formal SUD treatment. Peer support removes barriers to access and is invaluable throughout the continuum of care, prior to treatment, during treatment, and as after-care support.

Peer specialist staff are deployed in two stand-alone recovery community organizations (RCOs) that have been strong leaders in developing a peer-to-peer infrastructure in King County. At RCOs, peer positions build connections with recovering people, helping link them to community support and providing emotional assistance to their recovery journey. Peers provide mentoring or coaching, recovery groups or circles, recovery resource connecting, and community-building activities. Peers also refer people to other community supports including behavioral health services, medical services, housing resources, employment services, education services, and other informal or formal support systems.

◊ *B. Goals*

Peer Bridger Component

The primary goal of the Peer Bridger Programs is to promote successful community tenure for the identified population. System goals include reductions in King County-funded inpatient admissions, readmissions and hospital days. The program prioritizes services for the most vulnerable of hospitalized individuals:

- People who are not insured and not enrolled in ongoing mental health services
- People who are insured and enrolled, but disengaged from their ongoing mental health provider and at high risk of re-hospitalization.

SUD Peer Support Component

The SUD peer support component creates peer positions at a small number of RCOs to assist individuals, with a goal of reducing their recurring use of emergency systems, including the criminal justice system. As would be the case if the pilot were expanded more broadly, these peers will work to facilitate effective linkage and engagement with ongoing treatment services in the recovery community, outpatient treatment services, withdrawal management and/or residential settings.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[133]

1. *How much? Service Capacity Measures*

   Peer Bridger Component

   The Peer Bridger programs at Navos and Harborview together currently serve approximately 200 individuals per year.

   SUD Peer Support Component

   The SUD peer support component will be determined.

2. *How well? Service Quality Measures*

   Peer Bridger Component

   - Increased use of preventive (outpatient) services

   SUD Peer Support Component

   - Improved wellness self-management

3. *Is anyone better off? Individual Outcome Measures*

   Peer Bridger Component

   - Increased enrollment in Medicaid or other health insurance
   - Reduced unnecessary incarceration, hospital and emergency department use

   SUD Peer Support Component

   - Reduced substance use
   - Improved wellness and social relationships
   - Reduced unnecessary incarceration and emergency department use

[133] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◊ *D. Provided by: Contractor*

Services provided under both components of this program will be provided by contracted agencies.

2. Spending Plan

Year	Activity	Amount
2017	Peer Bridger teams at two inpatient psychiatric facilities	$604,750
2017	Peer support specialists deployed to RCOs and other key SUD service settings	$164,000
2017 Annual Expenditure		**$768,750**
2018	Peer Bridger teams at two inpatient psychiatric facilities	$620,474
2018	Peer support specialists deployed to RCOs and other key SUD service settings	$168,264
2018 Annual Expenditure		**$788,738**
Biennial Expenditure		**$1,557,488**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Peer Bridger Component

Funding for this component supports two peer bridger providers: Navos and Harborview Medical Center. No request for proposals (RFP) is necessary.

SUD Peer Support Component

Funding for this component is expected to continue to be disbursed to the same RCO agencies. No RFP is necessary.

◊ *B. Services Start date (s)*

MIDD 2 funding for Peer Bridger programs at Navos and Harborview, and for SUD peer services at RCOs, were implemented January 1, 2017 to ensure continuous services.

4. Community Engagement Efforts

Peer Bridger Component

This component is continuing an established program model with minimal expected change. Feedback from all program stakeholders, including program staff, is discussed and addressed as part of regular program operations discussions.

SUD Peer Support Component

This component is continuing an established program model with minimal expected change. Routine community engagement that occurs as part of the ongoing delivery of this program includes: targeted community outreach to programs, services and populations that are directly or indirectly impacted by substance abuse who can benefit from peer support engagement; and routine discussions with people receiving services and community stakeholders to help determine program needs.

MIDD 2 Initiative RR-12: Jail-Based Substance Abuse Treatment (NEW)

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

This initiative will expand substance use disorder (SUD) treatment at the King County Maleng Regional Justice Center (MRJC). Persons are often arrested and incarcerated for behaviors either directly or indirectly related to substance abuse. The National Center on Addiction and Substance Abuse (CASA) at Columbia University published a study in 2010 showing that 65 percent of all incarcerated persons in the United States meet medical criteria for a substance use disorder (SUD), yet only 11 percent receive any treatment. Initial withdrawal management (detoxification) is provided at King County correctional facilities. While in jail, the nature of the controlled setting and limited "competing demands" offer an opportunity to initiate evidence-based SUD treatment. This initiative will provide contracted counselors to deliver SUD treatment and include the implementation of a modified therapeutic community (TC).

1. Program Description

◊ *A. Service Components/Design (Brief)*

Jail-Based Substance Abuse Treatment will provide a modified, variable length of stay and evidence-based model of care at the Maleng Regional Justice Center. As a result of a Request for Proposal (RFP), a provider will be selected with demonstrated skill and expertise in employing fidelity adherent, evidence-based practices and documented experience to train corrections and treatment staff in the implementation of a modified therapeutic community (TC). The provider will also provide a continuum of services including screening, assessment, and a variable length of outpatient SUD treatment and criminogenic interventions at the MRJC. Jail Health will provide support around integrated behavioral health and medication needs.

◊ *B. Goals*

This initiative: (a) seeks to reduce recidivism among populations with reoccurring incarcerations in King County jails; (b) addresses clinical and behavioral factors of individuals with SUD that contribute to continued involvement in the criminal justice system; and (c) coordinates a reentry plan for continued outpatient treatment in the community.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[134]

1. *How much? Service Capacity Measures*

   This initiative is expected to serve 200 unduplicated individuals annually.

2. *How well? Service Quality Measures*

   - Increased use of preventive outpatient services
   - Expanded use of evidence based interventions

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced substance use
   - Increased stability in treatment, employment, or other quality of life measures
   - Reduced unnecessary incarceration

◊ *D. Provided by: Contractor*

2. Spending Plan

Year	Activity	Amount
2017	Jail-based SUD and Therapeutic Community services	$444,225
2017 Annual Expenditure		**$444,225**
2018	Jail-based SUD and Therapeutic Community services	$455,775
2018 Annual Expenditure		**$455,775**
Biennial Expenditure		**$900,000**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Through a competitive Request for Proposals (RFP) process, a provider will be selected with demonstrated skill and expertise in employing fidelity adherent, evidence-based practices and documented experience to train corrections and treatment staff in the implementation of a modified therapeutic community (TC). The RFP will be released in the third quarter of 2017. Contracting is expected to be completed in the fourth quarter of 2017.

[134] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◊ *B. Services Start date (s)*

Services are expected to begin by the first quarter of 2018.

4. Community Engagement Efforts

Stakeholders have met regularly to discuss program development and design and have provided input into program goals and operations since the SIP was transmitted. Additional engagement will occur with community-based providers in preparation for an RFP. Outreach and education to corrections and program staff in preparation for program implementation will also occur.

MIDD 2 Initiative RR-13: Deputy Prosecuting Attorney for Familiar Faces

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

The dedicated deputy prosecuting attorney (DPA) for King County's Familiar Faces will support the work of specialized programs that provide mental health and substance use disorder treatment, primary health care, life skills development, and/or assistance with care transitions, for individuals referred to as "Familiar Faces" who have been booked in the King County jail four or more times within a 12-month period. Among the Familiar Faces population,[135] 94 percent have one or more behavioral health conditions,[136] and 93 percent have at least one acute medical condition. The dedicated DPA will work with Familiar Faces care management and/or care transition teams – including the Familiar Faces Intensive Care Management Team[137] (FF-ICMT).

The dedicated DPA will provide legal authority and criminal justice information regarding legal matters for the FF-ICMT and/or other Familiar Faces care management and transition teams. As part of the FF team, the DPA will consult and collaborate with FF-ICMT, defense, law enforcement and the community on individual cases. DPA participation on the FF team will enable individuals to be diverted in certain circumstances and avoid further contact with the criminal justice system. The involvement of a dedicated DPA working with the Familiar Faces Intensive Care Management Team will reduce costly criminal justice involvement. The DPA has the ability and the discretion to intervene in criminal case for Familiar Faces participants and look at case resolutions that support harm reduction alternatives for preferred long-term outcomes for participants and communities.

1. Program Description

◊ *A. Service Components/Design (Brief)*

The dedicated DPA funded by this initiative will have direct, frequent and collaborative communication with the Familiar Faces Intensive Care Management Team (FF-ICMT) and/or other Familiar Faces care management and transition teams to track any new bookings, pending cases/charges, pre-existing criminal history, and any post-adjudication hearings and requirements involving all active program participants. The dedicated DPA would also serve as a liaison between program steering committee(s) and law enforcement regarding the changing status of pending cases, outstanding warrants or court hearings. The DPA will retain prosecutorial discretion in all criminal case resolutions. The DPA will seek input from crime

[135] King County Health and Human Services Transformation: The Familiar Faces Initiative, June 2016.

[136] In addition to individuals booked in the King County jail who have a history of mental health and/or substance abuse treatment, King County Jail Health Services uses certain "flags" to identify people who have a recent history of mood, psychosis, or trauma diagnosis or psychiatric medications, or who have a recent history of substance use disorder diagnosis, detoxification service use or withdrawal risk, or treatment referral.

[137] http://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/diversion-reentry-services/Familiar-Faces-ICMT.aspx.

victims, community members, law enforcement and the care management team regarding Familiar Faces participants to determine the appropriate resolution for open/pending criminal cases. Resolutions could include, but are not limited to, dismissals, detention or transfer of a mainstream criminal case to an appropriate therapeutic court. The DPA will monitor track, and negotiate all cases associated with program participants when appropriate.

◊ *B. Goals*

The addition of a dedicated DPA would increase the effectiveness of Familiar Faces care management and care transition teams in reducing criminal justice involvement and promoting wellness and stability for a portion of the sentinel Familiar Faces population.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[138]

1. How much? Service Capacity Measures

The FF-ICMT that will benefit immediately from the services of this dedicated DPA would serve about 60 adults meeting Familiar Faces criteria at any given time, or an unduplicated annual number to be determined in consultation with stakeholders. As additional relevant Familiar Faces programs are launched, this DPA is likely to assist many more people.[139]

2. How well? Service Quality Measures

- Increased housing stability

3. Is anyone better off? Individual Outcome Measures

- Reduced unnecessary incarceration, hospital, and emergency department use

◊ *D. Provided by: County*

[138] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

[139] The total Familiar Faces population in King County averages over 1,200 people per year, although only a portion of this group will be served via care management or care transition programs. A similar dedicated DPA for the Law Enforcement Assisted Diversion (LEAD) program serves about 350 people.

2. Spending Plan

Year	Activity	Amount
2017 partial year	Dedicated deputy prosecuting attorney (DPA) for Familiar Faces, including its flexible care management and care transition teams	$47,091
2017 Annual Expenditure		**$47,091**
2018	Dedicated DPA for Familiar Faces, including its flexible care management and care transition teams	$145,511
2018 Annual Expenditure		**$145,511**
Biennial Expenditure		**$192,602**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Funding for the Familiar Faces DPA would be directed to the King County Prosecuting Attorney's office via a Memorandum of Agreement (MOA).

◊ *B. Services Start date (s)*

MIDD 2 funding for the Familiar Faces DPA will begin in third quarter 2017 when private grant funding expires.

4. Community Engagement Efforts

There have been significant efforts to engage the community since the implementation of the Familiar Faces DPA liaison position. The DPA has reached out to a variety of different entities such as the Department of Corrections and municipal courts in an effort to connect individuals working with Familiar Faces participants to the Intensive Care Management Team. In addition, the DPA is in constant communication with crime victims and other community members who are concerned about the Familiar Faces participants. The DPA takes an active role in educating community members and crime victims regarding the harm reductions principles employed by the Familiar Faces Intensive Care Management team and the County's new approach to addressing individuals with multiple jail bookings. In addition, the DPA conducts trainings and speaks on community panels about the Familiar Faces Initiative.

MIDD 2 Initiative RR-14: Shelter Navigation Services

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

Responding to King County Council direction to use a portion of MIDD funding for shelter-related services, this initiative will provide navigation services for people utilizing 24/7 enhanced shelters. Enhanced shelters provide meals, hygiene services and case management in a concentrated effort to meet a homeless household's basic needs while also addressing housing barriers, while allowing for important services to be provided to people with behavioral health needs.

1. Program Description

◊ *A. Service Components/Design (Brief)*

Navigation services include supportive services and case management to quickly transition clients into housing. They also will support clients to access health care, including behavioral health services.

◊ *B. Goals*

This initiative will allow the County to include navigation services at 24/7 enhanced shelters. This will increase shelter throughput, placing shelter residents into housing and then freeing space in the shelters for additional homeless households, and will help people served at enhanced shelters to access needed behavioral health care.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[140]

1. How much? Service Capacity Measures

This initiative will serve at least 200 homeless households annually.

2. How well? Service Quality Measures

- Increased use of prevention (outpatient) services
- Increased housing stability

3. Is anyone better off? Individual Outcome Measures

- Increased stability in treatment, employment or other quality of life measures
- Reduced unnecessary incarceration

[140] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◊ *D. Provided by: Contractor*

2. Spending Plan

Year	Activity	Amount
2017	Navigation services for people utilizing 24/7 enhanced shelter, improving access to behavioral health care	$493,583
2017 Annual Expenditure		**$493,583**
2018	Navigation services for people utilizing 24/7 enhanced shelter, improving access to behavioral health care	$506,417
2018 Annual Expenditure		**$506,417**
Biennial Expenditure		**$1,000,000**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

The King County DCHS Homeless Housing Program (HHP) administers and oversees funding for shelter services. MIDD 2 funding for navigation services will be allocated through a competitive RFP process. HHP is able to complete stand-alone RFP processes as necessary. All RFPs are announced through multiple distribution lists with an opportunity for potential applicants and stakeholders to engage with County staff.

◊ *B. Services Start date (s)*

HHP anticipates issuing part or all of the MIDD 2 funding for navigation services in 2017. Expenditure of funds for services could occur in 2017 and/or 2018 depending on when enhanced shelter space becomes available.

4. Community Engagement Efforts

King County DCHS' Housing and Community Development program conducts an existing stakeholder process to notify potential applicants of available funding. This initiative will be included in those communication/notification efforts.

MIDD 2 Initiative SI-01: Community-Driven Behavioral Health Grants for Cultural and Ethnic Communities (NEW)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "increase culturally appropriate, trauma-informed behavioral health services."

By directly empowering communities to design service approaches that meet their needs, this initiative seeks to overcome barriers to behavioral health service participation and recovery that ethnic and cultural communities experience. Such barriers include:

- Underutilization and premature termination of behavioral health treatment despite continued need
- Disproportionately higher burden from unmet mental health needs
- Poorer-quality care
- Mistrust of the behavioral health system resulting from the cultural insensitivity of treating clinicians
- Lack of culturally appropriate services including bilingual and bicultural staff
- Collectivist cultural values that may make the individualistic process of psychotherapy foreign
- Varying conceptions of the nature, causes, and cures of behavioral health conditions
- Perceptions of stigma and shame
- Lack of health insurance coverage.[141]

In King County, as in many ethnic and cultural minority communities nationwide, people are left primarily with behavioral health service options that do not fit their cultural needs, so they remain unserved or underserved. These findings about ethnic communities' preferences around service delivery were confirmed locally via MIDD community engagement – including community conversations, focus groups, and surveys.[142]

This initiative provides a structure and resources for communities to propose projects and receive funding to address community needs using culturally appropriate programs.

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[141] Leong and Kalibatseva (2011). Cross-cultural barriers to mental health services in the United States. Cerebrum 2011 March-April: 5. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3574791/ and U.S. Department of Health and Human Services. (2001). Mental health: culture, race and ethnicity, a supplement to Mental health: A report of the surgeon general. http://www.surgeongeneral.gov/library/mentalhealth/cre/sma-01-3613.pdf

[142] MIDD review and renewal focus groups in January 2016 whose perspectives surfaced these themes and needs included focus groups specifically for African American, Somali, Hispanic, Asian Pacific Islander, Native American, trans*, and refugee populations. See http://www.kingcounty.gov/~/media/depts/community-human-services/MIDD/documents/160226_FG_Highlights.ashx?la=en. Survey information is summarized at http://www.kingcounty.gov/~/media/depts/community-human-services/MIDD/documents/160226_Community_Engagement_Main_Themes.ashx?la=en.

1. Program Description

◊ *A. Service Components/Design (Brief)*

King County will provide small grants designed to support targeted community-initiated behavioral health-related services or programs designed by particular cultural or ethnic communities to address issues of common concern.

This approach will build upon processes and/or structures employed by King County's Community Service Area (CSA) Community Engagement Grant program,[143] the Best Starts for Kids (BSK) trauma-informed and restorative practices small grants initiative,[144] and/or the Community Organizing Program small grant initiative previously operated by King County DCHS, except that it will be organized to serve cultural and ethnic populations rather than particular geographic locations. It will provide MIDD resources to enable culturally specific organizations or culturally specific grassroots coalitions to support implementation of small-scale, local initiative(s) designed by community members to address key felt needs that relate to behavioral health treatment, prevention, recovery or service access.[145]

Funded projects may include, but are not limited to:

- Community-initiated population health initiatives such as engagement efforts, classes, prevention/outreach campaigns, or one-time events related to mental health or substance abuse, and/or
- Specific behavioral health services requested by a cultural or ethnic community that are expected to meaningfully address its self-identified needs.[146]

◊ *B. Goals*

The goal of this concept is to provide a mechanism for MIDD to invest in locally conceived, community-driven behavioral health services, with a special focus on cultural and ethnic communities. Nearly 30 percent of King County residents are people of color,[147] but culturally specific and accessible resources, along with community-designed and -informed services, are relatively lacking. MIDD's 2015-2016 community outreach effort confirmed the need for an avenue for community self-determination and services focused on the needs of specific groups.

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[143] Information about the existing Community Engagement Grant program, administered by King County's Department of Natural Resources and Parks, is available at http://www.kingcounty.gov/exec/community-service-areas/engagement-grants.aspx.

[144] http://www.kingcounty.gov/elected/executive/constantine/initiatives/best-starts-for-kids.aspx. BSK's small grant RFP was launched in May 2017.

[145] In addition to locally conceived, community-generated ideas and programming, applicants have the option to request funds under this initiative to help bring existing program models to their cultural or ethnic population, if they do not already have access to such services.

[146] Any program proposals that involve funding for ongoing staff will need to address costs and obligations associated with employing personnel, including insurance, workers' compensation, taxes, benefits, and minimum wages.

[147] 2014 census data, available at https://fortress.wa.gov/esd/employmentdata/reports-publications/regional-reports/county-profiles/king-county-profile.

This initiative will further the aims of the King County Equity and Social Justice Strategic Plan,[148] including creating opportunities for residents to express their priorities and have a meaningful role in decision-making. Also, it endeavors to employ integration methods recommended by the County's Immigrant and Refugee Task Force[149] as applicable. Specifically, this initiative creates a fund that will empower communities to identify pressing issues, design suitable solutions, and seek grants to support their projects and organizations; also, to the degree feasible, it will also include regular consultation and meaningful involvement in planning and decision-making processes.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[150]

1. *How much? Service Capacity Measures*

   As the funded programs will be designed by multiple different communities and customized to their particular felt needs, it is not yet known how many individuals will be served. Furthermore, as funded projects change from year to year, the number of people served will vary annually. However, the number of people served will be tracked for each project and aggregated for the initiative as a whole. The number of participating agencies and programs will be tracked as well.

2. *How well? Service Quality Measures*

   - Improved perception of health and behavioral health issues and disorders

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced behavioral health risk factors
   - Improved wellness and social relationships

◊ *D. Provided by: Contractor*

This grant program will be administered by county staff in consultation with stakeholders from cultural and ethnic communities. All funded programs and services would be delivered by organizations with strong ties to the communities being served.

[148] http://your.kingcounty.gov/dnrp/library/dnrp-directors-office/equity-social-justice/201609-ESJ-SP-FULL.pdf

[149] http://www.kingcounty.gov/~/media/Council/documents/Issues/IRTF/IRTF_July1.ashx?la=en

[150] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. Spending Plan

Year	Activity	Amount
2017	Community-initiated, time-limited small grants to local culturally specific organizations or projects	$350,000
2017 Annual Expenditure		**$350,000**
2018	Community-initiated, time-limited small grants to local culturally specific organizations or projects	$359,100
2018 Annual Expenditure		**$359,100**
Biennial Expenditure		**$709,100**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

This initiative will require periodic, low-barrier requests for proposals (RFPs) – no less frequently than annually – to facilitate the selection of time-limited community-driven projects for funding. The level of complexity and requirements for these proposals will vary depending on the amount of the funding request.

Applicant organizations will be expected to demonstrate that they have leveraged matching contributions,[151] with specific match requirements to be determined. Matching funds may come in the form of funding from other sources or donated time, space, or other in-kind resources. Match requirements may change in subsequent years if grants are renewed.

An accessible, low-barrier application or RFP process will be established to provide predictable timing and process by which communities could request funds. Organizations selected for funding via this community-driven grant initiative would establish contracts or monitoring agreements with King County covering each proposed program or service and its associated time period.

Each funded project will contribute information that will be used for the MIDD Evaluation. The information provided about each project will contribute to the overall measurement of quantity, quality and impact for this initiative, as outlined in 1.C above.

[151] Match requirements are part of both the CSA small grant program and the Community Organizing Program small grant initiative previously operated by King County DCHS, after which this initiative is modeled.

Criteria for possible time-limited renewal of the projects may be developed.[152] When renewed grants are sought for equivalent or substantively similar projects after the first year, funding will most commonly be renewed partially.

Processes and requirements specific to particular funding levels, based on known procurement mandates and the overarching goals of the initiative, are outlined below.[153]

Mini-Grants

Mini-grants, up to a certain maximum dollar amount,[154] will be awarded at least two times per year, to be directly funded through a simplified process, allowing small grassroots organizations or coalitions (many of whom may not otherwise contract with the County) to receive funds without encountering the added requirements associated with formal county contracts. County staff would provide oversight of grant expenditures, allowing for the possibility of disbursing funds either via small advance payments combined with reconciliation against actual expenditures or via simple expenditure reimbursement.

Mid-sized Grants

Grants slightly higher the mini-grant threshold are referred to as mid-sized grants[155] and may be awarded on an annual basis, subject to available funding, using County contracting processes. Every effort will be made to minimize administrative burdens associated with these contracts, including reduced fiscal auditing requirements when possible.[156] Simplified contracting will be available as applicable, building on existing processes in place for contracting with providers for small special projects. Reduced or waived insurance requirements may be available depending on the type of program or service proposed.

◊ *B. Services Start date (s)*

The first application/RFP could occur in late 2017 or early 2018 with services to begin by mid-2018. On an ongoing basis, start dates and service duration will vary widely by project.

[152] As of 2017, there is an expected limit of three years of funding per project or service through this initiative, subject to change. Potential factors to be considered in the decision whether or not to renew funding for a project or service may include: (a) the volume of people served; (b) other performance measures (such as those as referenced above); (c) community feedback about project effectiveness and engagement/organizing work; (d) efforts to enroll project participants in Medicaid, as applicable; and/or (e) the degree to which other funding sources beyond MIDD have been or will be leveraged to continue the service.

[153] The amounts and requirements outlined here are current as of 2017, but may be adjusted to fit with any changes to County procurement rules or other considerations.

[154] As of 2017, the maximum mini-grant amount will be $9,999 per year per organization, subject to change.

[155] As of 2017, any mid-sized grants are expected to be awarded with amounts between $10,000 and $24,999 per year per organization, subject to change. However, larger requests may be considered under certain circumstances for well-coordinated community-driven projects that reflect the participation of multiple stakeholders, up to a maximum amount. As of 2017, the maximum mid-sized grant amount is expected to be $49,999 per year per organization, subject to change.

[156] The degree to which fiscal auditing may or may not be required for mid-sized grants will depend on the size of the grantee organization and the amount of government funding it receives, not the size of the grants.

4. Community Engagement Efforts

Outreach to experts, key community members, and policymakers will be conducted during the second half of 2017 to gather input about the operations and criteria for the initiative. This outreach will be coordinated with relevant BSK and/or Veterans and Human Services Levy (VHSL) community engagement efforts whenever appropriate. This process is expected to inform the framing of the first application/RFP round and the ongoing procedures and priorities of the grant program. A broad communications effort is also expected to be launched to ensure that groups serving specific cultural or ethnic communities are aware of the existence of this new funding opportunity for community-driven behavioral health-related projects.

MIDD 2 Initiative SI-02: Behavioral Health Services in Rural King County (NEW)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "improve health and wellness of individuals living with behavioral health conditions."

Currently, vast sections of King County have no publicly funded behavioral health clinic option.[157] Rural King County residents lack access to these service sites due to transportation barriers including long distances to behavioral health clinic sites in suburban cities, and very limited bus service in rural areas. In the case of Vashon Island, the only linkage to some aspects of the outpatient service continuum is via ferry.[158]

This initiative's grant process not only may address access issues common to rural communities nationally, but also concerns identified at a local level. Examples of these may include stigma associated with receiving care;[159] elevated rates of obesity, diabetes, and suicide;[160] and/or high prevalence of adverse childhood experiences which are a strong predictor of anxiety and other mental illnesses.[161]

1. Program Description

◊ *A. Service Components/Design (Brief)*

King County will provide small grants to support targeted community-initiated behavioral health-related services or programs designed by rural communities to address issues of common concern. This initiative will address the need to provide behavioral health assistance to people who live in underserved rural areas, cities in rural areas, or rural towns, that typically lack adequate access to behavioral health clinics and providers.

The grant program will serve the seven community service areas (CSAs) in King County, as well as identified underserved cities and towns adjoining these CSAs. The CSAs are: Bear Creek/Sammamish, Snoqualmie Valley/Northeast King County, Four Creeks/Tiger Mountain, Greater Maple Valley/Cedar River, Southeast King County, West King County unincorporated areas,[162] and Vashon/Maury Islands. Adjoining cities and towns that would also be eligible may

[157] http://kingcounty.maps.arcgis.com/apps/PublicInformation/index.html?appid=eaf2562bfde3437f8519fa90a2eaff0b

[158] "Notes from Group Discussion: Snoqualmie Healthy Community Coalition, Sept 17, 2015, facilitators: Alan Painter and DeAnna Martin," and "Vashon Social Services Network, August 14, 2015," provided by Alan Painter, King County Community Services Area program manager. The unique transportation barriers experienced by Vashon Island residents were also highlighted in a January 2016 Best Starts for Kids focus group.

[159] "Notes from Group Discussion: Snoqualmie Healthy Community Coalition, Sept 17, 2015, facilitators: Alan Painter and DeAnna Martin," and phone consultation with Ross Marzolf, January 2016. Participants in MIDD review and renewal focus groups in both Maple Valley (Southeast King County) and Preston (Snoqualmie Valley) in January 2016 identified stigma reduction campaigns and community education about mental illness as priorities for potential funding.

[160] King County Health Profile, December 2014.

[161] Adverse Childhood Experiences ACES 2013 Report.

[162] The West King County Unincorporated Areas CSA serves unincorporated pockets of West King County that are generally near suburbs where publicly funded behavioral health clinics are located. As a result, funding requests from this CSA will be expected to demonstrate that proposed projects are coordinated with any nearby existing providers and avoid duplication of efforts.

include Skykomish, Duvall, Carnation, Snoqualmie, North Bend, Covington, Maple Valley, Black Diamond and Enumclaw.[163]

This approach will build upon or replicate the existing structures of King County's CSA Community Engagement Grant program,[164] the Best Starts for Kids (BSK) trauma-informed and restorative practices small grants initiative,[165] and/or the Community Organizing Program small grant initiative previously operated by King County DCHS. It will provide MIDD resources to enable local organizations or grassroots coalitions located within any CSAs or identified adjoining cities or towns to design specific initiative(s) that address key felt needs that relate to behavioral health treatment, prevention, recovery or service access.[166]

Funded projects may include, but are not limited to:

- Community-initiated population health initiatives such as engagement efforts, classes, prevention/outreach campaigns, or one-time events related to mental health or substance abuse, and/or
- Specific behavioral health services requested by a rural community that are expected to meaningfully address its self-identified needs.[167]

◊ *B. Goals*

As described above, this program will improve health and wellness primarily by promoting access to services and community self-determination in areas of King County that have very little access to publicly funded behavioral health care. It is intended to respect and support communities' rural character, as outlined in King County's Comprehensive Plan[168] and Countywide Planning Policies.[169]

[163] The specific targeted geographic areas for this grant program may be adjusted in response to population trends and/or changes in the availability of behavioral health services in different communities.

[164] Information about the existing Community Engagement Grant program, administered by King County's Department of Natural Resources and Parks, is available at http://www.kingcounty.gov/exec/community-service-areas/engagement-grants.aspx.

[165] http://www.kingcounty.gov/elected/executive/constantine/initiatives/best-starts-for-kids.aspx. BSK's small grant RFP was launched in May 2017.

[166] In addition to locally conceived, community-generated ideas and programming, applicants have the option to request funds under this initiative to help bring existing program models to their area, if they do not already have access to such services.

[167] Any program proposals that involve funding for ongoing staff will need to address costs and obligations associated with employing personnel, including insurance, workers' compensation, taxes, benefits, and minimum wages.

[168] http://www.kingcounty.gov/depts/executive/performance-strategy-budget/regional-planning/king-county-comprehensive-plan/2016Adopted.aspx

[169] http://www.kingcounty.gov/depts/executive/performance-strategy-budget/regional-planning/CPPs.aspx

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[170]

1. How much? Service Capacity Measures

As the funded programs will be designed by multiple different communities and customized to their particular felt needs, it is not yet known how many individuals will be served. Furthermore, as funded projects change from year to year, the number of people served will vary annually. However, the number of people served will be tracked for each project and aggregated for the initiative as a whole. The number of participating agencies and programs will be tracked as well.

2. How well? Service Quality Measures

- Improved perception of health and behavioral health issues and disorders

3. Is anyone better off? Individual Outcome Measures

- Reduced behavioral health risk factors
- Improved wellness and social relationships

◊ *D. Provided by: Contractor*

This grant program will be administered by County staff in consultation with stakeholders from each geographic area. All funded programs and services would be delivered by organizations with strong ties to the local communities being served.

2. Spending Plan

Year	Activity	Amount
2017	Community-initiated, time-limited small grants to local organizations within identified underserved rural areas, cities in rural areas, and/or rural towns	$350,000
2017 Annual Expenditure		**$350,000**
2018	Community-initiated, time-limited small grants to local organizations within identified underserved rural areas, cities in rural areas, and/or rural towns	$359,100
2018 Annual Expenditure		**$359,100**
Biennial Expenditure		**$709,100**

[170] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

This initiative will require periodic, low-barrier requests for proposals (RFPs) – no less frequently than annually – to facilitate the selection of time-limited community-driven projects for funding. The level of complexity and requirements for these proposals will vary depending on the amount of the funding request.

Applicant organizations will be expected to demonstrate that they have leveraged matching contributions,[171] with specific match requirements to be determined. Matching contributions may come in the form of funding from other sources or donated time, space, or other in-kind resources. Match requirements may change in subsequent years if grants are renewed.

An accessible, low-barrier application or RFP process will be established to provide predictable timing and process by which communities could request funds. Organizations selected for funding via this community-driven grant initiative would establish contracts or monitoring agreements with King County covering each proposed program or service and its associated time period.

Each funded project will contribute information that will be used for the MIDD Evaluation. The information provided about each project will contribute to the overall measurement of quantity, quality, and impact for this initiative, as outlined in 1.C above.

Criteria for possible time-limited renewal of the projects may be developed.[172] When renewed grants are sought for equivalent or substantively similar projects after the first year, funding will most commonly be renewed partially.

Processes and requirements specific to particular funding levels, based on known procurement mandates and the overarching goals of the initiative, are outlined below.[173]

[171] Match requirements are part of both the CSA small grant program and the Community Organizing Program small grant initiative previously operated by King County DCHS, after which this initiative is modeled.

[172] As of 2017, there is an expected limit of three years of funding per project or service through this initiative, subject to change. Potential factors to be considered in the decision whether or not to renew funding for a project or service may include: (a) the volume of people served; (b) other performance measures (such as those as referenced above); (c) community feedback about project effectiveness and engagement/organizing work; (d) efforts to enroll project participants in Medicaid, as applicable; and/or (e) the degree to which other funding sources beyond MIDD have been or will be leveraged to continue the service.

[173] The amounts and requirements outlined here are current as of 2017, but may be adjusted to fit with any changes to County procurement rules or other considerations.

Mini-Grants

Mini-grants, up to a certain maximum dollar amount,[174] will be awarded at least two times per year, to be directly funded through a simplified process, allowing small grassroots organizations or coalitions (many of whom may not otherwise contract with the County) to receive funds without encountering the added requirements associated with formal County contracts. County staff would provide oversight of grant expenditures, allowing for the possibility of disbursing funds either via small advance payments combined with reconciliation against actual expenditures or via simple expenditure reimbursement.

Mid-sized Grants

Grants slightly higher the mini-grant threshold are referred to as mid-sized grants[175] and may be awarded on an annual basis, subject to available funding, using County contracting processes. Every effort will be made to minimize administrative burdens associated with these contracts, including reduced fiscal auditing requirements when possible.[176] Simplified contracting will be available as applicable, building on existing processes in place for contracting with providers for small special projects. Reduced or waived insurance requirements may be available depending on the type of program or service proposed.

◊ *B. Services Start date(s)*

The first application/RFP round could occur in late 2017 or early 2018 with services to begin by mid-2018. On an ongoing basis, start dates and service duration will vary widely by project.

4. Community Engagement Efforts

Outreach to experts, key community members and policymakers will be conducted during the second half of 2017 to gather input about the operations and criteria for the initiative. This outreach will be coordinated with relevant Best Starts for Kids and/or Veterans and Human Services Levy community engagement efforts whenever appropriate. This process is expected to inform the framing of the first application/RFP round and the ongoing procedures and priorities of the grant program. A broad communications effort is also expected to be launched to ensure that groups in eligible areas are aware of the existence of this new funding opportunity for community-driven behavioral health-related projects.

[174] As of 2017, the maximum mini-grant amount will be $9,999 per year per organization, subject to change.

[175] As of 2017, any mid-sized grants are expected to be awarded with amounts between $10,000 and $24,999 per year per organization, subject to change. This will allow multiple projects to be funded in each geographic area each year. However, larger requests may be considered under certain circumstances for well-coordinated community-driven projects that reflect the participation of multiple stakeholders, up to a maximum amount. As of 2017, the maximum mid-sized grant amount is expected to be $49,999 per year per organization, subject to change.

[176] The degree to which fiscal auditing may or may not be required for mid-sized grants will depend on the size of the grantee organization and the amount of government funding it receives, not the size of the grants.

MIDD 2 Initiative SI-03: Quality Coordinated Outpatient Care[177]

How does the program advance the adopted MIDD policy goals?

This investment primarily addresses the adopted MIDD policy goal of "improve health and wellness of individuals living with behavioral health conditions."

The community behavioral health treatment system is under resourced. Clinicians are strained with large and complex caseloads. Clinicians and their organizations need support to ensure positive health outcomes for clients and to measure recovery from multiple perspectives. System supporting investments can help move the needle on health outcomes by addressing and limiting reactive case management, which in turn may impact clients via deficiencies in service planning, support for families and caregivers, and coordination with other services,[178] as well as a primary focus on crises and immediate problems.[179] To achieve responsiveness to client needs and critical outreach contacts,[180] additional resources are essential. Worker recruitment and retention is also affected when staff are overstretched,[181] and most importantly the health and safety outcomes and the quality of care provided to clients can suffer.[182] These findings support the need for continued strategic investments to strengthen the community behavioral health system to achieve better health outcomes for clients.

This initiative will make strategic investments in King County's outpatient community behavioral health continuum to provide for broader access, better treatment services, and reaching beyond treatment to provide recovery support services.[183] This initiative will promote the achievement of recovery outcomes for individuals, including proactive care that improves overall health and wellness. Efforts to stabilize and strengthen the community workforce may be incorporated to support these goals.

1. Program Description

◊ *A. Service Components/Design (Brief)*

Since the initial Initiative Description in the SIP, the County has experienced an actuarial rate change that is expected to result in the loss of Medicaid match for this initiative effective July 2017. Previously, the funds were 100 percent matched by the state. This will result is a significant reduction in the total funds available to providers through this initiative, and may lead to a targeted, prioritized approach. The approach to the future distribution or

[177] The name for this initiative is changed from MIDD 1 and the MIDD 2 Service Improvement Plan to reflect anticipated potential changes to its focus. It was formerly known as Workload Reduction.

[178] Intagliata J. Improving the quality of community care for the chronically clinically mentally disabled: the role of case management. Schizophr Bull 1982; 8: 655–674.

[179] King R, Le Bas J, Spooner D. The impact of caseload on mental health case manager personal efficacy. Psychiatr Serv 2000; 52: 364–368.

[180] King, R., Meadows, G., & LeBas, J. (2004). Compiling a caseload index for mental health case management. Australian and New Zealand Journal of Psychiatry, 38, 455-462.

[181] Evans, S., Huxley, P., Gately, C., Webber, M., Means, A., Pajak, S., et al. (2006). Mental health, burnout, and job satisfaction among mental health social workers in England and Wales. *British Journal of Psychiatry, 188*, 75-80.

[182] Priebe, S., Fakhoury, W., Hoffman, K., & Powell, R. (2005). Morale and job perception of community mental health professionals in Berlin and London. *Social Psychiatry Psychiatric Epidemiology, 40*, 223-232.

[183] Initiative details remain under development for MIDD 2, to reflect changing funding and updated strategic goals.

procurement of MIDD 2 funds for this initiative will be revised by the County with the input of providers. The initiative revision will be guided by the following principles:

- Advancing equity and social justice in the behavioral health system
- Supporting behavioral health system transformation to the fully integrated managed care environment
- Supporting the implementation of behavioral health outcome measures
- Disbursing funds in a strategic manner that achieves measureable progress toward MIDD goals
- Opening the initiative to participation by substance use disorder providers and/or newer mental health providers
- Intentional involvement of provider and community for design of this initiative

◊ *B. Goals*

The primary goals of this initiative include improving health outcomes for clients by assisting them to achieve greater stability and recovery and by supporting the provision of quality ongoing care and responsive crisis services. Higher-quality care would include increased proactive case management, care coordination, family support, outreach and advocacy, as well as development and implementation of behavioral health outcome measures. A secondary related goal of this initiative may be to decrease workforce turnover, thus creating a more stable, effective and experienced workforce.[184]

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[185]

Measures associated with this initiative will be developed as the strategic goals and procurement approach are finalized.

1. *How much? Service Capacity Measures*

   To be determined concurrently with initiative revision.

2. *How well? Service Quality Measures*

   To be determined concurrently with initiative revision.

3. *Is anyone better off? Individual Outcome Measures*

   To be determined concurrently with initiative revision.

[184] Since both initiatives aim to improve client care by strategically supporting the community behavioral health system and/or its workforce, the redesign and implementation of this initiative will be coordinated with MIDD 2 Initiative SI-04.

[185] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◊ *D. Provided by: Contractor*

Funding under this initiative will be distributed to community behavioral health providers. Procurement and/or distribution of funds will be revised from the MIDD 1 approach, in alignment with the initiative revision process.

2. Spending Plan

Year	Activity	Amount
2017	Support for quality, coordinated ongoing care and responsive crisis services via staffing enhancements and/or other strategic activities	$4,100,000
2017 Annual Expenditure		**$4,100,000**
2018	Support for quality, coordinated ongoing care and responsive crisis services via staffing enhancements and/or other strategic activities	$4,206,600
2018 Annual Expenditure		**$4,206,600**
Biennial Expenditure		**$8,306,600**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Depending on the results of the initiative revision process, funding may be distributed to agencies using an allocation methodology, or services may be procured by RFP in alignment with specific strategic approaches to achieve defined initiative goals.

◊ *B. Services Start date (s)*

2017 funds are allocated based on the MIDD 1 funding methodology. Revised methodology or an RFP process will be implemented in 2018.

4. Community Engagement Efforts

King County BHRD's work to revise the allocation methodology began in the first quarter of 2017 and was paused during the state legislative session. Planning and analysis work continues in the second quarter. A short-term allocation approach in response to the loss of Medicaid match will be determined in mid-2017 in consultation with providers, to be followed by stakeholder involvement in redesign of the ongoing approach to this initiative beginning in the third quarter of 2017.

MIDD 2 Initiative SI-04: Workforce Development

How does the program advance the adopted MIDD policy goals?

This initiative addresses the adopted MIDD policy goal of "increase culturally appropriate, trauma-informed behavioral health services."

The behavioral health workforce is in crisis. The behavioral health system is struggling to recruit and retain trained, licensed and qualified staff to provide services to those in need. Providers statewide report difficulty hiring and retaining the staff they need to meet demand. Behavioral health integration highlights the need for continuing education. Clients benefit when clinical staff are trained on the full spectrum of behavioral health conditions and how to best intervene. Coordinating services with primary care also requires training and education; this again will help clients receive optimal services. Factors to be used to determine the most effective training programs to develop and support the workforce may include the following: types and sizes of workforce shortages, evolving clinical needs and/or equity and social justice.

1. Program Description

◊ *A. Service Components/Design (Brief)*

Given the integration of mental health and substance use disorder treatment, the present work shortages and growing demand for services, this MIDD 2 initiative will focus on a sustainable, systems-based approach to supporting and developing the behavioral health workforce, in collaboration with the MIDD Advisory Committee and stakeholders. The development of this new approach will consider workforce needs, equity and social justice factors, primary care integration, federal mandates related to opioid prescription, ways to maintain qualified and sustained clinical staff, evidence-based practices, and train-the-trainer programs.

◊ *B. Goals*

The initiative's goals are to increase and retain the number of staff working in the King County behavioral health workforce, and enhance their skill sets; increase capacity to provide quality behavioral health services in King County; and to increase adoption of evidence-based, best, or promising practices.[186]

[186] Since both initiatives aim to improve client care by strategically supporting the community behavioral health system and/or its workforce, the redesign and implementation of this initiative will be coordinated with MIDD 2 Initiative SI-03.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[187]

1. *How much? Service Capacity Measures*

   To be determined concurrently with initiative revision.

2. *How well? Service Quality Measures*

   To be determined concurrently with initiative revision.

3. *Is anyone better off? Individual Outcome Measures*

   To be determined concurrently with initiative revision.

◊ *D. Provided by: Contractor*

2. Spending Plan

Year	Activity	Amount
2017	Behavioral health workforce development, project management and stakeholder coordination activities continue	$743,125
2017 Annual Expenditure		**$743,125**
2018	Behavioral health workforce development, project management and stakeholder coordination activities continue	$762,446
2018 Annual Expenditure		**$762,446**
Biennial Expenditure		**$1,505,571**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

Procurement of revised programming for this initiative under MIDD 2 is expected to be completed during the fourth quarter of 2017. Services funded under this initiative are expected to be delivered through contracts with providers, organizations and/or trainers or formal reimbursement mechanisms, as appropriate. Requests for Proposals (RFPs) may be necessary.

[187] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◊ *B. Services Start date (s)*

2017 contracts follow the MIDD 1 allocation model for this initiative. The revised services for this initiative are planned to begin in the first quarter of 2018.

4. Community Engagement Efforts

Feedback from providers will be sought in the third and fourth quarter of 2017. Ongoing feedback mechanisms will be established so the system can continually improve and adapt to evolving needs.

MIDD 2 Initiative TX-ADC: Adult Drug Court (ADC)

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

ADC is a pre-adjudication program that provides eligible defendants the opportunity to receive drug and mental health treatment and access to ancillary support services. When defendants complete the ADC program, their charges are dismissed and they have acquired the skills necessary to live stable, healthy and productive lives.

1. Program Description

◊ *A. Service Components/Design (Brief)*

ADC provides eligible defendants charged with felony drug and property crimes the opportunity for substance use disorder (SUD) treatment, mental health treatment, access to ancillary services, and assistance with acquiring skills necessary for recovery maintenance. After a trial period, defendants can choose to formally opt-in to the program. After opt-in, drug court participants continue under the court's supervision and are required to attend treatment sessions, undergo random urinalysis, and appear before the judge on a regular basis.

If defendants meet the requirements of each of the four phases of the ADC program, they graduate from the program and the charges are dismissed. If defendants fail to make progress, they are terminated from the program and sentenced on their original charge. While this is a minimum 12-month program, the average graduate requires 18 months to complete the program.

◊ *B. Goals*

ADC goals include:

- Reduce substance use and related criminal activity
- Enhance community safety
- Reduce reliance on incarceration and criminal justice resources for non-violent felony offenses
- Provide resources and support to assist drug court participants in the acquisition of skills necessary for recovery
- Reward positive life changes while maintaining accountability
- Encourage drug court participants to give back and connect with their communities.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[188]

1. *How much? Service Capacity Measures*

   This initiative serves at least 700 unduplicated individuals annually.

2. *How Well? Service Quality Measures*

   - Program graduation rates and positive exits from services

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced substance use
   - Increased stability in treatment, employment, or other quality of life measures
   - Improved wellness and social relationships
   - Reduced unnecessary incarceration

◊ *D. Provided by: County*

2. Spending Plan

Year	Activity	Amount
2017	Adult Drug Court participant supervision and services continue.	$4,165,351
2017 Annual Expenditure		**$4,165,351**
2018	Adult Drug Court participant supervision and services continue.	$4,273,649
2018 Annual Expenditure		**$4,273,649**
Biennial Expenditure		**$8,439,000**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

King County Department of Judicial Administration (DJA) manages Adult Drug Court. No RFP is needed.

◊ *B. Services Start date (s)*

Services continued on January 1, 2017.

[188] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

4. Community Engagement Efforts

DJA manages the design and implementation of the program based on the National Association of Drug Court Professionals Adult Drug Court Best Practice Standards. Community stakeholders were not engaged.

MIDD 2 Initiative TX-FTC: Family Treatment Court (FTC)

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "improve health and wellness of individuals living with behavioral health conditions."

FTC is a recovery-based child welfare intervention. Parents participate in FTC to receive help in obtaining and maintaining sobriety as well as family services that support a recovery based lifestyle, including mental health treatment when applicable. Many of the court's parents have a history of incarceration and FTC supports their reentry into mainstream services. It is an improvement to the current way child welfare cases are handled in the dependency court system. It is also a prevention and early intervention program, working with both the parent and the child to prevent future involvement in the criminal and juvenile justice systems and address the health and well-being of child welfare involved families.

1. Program Description

◊ *A. Service Components/Design (Brief)*

FTC promotes the health, safety and welfare of children in the dependency system by actively intervening to address the drug, alcohol and other service needs of families through integrated, culturally competent and judicially-managed collaboration that facilitates timely reunification or an alternative permanency plan. FTC is organized around the ten key components that define a drug court:

1) Integrated systems (child welfare, Substance Use Disorder [SUD] treatment services and the court)
2) Protection and assurance of legal rights, advocacy and confidentiality
3) Early identification and intervention
4) Access to comprehensive services and individualized case planning
5) Frequent case monitoring and drug testing
6) Graduated responses and rewards
7) Increased judicial supervision
8) Deliberate program evaluation and monitoring
9) A collaborative, non-adversarial, cross-trained team
10) Partnerships with public agencies and community-based organizations.

◊ *B. Goals*

FTC has four primary goals:

- To ensure that children have safe and permanent homes within permanency planning guidelines or sooner
- To ensure that families of color have outcomes from dependency cases similar to families not of color

- To ensure that parents are better able to care for themselves and their children and seek resources to do so
- To ensure that the cost to society of dependency cases involving substances is reduced.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[189]

1. *How much? Service Capacity Measures*

   This initiative will serve 140 children annually in MIDD 2 including the expanded court in South King County.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services
   - Increase positive child placements at parent exit from FTC
   - Program graduation rates and positive exits from services.

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced substance use
   - Increased stability in treatment, employment, or other quality of life measures
   - Improved wellness and social relationships
   - Reduced unnecessary incarceration.

◊ *D. Provided by: County*

2. Spending Plan

Year	Activity	Amount
2017	FTC supports and services continue.	$1,435,340
2017 Annual Expenditure		**$1,435,340**
2018	FTC supports and services continue.	$1,472,660
2018 Annual Expenditure		**$1,472,660**
Biennial Expenditure		**$2,908,000**

[189] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

King County Superior Court manages the Family Treatment Court. No Requests for Proposals (RFPs) needed.

◊ *B. Services Start date (s)*

Services continued on January 1, 2017.

4. Community Engagement Efforts

FTC continually incorporates feedback from several community stakeholder groups represented in the FTC advisory committee regarding: improving the safety and well-being of children in the dependency system by providing services to support the entire family; the effectiveness of a collaborative, non-adversarial approach to integrate substance use treatment; and the ongoing evaluation of racial and ethnic disparities in the overall dependency system and within the FTC program.

MIDD 2 Initiative TX-JDC: Juvenile Drug Court (JDC)

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

The JDC program is effective at reducing recidivism and keeping youth engaged in the treatment process.[190] King County JDC outcome studies have documented significant reductions in recidivism among program participants. Juvenile justice has increasingly become the service delivery point for adolescents with substance use disorder (SUD) and co-occurring problems that lack resources for other assistance. The JDC model provides improved, expanded, yet cost-effective adolescent SUD treatment in a coordinated system of care. The model of care in King County challenges systemic inequities and facilitates dialogue among justice and treatment professionals, families and the youth themselves. JDC includes services designed for youth with SUD diagnoses and co-occurring mental health issues. All service areas of the JDC program have shown overtime to increase protective factors for youth involved in the program and strengthen the participant's transition to participating in pro-social behaviors and activities.

1. Program Description

◊ *A. Service Components/Design (Brief)*

JDC is a therapeutic court that provides services to juvenile charged with criminal offenses and identified as having a SUD diagnosis. JDC was implemented in July 1999. This court is an alternative to regular juvenile court and is designed to improve the safety and well-being of youth and families involved in the juvenile justice system by providing the juvenile offender access to SUD treatment, judicial monitoring of their sobriety and individualized services to support the entire family.[191]

Juvenile justice-involved youth voluntarily enter the program and agree to increased court participation, SUD treatment, co-occurring mental health treatment if necessary and intensive case management in order to have their charges dismissed. Case review hearings initially occur every week and then become less frequent as the youth progresses through the program. Incentives are awarded to recognize the youths' achievements and graduated sanctions are used when a youth violate program rules. Youth typically spend between 12 and 18 months in the program.

Through a collaborative, non-adversarial approach, the JDC integrates SUD, co-occurring mental health treatment and increased accountability into the process. Each youth has a JDC team and a comprehensive service team that reviews his or her participation and

[190] Bolan, 2007.
[191] Seen, Heard and Engaged: A process Evaluation for Children in Court Programs (NCJFCJ, 2013).

recommends services. This interdisciplinary team is cross-trained and works collaboratively to resolve issues.

◊ *B. Goals*

JDC improves the safety and well-being of youth and families involved in the juvenile justice system by providing the youth in the juvenile justice system access to SUD treatment, evidence based/best practice holistic family intervention services and judicial monitoring of their recovery.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[192]

1. How much? Service Capacity Measures

This initiative serves 50 new participants each year.

2. How well? Service Quality Measures

- Increased use of preventive (outpatient) services

3. Is anyone better off? Individual Outcome Measures

- Reduced substance use
- Increased stability in treatment, employment or other quality of life measures
- Improved wellness and social relationships
- Reduced unnecessary incarceration

◊ *D. Provided by: County*

2. Spending Plan

Year	Activity	Amount
2017	JDC supports and services continue.	$1,099,211
2017 Annual Expenditure		**$1,099,211**
2018	JDC supports and services continue.	$1,127,789
2018 Annual Expenditure		**$1,127,789**
Biennial Expenditure		**$2,227,000**

[192] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

King County Superior Court will continue to provide Juvenile Drug Court services. No RFP is needed.

◊ *B. Services Start date (s)*

Services continued on January 1, 2017.

4. Community Engagement Efforts

JDC continually incorporates feedback from several community stakeholder groups whose focus is on restorative justice, including the Reclaiming Futures Seattle and King County Fellowship, Uniting for Youth Executive Steering Committee, JDC Oversight Committee and the Juvenile Justice Equity Steering Committee.

MIDD 2 Initiative TX-RMHC: Regional Mental Health Court (RMHC)

How does the program advance the adopted MIDD policy goals?

This initiative will impact the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

RMHC serves individuals experiencing behavioral health conditions (and frequently poverty and homelessness), who come into contact with the local criminal justice system. Once in jail, these individuals stay much longer than those with similar charges who are not experiencing behavioral health conditions. Moreover, these individuals are released to the community with limited behavioral health and social service supports critical to stability in the community.

Mental health courts provide a post-jail booking diversion[193] intervention, engaging individuals in community-based treatment and supportive services and reducing future jail bookings. Mental health courts provide regular court monitoring and extrinsic motivation and support for treatment engagement, to address some of the underlying factors contributing to criminal justice involvement.[194]

1. Program Description

◊ *A. Service Components/Design (Brief)*

Until 2010, RMHC served individuals who had cases originally filed in District Court or King County Superior Court. In 2010, MIDD funding was used to increase the services available for existing mental health courts and expanded KCDC Mental Health Court to become regional, such that any city in King County could refer court-involved individuals experiencing significant mental illness to the RMHC.

Currently, there are three referral streams through which court-involved individuals can access RMHC. First, court-involved individuals can have cases filed directly into District Court. For tracking purposes, these cases are referred to as "misdemeanor cases." Second, court-involved individuals can be referred to RMHC from any city jurisdiction within King County (referred to as "city cases"). Third, participants can be referred to RMHC from Superior Court when they have committed a felony and plead guilty to a lesser gross misdemeanor or combination of other misdemeanors (referred to as "felony drop-downs").

[193] Sequential Intercept 3.

[194] Edgely, Michelle. "Why do mental health courts work? A confluence of treatment, support & adroit judicial supervision." International Journal of Law and Psychiatry, Volume 36, Issue 6, November–December 2014, Pages 572–580.

◊ *B. Goals*

RMHC program goals are to:

1) Protect public safety
2) Reduce the level of recidivism (considering frequency, offense severity, and length of time between episodes) of persons with behavioral health conditions with the criminal justice system
3) Reduce the use of institutionalization for persons with behavioral health conditions who can function successfully within the community with service supports
4) Improve the mental health and well-being of persons with behavioral health conditions who come in contact with Mental Health Court
5) Develop more expeditious case resolution than traditional courts
6) Develop more cost-effective / efficient use of resources than traditional courts
7) Develop more linkages between the criminal justice system and the behavioral health system
8) Establish linkages with other community programs that target services to persons with behavioral health conditions.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[195]

1. *How much? Service Capacity Measures*

   This initiative serves 130 participants annually.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services
   - Increased housing stability

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced behavioral health risk factors
   - Increased stability in treatment, employment or other quality of life measures
   - Improved wellness and social relationships
   - Reduced unnecessary incarceration

◊ *D. Provided by: County*

[195] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. Spending Plan

Year	Activity	Amount
2017	RMHC supports and services continue.	$3,865,746
2017 Annual Expenditure		**$3,865,746**
2018	RMHC supports and services continue.	$3,966,254
2018 Annual Expenditure		**$3,966,254**
Biennial Expenditure		**$7,832,000**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

King County District Court will continue to provide Regional Mental Health Court. No RFP is needed.

◊ *B. Services Start date (s)*

Services continued on January 1, 2017.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model and minimal expected change. Routine stakeholder engagement that occurs as part of the ongoing delivery of this program includes ongoing operations meetings that include opportunities for input for the contracted behavioral health provider, and regular outreach to the Department of Social and Health Services, municipal jails, and other community behavioral health and housing providers for ongoing service delivery and care coordination improvements.

MIDD 2 Initiative TX-SMC: Seattle Mental Health Municipal Court (SMC)

How does the program advance the adopted MIDD policy goals?

This initiative will impact the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals."

Mental health courts provide a post-jail booking diversion[196] intervention, engaging individuals in community-based treatment and supportive services and reducing future jail bookings. In addition to diverting more individuals with mental illness from unnecessary emergency department (ED) and psychiatric hospitalizations, this process provides a more efficient, safe, cost effective process as well as improved resource utilization. However, when individuals who may have been considered for a mental health court are deemed not legally competent to proceed with a criminal case, and their charges are dismissed, typical mental health court interventions are no longer a resource. For this population, outreach and engagement services are needed.

1. Program Description

◊ *A. Service Components/Design (Brief)*

This initiative provides clinical staff focused on outreach and engagement to respond to individuals charged with a City of Seattle Municipal Court misdemeanor who are likely to have, or have had, their criminal charges dismissed due to lack of legal competency. Most if not all of these individuals are not currently engaged in the public behavioral health system. The clinical staff provides assertive outreach and engagement for these individuals to offer services, respite supports, assistance with entitlements, housing and other essential needs, with the ultimate goal of reducing contact with the criminal justice system.

◊ *B. Goals*

This initiative provides outreach and linkage services into the community to locate and serve a group of individuals that are committing low-level criminal offenses, and are appearing in Seattle Municipal Court Mental Health Court (MHC) on a frequent basis. The goal is to address the individual's health and human services needs in order to prevent future contact with the criminal justice system.

[196] Sequential Intercept 3.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[197]

1. *How much? Service Capacity Measures*

   This initiative serves at least 130 unduplicated individuals annually.

2. *How well? Service Quality Measures*

   - Increased use of preventive (outpatient) services

3. *Is anyone better off? Individual Outcome Measures*

   - Reduced behavioral health risk factors
   - Improved wellness and social relationships
   - Reduced unnecessary incarceration

◊ *D. Provided by: Contractor*

2. Spending Plan

Year	Activity	Amount
2017	Outreach and engagement for SMC individuals who have frequent contact with the criminal justice system.	$ 93,150
2017 Annual Expenditure		**$ 93,150**
2018	Outreach and engagement for SMC individuals who have frequent contact with the criminal justice system.	$ 95,572
2018 Annual Expenditure		**$ 95,572**
Biennial Expenditure		**$ 188,722**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

A review and continuous quality improvement process will occur in 2017-2018 involving the current contracted behavioral health provider, including more robust data collection. An RFP is not needed at this time.

[197] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◊ *B. Services Start date (s)*

Services continued on January 1, 2017.

4. Community Engagement Efforts

Quality improvement efforts feature routine stakeholder engagement, including ongoing service delivery and care coordination improvements. Non-county stakeholders include the contracted provider, court leadership, hospitals, the Seattle City Attorney's Office and Reentry Workgroup and other behavioral health providers.

MIDD 2 Initiative TX-CCPL: Community Court Planning (NEW)

How does the program advance the adopted MIDD policy goals?

This initiative aims to impact the adopted MIDD policy goal of "divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals" by exploring the possible development of a new King County Community Court.

1. Program Description

◊ *A. Service Components/Design (Brief)*

This initiative funds the study and preliminary planning of a potential new King County therapeutic Community Court. This court is envisioned to serve individuals with low-level, misdemeanor offenses who have frequent contact with the criminal justice system. Implementation of the Community Court funded by MIDD revenue may be considered in 2018 or future years.

◊ *B. Goals*

This initiative will:

1) Conduct a needs assessment including data analysis, community surveys, focus groups and stakeholder interviews.
2) Create a concept paper describing the needs assessment process and providing a detailed overview of program elements, including range or services provided.
3) Create a steering committee to guide the project implementation plan.
4) Create a project implementation plan.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[198]

1. How much? Service Capacity Measures

Not applicable for this initiative.

2. How well? Service Quality Measures

Not applicable for this initiative.

3. Is anyone better off? Individual Outcome Measures

Not applicable for this initiative.

◊ *D. Provided by: Contractor*

[198] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. Spending Plan

Year	Activity	Amount
2017	Consultant study, pilot preparation, community court site visits and data collection	$100,000
2017 Annual Expenditure		**$100,000**
2018	None identified to date	$0
2018 Annual Expenditure		**$0**
Biennial Expenditure		**$100,000**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

A Request for Proposal (RFP) for a consultant to conduct the planning process will be released the second or third quarter of 2017.

◊ *B. Services Start date (s)*

Not applicable for this initiative.

4. Community Engagement Efforts

KCDC will be inviting community members to join site visits to Spokane's Community Court (and possibly other courts) to learn more about a fully functioning court program and how that may benefit our local community. The local community will be further engaged through community surveys, focus groups and multiple stakeholder meetings.

MIDD 2 Initiative SP-01: Special Allocation: Consejo

How does the program advance the adopted MIDD policy goals?

This special allocation may impact the adopted MIDD policy goal of "improve health and wellness of individuals living with behavioral health conditions."

Responding to King County Council direction to direct a one-time funding allocation to Consejo Counseling and Referral Service, this initiative will fund capital needs at one or both of Consejo's two low-income transitional housing facilities for Latina survivors of domestic violence.

1. Program Description

◊ *A. Service Components/Design (Brief)*

Consejo's transitional housing facilities for Latina domestic violence survivors encompass 27 units of housing paired with domestic violence advocacy services and access to mental health treatment. This allocation will provide for repair, replacement or upgrade of various capital and equipment needs at the facilities.

◊ *B. Goals*

The primary goal of this allocation is to support Consejo's bilingual transitional housing services for domestic violence survivors.

◊ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*[199]

1. *How much? Service Capacity Measures*

   Not applicable due to being a one-time funding allocation.

2. *How well? Service Quality Measures*

   Not applicable due to being a one-time funding allocation.

3. *Is anyone better off? Individual Outcome Measures*

   Not applicable due to being a one-time funding allocation.

◊ *D. Provided by: Contractor*

[199] Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. Spending Plan

Year	Activity	Amount
2017	Repairs, replacements, and upgrades at transitional housing facilities for domestic violence survivors	$50,000
2017 Annual Expenditure		**$50,000**
2018	None identified	$0
2018 Annual Expenditure		**$0**
Biennial Expenditure		**$50,000**

3. Implementation Schedule

◊ *A. Procurement and Contracting of Services*

These funds have been contracted to Consejo Counseling and Referral Service.

◊ *B. Services Start date (s)*

Funding disbursement to Consejo began during second quarter 2017. These funds are for capital needs, not services.

4. Community Engagement Efforts

No community or stakeholder input regarding this initiative has occurred or is planned.

7. Looking Ahead and Conclusion

Since the MIDD budget was passed in November 2016, County staff have been working internally and with providers to implement MIDD initiatives. There are, however, several key factors affecting MIDD in the current biennium and beyond. 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 restructured, or more rarely expanded, this is likely to affect MIDD-funded services.

Physical and Behavioral Health Integration

In 2014, the Washington State Legislature passed ESSB 6312 calling for the integrated purchasing of mental health and substance use disorder (SUD) treatment services (collectively behavioral health) for the Medicaid program through a single managed care contract by April 2016, and full integration of physical and behavioral health by January 2020. On April 1, 2016, King County BHRD became the Behavioral Health Organization (BHO) for the region, replacing the siloed Regional Support Network and Chemical Dependency Coordinator systems. Today, BHRD is able to braid together multiple funding sources including Medicaid, state general fund, mental health and SUD block grant, and MIDD dollars to ensure a comprehensive continuum of behavioral health services are available to clients in need.

Planning is now underway for the transition to fully integrated managed care by no later than January 1, 2020. Under the current legislation, all Medicaid funding for physical and behavioral health services will be contracted by the state Health Care Authority through a single managed care contract to eligible Managed Care Organizations (MCOs).[200] The current roles and responsibilities of BHOs will change, including the significant role King County has in the administration and delivery of behavioral health services as the BHO. As a result of this transition to a fully integrated managed care system, the ways in which MIDD funds are invested into the behavioral health continuum will be reevaluated. Some services that are currently funded by MIDD through leveraging or braiding with Medicaid funding may no longer fall under the responsibility of King County. The County could elect to redirect those funds to meet other needs.

Earlier this year, the state's Health Care Authority (HCA) and Department of Social and Health Services (DSHS) jointly issued a letter to counties identifying a mid-adopter option incentivizing regions to move more quickly to fully integrated managed care. If King County opts to pursue this option, Medicaid funding could transition from King County to the selected MCOs as soon as January 1, 2019. DCHS and Public Health – Seattle & King County (PHSKC) leadership are currently meeting regularly with the MCOs and state officials to negotiate the transition to fully integrated managed care and determine the most appropriate timeline for implementation.

[200] Includes current Medicaid MCOs such as Amerigroup, Community Health Plan of Washington, Coordinated Care, Molina, and United Health care.

Washington's 1115 Medicaid Waiver and Demonstration Project

In January 2017, the federal Centers for Medicaid and Medicaid Services (CMS) authorized an 1115 Medicaid waiver for Washington State. This contract between CMS and HCA provides flexibility for the state to test new, innovative models of care to improve outcomes and reduce overall Medicaid spending through a five-year demonstration by which Washington State could earn up to $1.5 billion over the five years, provided it meets negotiated performance measures, outcomes and cost savings. Planning is underway for potential projects to implement in the King County region, to be selected and monitored by regional entities known as Accountable Communities of Health (ACHs). As these projects are designed, they could have impact on initiatives funded by MIDD and therefore lead to reevaluation of MIDD investments so that funding is not duplicative and the region is maximizing both fund sources.

Potential Changes to the Affordable Care Act and Medicaid Expansion

Washington State has adopted Medicaid expansion under the Affordable Care Act (ACA), and as a result, more individuals than ever are now covered by Medicaid in Washington and in King County. As a result, Medicaid can now pay for more outpatient and inpatient behavioral health treatment services for a larger number of covered children, youth and adults. This allows King County to continue to direct MIDD funding toward services that are not covered by Medicaid and/or to serve individuals who remain uninsured, to help build and maintain a robust continuum of care.

As of the writing of this report, the U.S. House of Representatives has passed a major repeal and revision of the ACA. The legislation has now moved on to the U.S. Senate which has released its own version of the repeal legislation. The final details of any ACA changes, including when or whether they may occur, are yet to be determined. However, if repeal efforts result in major changes to the ACA or the Medicaid program including rollback of Medicaid expansion and/or other substantive changes to Medicaid such as the institution of per-capita cap or block grant approaches, tens of thousands of individuals in King County could lose health care coverage and therefore access to treatment.

King County is working to assess and plan for potential changes to the ACA and to Medicaid expansion so that we can thoughtfully respond to any changes. While changes are expected, the details of what changes may be coming or when they may occur are yet to be determined. King County is committed to continuing the prevention, intervention, diversion, reentry and recovery work that is funded in part by MIDD. At the same time, it is recognized that changes at the federal level may necessitate adjustments to MIDD initiative implementation timelines and/or initiatives as a whole.

State Legislation and Budget

At the writing of this report, the Washington State Legislature has extended its work into multiple special sessions in order to complete negotiations on a final state biennial budget. It is unclear what impacts the state budget will hold for MIDD or the behavioral health service system. One bill,[201] if passed, would remove all supplantation restrictions from MIDD, thereby allowing MIDD funds to be used to backfill any MIDD eligible expenditure previously funded by another revenue source, like King County's General Fund.

[201] SHB 2006

One aspect of the state budget that is expected to significantly affect one major MIDD initiative is the change to Medicaid reimbursement rates beginning in July 2017. Medicaid rates serve as the foundation of the behavioral health service system, and these rates are set by independent actuaries. The most recent actuarial study dramatically reduced rates for King County and many other regions, and the legislature is likely to respond by maximizing the allowable state matching contribution to rates. As a result, Medicaid matching funding that is used to double the amount of funding available for the initiative known under MIDD 1 as Workload Reduction (and under MIDD 2 as SI-03 Quality Coordinated Outpatient Care) is expected not to be available to complement the MIDD investment going forward. The effect of this for providers is that total funding for this initiative is cut by about half, from about $16 million per biennium in MIDD 1, to just MIDD's $8.2 million in MIDD 2. This substantial reduction is expected to impact how funding under this initiative is deployed. DCHS staff are working closely with providers to revise this initiative in response to the loss of Medicaid Match.

MIDD's Response to Environmental Uncertainty

DCHS is taking a prudent approach for MIDD-funded contracts in light of uncertainties of the environment. Each MIDD contract includes contingency language recognizing that ongoing funding for the duration of the contract of the exhibit is contingent on program performance, ability to support potential scope of work changes and continued funding availability.

DCHS is assessing the MIDD and working to develop contingency options should there be major shifts in Medicaid that would necessitate commensurate changes to MIDD funding allocations and programming. Additionally, a Medicaid Reconciliation reserve has been established in the MIDD Fund financial plan to ensure MIDD initiatives that assumed a certain amount of Medicaid funding will remain whole should Medicaid funding decline. See Appendix C for details.

Additional Activities Planned for 2017 and 2018

Ordinance 18452 revised membership of the MIDD Advisory Committee and added several seats. BHRD staff are working with stakeholders to identify individuals to fill the new seats. It is hoped that new members will be seated as Advisory Committee members by the end of 2017.

As identified in the MIDD Service Improvement Plan (SIP), the name of the MIDD will be changed to something that more meaningfully and positively reflects the hope of recovery. Community input as well as Advisory Committee leadership will be critically important. Changing the name of the MIDD will require revision to the King County Code and other adopted legislation. Executive staff will work with the Code Reviser, the Prosecutor's Office and Council staff on this issue. This work will occur during the second half of 2017.

Reporting and Updates to Initiatives

DCHS has processes in place to keep policymakers and stakeholders updated on MIDD implementation and changes to MIDD initiatives. As noted above, there are a number of environmental factors that have the potential to impact MIDD over the next several months and coming years. These will require monitoring and updates for policymakers and MIDD stakeholders. In the spirit of continued communication and transparency that were the hallmarks of MIDD renewal, a two-pronged approach to

MIDD communication is planned. At the policymaking level, the Executive will communicate updates on implementation of MIDD initiatives and other key MIDD impacting elements to the Council via the annual report transmitted each August.[202] At the operational level, MIDD staff will update providers through electronic MIDD newsletters and the MIDD Advisory Committee at its meetings. This work will be informed by community engagement when feasible.

In addition, as outlined in the adopted MIDD SIP, changes to MIDD initiatives will also be communicated in the MIDD Annual Reports provided to the Council. Revisions to MIDD initiatives, strategies, services and programs will be brought to the MIDD Advisory Committee for consultation, review and comment when revisions meet one of three thresholds:

- A proposed change of funding of 15 percent or more (increase or decrease)
- A proposed elimination of a strategy
- Changes to:
  - Population served
  - Outcomes or results
  - Intervention
  - Performance measures.

Similar to the revision process for MIDD 1, in the instances when the threshold criteria for MIDD Advisory Committee review are not met in MIDD 2 (i.e., the change was less than 15 percent in funding, a strategy was not eliminated, nor changes to population served, intervention, outcomes, performance measures, etc.), the change will be made and reflected in the annual reports.

This report fulfills the requirements of Ordinance 18406 calling for the MIDD Implementation Plan. It has been reviewed by the MIDD Advisory Committee. As noted, this plan is a point-in-time status report on the implementation of new MIDD initiatives and planned changes to existing MIDD 1 initiatives. Future updates to initiatives, behavioral health policy or funding environments will be communicated to policymakers, stakeholders and the public through the MIDD annual reporting process and via the MIDD Advisory Committee meetings.

MIDD 2's Balanced Approach: Strategic Investments, Innovation, Consistency and Responsiveness
By balancing continuing and new initiatives in its implementation plan, MIDD 2 provides consistent support for the innovative and effective service array that was initiated during MIDD 1, while also making significant strategic investments via new initiatives to address current service system gaps. MIDD 2 builds on the successes of MIDD 1 while positioning the County to successfully address the evolution of behavioral health moving forward.

[202] The next MIDD Annual Report is scheduled to be transmitted to the Council in August 2018.

8. Appendices

A. MIDD 2 Framework

B. 2017 MIDD Advisory Committee Membership Roster

C. MIDD Initiative Change Summary Table

D. MIDD Biennial Spending Plan 2017-2018

E. 2017-2018 Financial Plan

F. RFP Decision Model

G. Equity Tool: Racial Equity Impact Assessment

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*	**How much? 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 **How well? 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 **Is anyone better off? 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*	**How much? Service capacity measures (Quantity)** • Increased capacity of community alternatives to hospitalization and incarceration (e.g., crisis triage, respite, LEAD, etc.) **How well? Service quality measures (Quality)** • Increased use of community alternatives to hospitalization and incarceration by first responders **Is anyone better off? 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*	**How much? 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 **How well? Service quality measures (Quality)** • Increased linkage to employment, vocational, and educational services • Increased linkage of individuals to community reentry services from jail or hospital

	• 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
System Improvements *Strengthen the behavioral health system to become more accessible and deliver on outcomes*	**<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
Therapeutic Courts *People experiencing behavioral health conditions who are involved the justice system are supported to achieve stability and avoid further justice system involvement*	**<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

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

2017 MIDD Advisory Committee Membership Roster
As of May 31, 2017

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

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

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

Rhonda Berry, Chief of Operations
Representing: King County Executive

Jeanette Blankenship, Fiscal and Policy Analyst
Representing: City of Seattle

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

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

Lauren Davis, Member, King County Behavioral Health Advisory Board
Representing: Behavioral Health Advisory Board

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

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

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

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

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

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

Norman Johnson, Executive Director, Therapeutic Health Services
Representing: Provider of Culturally Specific Chemical Dependency Services

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

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

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

Mark Putnam, Director, All Home
Representing: All Home

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

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

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

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

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

John Urquhart, Sheriff, King County Sheriff's Office
Representing: Sheriff's Office

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

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

MIDD INITIATIVE CHANGE SUMMARY TABLE

Initiative Number	Initiative Name	Substantive Change(s) Since Service Improvement Plan (SIP), if any [1]	Reason(s)
PRI-01	Screening, Brief Intervention, and Referral to Treatment	Timing of re-RFP/RFI/RFQ shifts from first quarter 2017 to fourth quarter 2017.	Staff vacancy.
PRI-02	Juvenile Justice Youth Behavioral Health Assessments	Planned system mapping and promising practice analysis, as well as possible related program changes, is clarified.	Will clarify the role of the JJAT program and allow for a focus on reducing racial disparities.
PRI-03	Prevention and Early Intervention Behavioral Health for Adults Over 50	Procurement revised to reflect blended funding approach between this MIDD initiative and related VHSL strategies, expected to be implemented in 2018-19.	Reflects continued progress in coordination between MIDD and other initiatives.
PRI-04	Older Adult Crisis Intervention/Geriatric Regional Assessment Team	Estimated late 2017 timeline provided for reprocurement.	Reflects current planning status.
PRI-05	Collaborative School-Based Behavioral Health Services	Details collaboration between BSK and MIDD in implementing this initiative, including its impact on procurement plans and timing. Coordinated reprocurement is anticipated to occur in early 2018.	BSK planning has become more concrete, resulting in contract adjustments to ensure seamless transition to a braided approach.

[1] Three types of changes to initiative descriptions are not shown in this table:
(a) The performance measures section of each initiative description has been restructured to reflect MIDD's Results-Based Accountability (RBA) approach and other aspects of the MIDD Evaluation Plan. Among multiple RBA-related changes, this chart captures only changes to performance targets (primarily the number of individuals expected to be served).
(b) Information about community engagement efforts, added for the Implementation Plan in accordance with ordinance requirements, is not reflected here.
(c) This table also excludes technical and wording changes that did not materially impact program delivery, goals, or components.

Initiative Number	Initiative Name	Substantive Change(s) Since Service Improvement Plan (SIP), if any [1]	Reason(s)
PRI-06	Zero Suicide Pilot	1. Initiative components condensed and simplified. 2. Spending plan reduction of $202,600, with funds transferred to PRI-07 Mental Health First Aid. 3. Service launch now expected third quarter 2017.	1. More concisely represents expected pilot program scope and phases. 2. Reflects policy decision to expand Mental Health First Aid. 3. Reflects current anticipated implementation.
PRI-07	Mental Health First Aid	1. Spending plan increase of $202,600, with funds transferred from PRI-06 Zero Suicide Pilot. 2. Contracting now expected third quarter 2017.	1. Reflects policy decision to expand Mental Health First Aid. 2. Reflects current planning status.
PRI-08	Crisis Intervention Training	No substantive changes.	N/A
PRI-09	Sexual Assault Behavioral Health Services	1. Spending plan adjustment of $151,700, with funds transferred to PRI-10 Domestic Violence Behavioral Health Services and System Coordination at the request of providers. 2. Performance target adjusted.	1. Corrected to reflect intent to fund continuation of culturally appropriate services component through PRI-10. Services to participants unaffected. 2. Reflects shift of culturally appropriate services to initiative PRI-10.
PRI-10	Domestic Violence Behavioral Health Services and System Coordination	1. Spending plan adjustment of $151,700, with funds transferred from PRI-09 Sexual Assault Behavioral Health Services at the request of providers. 2. References to an RFP for services at a new organization focused on marginalized populations are removed. 3. Performance target corrected.	3. Corrected to reflect intent to fund continuation of culturally appropriate services component through PRI-10. Services to participants unaffected. 4. If this component proceeds, selection may proceed via a community process. 5. Corrects an error in the SIP.
PRI-11	Community Behavioral Health Treatment	No substantive changes.	N/A

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(b) Information about community engagement efforts, added for the Implementation Plan in accordance with ordinance requirements, is not reflected here.
(c) This table also excludes technical and wording changes that did not materially impact program delivery, goals, or components.

Initiative Number	Initiative Name	Substantive Change(s) Since Service Improvement Plan (SIP), if any [1]	Reason(s)
CD-01	LEAD	1. Geographic references are clarified to state that expansion of LEAD may occur in South and/or East King County. 2. Funding amounts for 2017 and 2018 are leveled (except for economic adjustment) rather than staged. Overall biennial allocation unchanged.	6. To allow for LEAD to create new jurisdictional partnerships countywide. 7. To sustain ongoing capacity and expansion efforts.
CD-02	Youth and Young Adult Homelessness Services	1. Updates the scope and focus of the initiative. 2. Coordinated approach and services, linking to CD-16 Alternatives to Secure Detention. 3. Funding amounts for 2017 and 2018 adjusted. Overall biennial allocation unchanged.	1. Updated scope developed in collaboration with stakeholders. 2. Coordination with CD-16 also reflects stakeholder input. 3. Reflects expected implementation approach.
CD-03	Outreach and Inreach System of Care	Performance target corrected.	Performance target included services provided in a different initiative.
CD-04	South County Crisis Diversion Services/Center	Procurement and start date sections adjusted to reflect that implementation timing is to be determined.	Staged planning due to staffing availability.
CD-05	High Utilizer Care Teams	No substantive changes.	N/A
CD-06	Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Teams	No substantive changes.	N/A

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Initiative Number	Initiative Name	Substantive Change(s) Since Service Improvement Plan (SIP), if any [1]	Reason(s)
CD-07	Multipronged Opioid Strategies	1. Anticipated programming areas now align with final Heroin and Prescription Opiate Addiction Task Force recommendations. Significant new information is added to align with the task force report and to reference known plans in some of the recommendation areas. 2. Procurement timing is adjusted to reflect variable implementation for different initiative components.	1. Final Task Force recommendations were released in September 2016, after transmission of the SIP. 2. Reflects current planning status.
CD-08	Children's Domestic Violence Response Team	No substantive changes.	N/A
CD-09	BH Urgent Care Walk-In Clinic Pilot	Information about procurement and start date adjusted to reflect ongoing crisis system planning. Expected procurement and start date deferred to late 2017/early 2018.	Crisis system planning in partnership with providers is ongoing, and will result in coordinated systemwide improvement.
CD-10	Next Day Crisis Appointments	Information about procurement and start date adjusted to reflect ongoing crisis system planning. Potential reprocurement and related start date deferred to late 2017/early 2018.	Crisis system planning in partnership with providers is ongoing, and will result in coordinated systemwide improvement.
CD-11	Children's Crisis Outreach Response System (CCORS)	Reference to expedited response to law enforcement is removed, while potential enhancements to serve young adults and/or formerly homeless youth are retained.	Corrects an error in the SIP.
CD-12	Parent Partners Family Assistance	No substantive changes.	N/A
CD-13	Family Intervention Restorative Services (FIRS)	No substantive changes.	N/A

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(b) Information about community engagement efforts, added for the Implementation Plan in accordance with ordinance requirements, is not reflected here.
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Initiative Number	Initiative Name	Substantive Change(s) Since Service Improvement Plan (SIP), if any [1]	Reason(s)
CD-14	Involuntary Treatment Triage Pilot	Procurement timing and service start date adjusted to reflect second quarter 2017 start of services.	Reflects actual start date for this program.
CD-15	Wraparound for Youth	1. Number of wraparound delivery teams changed from five to as many as six. 2. RFP release adjusted to second quarter 2017. 3. Performance target updated.	1. Possible increase in the number of teams to respond to state's contracted targets for the WISe program. Also reflects catchment area reconfiguration as part of re-RFP process. 2. RFP timed to allow new contracts to start with the beginning of the school year in September 2017. 3. State WISe funding change led to performance target update.
CD-16	Youth Behavioral Health Alternatives to Secure Detention	1. Updates the scope and focus of the initiative. 2. Coordinated approach & services linking to CD-02. Youth and Young Adult Homelessness Services. 3. Funding amounts for 2017 and 2018 adjusted. Overall biennial allocation unchanged. 4. Performance target updated.	1. Updated scope developed in collaboration stakeholders. 2. Coordination with CD-02 also reflects stakeholder input. 3. Reflects expected implementation approach. 4. Performance target to be determined based on service updates.
CD-17	Young Adult Crisis Facility	1. Updates the scope and focus of the initiative. 2. Funding amounts for 2017 and 2018 adjusted. Overall biennial allocation unchanged. 3. Performance target updated.	1. Updated and clarified scope of services developed in collaboration with young adult housing providers. 2. Reflects expected implementation approach. 3. Performance target to be determined based on service updates.

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(b) Information about community engagement efforts, added for the Implementation Plan in accordance with ordinance requirements, is not reflected here.
(c) This table also excludes technical and wording changes that did not materially impact program delivery, goals, or components.

Initiative Number	Initiative Name	Substantive Change(s) Since Service Improvement Plan (SIP), if any [1]	Reason(s)
RR-01	Housing and Supportive Services	Performance target corrected.	SIP performance target inaccurate.
RR-02	Behavioral Modification Classes at CCAP	1. Removed references to 60-day order. 2. Made adjustments to reflect possible reprocurement and broader CCAP changes.	1. This is no longer a condition for service participation. 2. Overall CCAP service may be re-RFPd, potentially affecting contracting for this initiative.
RR-03	Housing Capital and Rental	Housing capital RFP release adjusted to third quarter 2017.	Aligns with long-standing RFP timing for housing capital.
RR-04	Rapid Rehousing-Oxford House Model	RFQ process adjusted to third quarter 2017.	The County is in the contract development process with Oxford House and will continue to evaluate program capacity and the need for additional providers.
RR-05	Housing – Adult Drug Court	1. Service components revised to remove financial assistance for move-in costs. 2. Procurement updated to reflect that providers are already under contract and no RFP is needed.	1. Funding is not provided for this aspect of the program. 2. Revised to more accurately reflect current contracting situation.
RR-06	Jail Reentry System of Care	1. Added references to CCAP learning center and DV education classes. 2. Made adjustments to reflect ongoing quality improvement processes and CCAP changes.	1. These smaller programs are also funded under this initiative, but were inadvertently omitted from the SIP. 2. Program improvements and CCAP changes may affect contracting.
RR-07	Behavioral Health Risk Assessment Tool for Adult Detention	1. Assessment tools clarified and target populations simplified. 2. Added Jail Health Services staff (Public Health) as among those who provide the services. 3. Service start date delayed by two quarters.	1. Reflects current planning related to which specific populations will benefit. 2. Clarification. 3. Reflects time needed for completion of data work by tool author.

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(b) Information about community engagement efforts, added for the Implementation Plan in accordance with ordinance requirements, is not reflected here.
(c) This table also excludes technical and wording changes that did not materially impact program delivery, goals, or components.

Initiative Number	Initiative Name	Substantive Change(s) Since Service Improvement Plan (SIP), if any [1]	Reason(s)
RR-08	Hospital Reentry Respite Beds	No substantive changes.	N/A
RR-09	Recovery Café	Updated current status and anticipated future steps in site selection process.	Potential sites for a second Recovery Café are being evaluated.
RR-10	Behavioral Health Employment Services and Supported Employment	No substantive changes.	N/A
RR-11	Peer Bridgers and Peer Support Pilot	References to sobering center, needle exchange, and detoxification facilities removed from SUD peer support component.	More accurately describes program components expected to be implemented at current funding level.
RR-12	Jail-Based SUD Treatment	Procurement timing and service start date adjusted; RFP release in third quarter 2017.	Initiative implementation was delayed due to potential state budget impacts.
RR-13	Deputy Prosecuting Attorney for Familiar Faces	No substantive changes.	N/A
RR-14	Shelter Navigation Services	This initiative and its description are new with the Implementation Plan. It describes plans to support navigation services in enhanced shelter settings, and its title is adjusted accordingly.	This initiative was added by King County Council after transmission of the SIP. An initial initiative description was not included in the SIP.
SI-01	Community-Driven Behavioral Health Grants	1. Grant tiers condensed into two levels, amounts adjusted, contracting requirements updated, and additional funding considerations added. 2. Program launch timing adjusted to late 2017/early 2018.	1. Reflects changes to County procurement rules, and clarifies intent to support multiple smaller community projects via time-limited funding. 2. Staged planning due to staffing availability.

[1] Three types of changes to initiative descriptions are not shown in this table:
(a) The performance measures section of each initiative description has been restructured to reflect MIDD's Results-Based Accountability (RBA) approach and other aspects of the MIDD Evaluation Plan. Among multiple RBA-related changes, this chart captures only changes to performance targets (primarily the number of individuals expected to be served).
(b) Information about community engagement efforts, added for the Implementation Plan in accordance with ordinance requirements, is not reflected here.
(c) This table also excludes technical and wording changes that did not materially impact program delivery, goals, or components.

Initiative Number	Initiative Name	Substantive Change(s) Since Service Improvement Plan (SIP), if any [1]	Reason(s)
SI-02	Behavioral Health Services in Rural King County	1. Grant tiers condensed into two levels, amounts adjusted, contracting requirements updated, and additional funding considerations added. 2. Program launch timing adjusted to late 2017/early 2018.	1. Reflects changes to County procurement rules, and clarifies intent to support multiple smaller community projects via time-limited funding. 2. Staged planning due to staffing availability.
SI-03	Quality Coordinated Outpatient Care	1. Initiative name changed (from Workload Reduction) to reflect anticipated focus of investments. 2. Context, service design, principles, goals, possible procurement approach and timing, and provider engagement plans updated to reflect current status of potential adjustments to initiative approach. 3. Performance measures to be determined based on anticipated revisions to strategic goals and procurement approach.	1. Investments in the outpatient behavioral health system via this initiative may focus on achieving better health outcomes, rather than simply on workload or caseload reduction. 2. Reflects loss of Medicaid match for this initiative as a result of state actuarial rate changes; focus on health outcomes and related strategic priorities; possibility of procurement via RFP. 3. Reflects status of current planning.
SI-04	Workforce Development	1. Service components simplified, and procurement and start date information revised, to reflect ongoing redesign of this initiative. 2. Clarified initiative goals to address workforce conditions and service quality. 3. Performance target to be determined based on allocation methodology.	1. Reflects the status of the current planning process. 2. Correction deletes language tied to MIDD 1 policy goals. 3. Reflects status of current planning.
TX-ADC	Adult Drug Court	Program goals and service description are updated.	More accurately reflects current goals and recovery-oriented services.
TX-FTC	Family Treatment Court	No substantive changes.	N/A

[1] Three types of changes to initiative descriptions are <u>not</u> shown in this table:
(a) The performance measures section of each initiative description has been restructured to reflect MIDD's Results-Based Accountability (RBA) approach and other aspects of the MIDD Evaluation Plan. Among multiple RBA-related changes, this chart captures only changes to performance targets (primarily the number of individuals expected to be served).
(b) Information about community engagement efforts, added for the Implementation Plan in accordance with ordinance requirements, is not reflected here.
(c) This table also excludes technical and wording changes that did not materially impact program delivery, goals, or components.

Initiative Number	Initiative Name	Substantive Change(s) Since Service Improvement Plan (SIP), if any [1]	Reason(s)
TX-JDC	Juvenile Drug Court	No substantive changes.	N/A
TX-RMHC	Regional Mental Health Court	Adjusted to reflect expanded eligibility criteria including individuals with substance use disorders.	Eligibility is now based on behavioral health conditions, not just mental illness.
TX-SMC	Seattle Mental Health Municipal Court	1. Description of target population and body of work refined to reflect outreach/engagement focus. 2. Possible plans to re-RFP this work are removed. 3. Performance target corrected.	1. Reflects 2016 program adjustments. 2. A quality improvement approach is being used instead. 3. SIP performance target was inaccurate.
TX-CCPL	Community Court Planning	1. Flexibility added to potential Community Court implementation timing. 2. Initiative goals and activities outlined. 3. Consultant procurement adjusted to third quarter 2017.	1. 2018 launch may or may not be recommended or feasible. 2. Initiative goals had not been determined at the time of the SIP. 3. Reflects current project status.
SP-01	Special Allocation: Consejo	This one-time funding allocation and its description are new to the Implementation Plan. It describes plans to support facility improvements to transitional housing facilities for survivors of domestic violence.	This allocation was added by King County Council after transmission of the SIP. An initial initiative description was not included in the SIP.

[1] Three types of changes to initiative descriptions are not shown in this table:
(a) The performance measures section of each initiative description has been restructured to reflect MIDD's Results-Based Accountability (RBA) approach and other aspects of the MIDD Evaluation Plan. Among multiple RBA-related changes, this chart captures only changes to performance targets (primarily the number of individuals expected to be served).
(b) Information about community engagement efforts, added for the Implementation Plan in accordance with ordinance requirements, is not reflected here.
(c) This table also excludes technical and wording changes that did not materially impact program delivery, goals, or components.

Mental Illness and Drug Dependency Fund Biennial Spending Plan 2017-2018

MIDD 2 Number	MIDD 2 Initiative Title	2017	2018	2017-2018 Total by Initiative
PRI-01	Screening, Brief Intervention and Referral To Treatment-SBIRT	717,500	736,155	1,453,655
PRI-02	Juvenile Justice Youth Behavioral Health Assessments	584,250	599,441	1,183,691
PRI-03	Prevention and Early Intervention Behavioral Health for Adults Over 50	484,639	497,240	981,880
PRI-04	Older Adult Crisis Intervention/Geriatric Regional Assessment Team - GRAT	329,025	337,580	666,605
PRI-05	Collaborative School Based Behavioral Health Services: Middle and High School Students	1,579,652	1,607,552	3,187,204
PRI-06	Zero Suicide Initiative Pilot	400,000	410,400	810,400
PRI-07	Mental Health First Aid	300,000	307,800	607,800
PRI-08	Crisis Intervention Training - First Responders	820,000	841,320	1,661,320
PRI-09	Sexual Assault Behavioral Health Services	509,373	522,618	1,031,991
PRI-10	Domestic Violence and Behavioral Health Services & System Coordination	638,627	655,231	1,293,858
PRI-11	Community Behavioral Health Treatment	11,890,000	12,199,140	24,089,140
CD-01	Law Enforcement Assisted Diversion (LEAD)	1,537,500	2,052,000	3,589,500
CD-02	Youth and Young Adult Homelessness Services	300,000	307,800	607,800
CD-03	Outreach & In reach System of Care	410,000	420,660	830,660
CD-04	South County Crisis Diversion Services/Center	500,000	1,539,000	2,039,000
CD-05	High Utilizer Care Teams	256,250	262,913	519,163
CD-06	Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	5,125,000	5,208,569	10,333,569
CD-07	Multipronged Opioid Strategies	750,000	1,539,000	2,289,000
CD-08	Children's Domestic Violence Response Team	281,875	289,204	571,079
CD-09	Behavioral Health Urgent Care-Walk In Clinic Pilot	250,000	256,500	506,500
CD-10	Next Day Crisis Appointments	307,500	315,495	622,995
CD-11	Children's Crisis Outreach and Response System - CCORS	563,750	578,408	1,142,158
CD-12	Parent Partners Family Assistance	420,250	431,177	851,427
CD-13	Family Intervention Restorative Services - FIRS	1,087,688	1,115,967	2,203,655
CD-14	Involuntary Treatment Triage Pilot	150,000	153,900	303,900
CD-15	Wraparound Services for Youth	3,075,000	3,154,950	6,229,950
CD-16	Youth Behavioral Health Alternatives to Secure Detention	250,000	1,026,000	1,276,000
CD-17	Young Adult Crisis Facility	705,825	724,175	1,430,000
RR-01	Housing Supportive Services	2,050,000	2,096,712	4,146,712
RR-02	Behavior Modification Classes at CCAP	77,900	79,925	157,825
RR-03	Housing Capital and Rental	2,393,584	2,455,816	4,849,400
RR-04	Rapid Rehousing-Oxford House Model	500,000	513,000	1,013,000
RR-05	Housing Vouchers for Adult Drug Court	231,136	237,146	468,282
RR-06	Jail Reentry System of Care	435,625	446,951	882,576
RR-07	Behavioral Health Risk Assessment Tool for Adult Detention	470,900	483,143	954,043
RR-08	Hospital Re-Entry Respite Beds	928,650	952,795	1,881,445
RR-09	Recovery Café	348,717	357,783	706,500
RR-10	BH Employment Services & Supported Employment	973,750	999,068	1,972,818
RR-11	Peer Bridgers and Peer Support Pilot	768,750	788,738	1,557,488

MIDD 2 Number	MIDD 2 Initiative Title	2017	2018	2017-2018 Total by Initiative
RR-12	Jail-based SUD Treatment	444,225	455,775	900,000
RR-13	Deputy Prosecuting Attorney for Familiar Faces	47,091	146,932	194,023
RR-14	Shelter Navigation Services	500,000	500,000	1,000,000
SI-01	Community Driven Behavioral Health Grants	350,000	359,100	709,100
SI-02	Behavioral Health Services In Rural King County	350,000	359,100	709,100
SI-03	Workload Reduction	4,100,000	4,206,600	8,306,600
SI-04	Workforce Development	743,125	762,446	1,505,571
TX-ADC	Adult Drug Court	4,165,351	4,290,999	8,456,350
TX-FTC	Family Treatment Court	1,435,340	1,472,771	2,908,111
TX-JDC	Juvenile Drug Court	1,099,211	1,128,669	2,227,880
TX-RMHC	Regional Mental Health Court	3,865,746	3,974,271	7,840,017
TX-SMC	Seattle Mental Health Municipal Court	93,150	95,572	188,722
TX-CCPL	Community Court Planning	100,000	-	100,000
SP-01	Special Allocation-Consejo	50,000	-	50,000
ADM	Administration & Evaluation	3,979,911	3,928,388	7,908,300
Totals by Initiative and Strategy		**64,725,868**	**69,181,894**	**133,907,761**

2017-2018 Financial Plan March 2017 Report
Mental Illness and Drug Dependency (MIDD) Fund / 000001135

Category	2015-2016 BTD Actuals[1]	2017-2018 Adopted Budget[2]	2017-2018 Current Budget[3]	2017 - 2018 Actuals[4]	2017-2018 Estimated	2019-2020 Projected[5]	2021-2022 Projected[5]
Beginning Fund Balance	**16,257,983**	**15,437,816**	**15,437,816**	**15,437,816**	**15,437,816**	**16,172,027**	**20,816,539**
Revenues							
Local	119,108,822	133,955,400	133,824,205	15,651,139	133,824,205	144,173,544	153,794,213
Other	403,322	117,953	117,953	147,701	117,953	124,794	132,532
Total Revenues	**119,512,144**	**134,073,353**	**133,942,158**	**15,798,840**	**133,942,158**	**144,298,338**	**153,926,745**
Expenditures							
Salaries, Wages & Benefits	(23,798,385)	(20,783,042)	(20,783,042)	(2,009,251)	(20,783,042)	(21,967,675)	(23,285,736)
Supplies and Other	(106,454)	(166,213)	(166,213)	(7,832)	(166,213)	(175,853)	(186,756)
Contracted Services	(91,107,502)	(86,845,403)	(86,845,403)	(6,196,840)	(86,145,403)	(89,748,557)	(95,312,967)
Intergovernmental Services	(5,316,192)	(5,355,312)	(5,355,312)	(378,670)	(5,355,312)	(5,799,803)	(6,344,984)
Interfund Transfers	(3,778)	(20,757,976)	(20,757,976)	(2,422,162)	(20,757,976)	(21,961,938)	(23,323,579)
Total Expenditures	**(120,332,311)**	**(133,907,946)**	**(133,907,946)**	**(11,014,754)**	**(133,207,946)**	**(139,653,827)**	**(148,454,022)**
Estimated Under Expenditures							
Other Fund Transactions							
Total Other Fund Transactions	-	-	-		-		
Ending Fund Balance	15,437,816	15,603,222	15,472,027	20,221,901	16,172,027	20,816,539	26,289,261
Reserves							
Revenue Reserves[6]	(6,253,213)						
Services Stabilization Reserve[7]	(895,000)				-		
Emerging Issues Reserve[8]		(1,316,900)	(1,316,900)	(1,316,900)	(1,316,900)		
Reappropriation Reserve[9]	(2,455,000)	(2,455,000)	(2,455,000)	(2,455,000)	(2,455,000)		
Medicaid Reconciliation Reserve[10]			(300,000)	(300,000)	(300,000)		
Reserve for 2016 invoices[11]			(472,260)	(472,260)	(472,260)		
Reserve for Intensive Case Management[12]			(278,475)	(278,475)	(278,475)		
Rainy Day Reserve (60 days)[13]	(4,554,134)	(11,158,996)	(11,158,996)	(11,158,996)	(11,100,662)	(11,637,819)	(12,371,169)
Total Reserves	**(14,157,347)**	**(14,930,896)**	**(15,981,631)**	**(15,981,631)**	**(15,923,297)**	**(11,637,819)**	**(12,371,169)**
Reserve Shortfall		-	509,603		-		
Ending Undesignated Fund Balance	**1,280,468**	**672,327**	**-**	**4,240,271**	**248,730**	**9,178,720**	**13,918,093**

Financial Plan Notes

[1] 2015-2016 Biennial-to-Date Actuals reflects actual revenues and expenditures as of 12/31/2016, using EBS report GL_010.

[2] 2017-2018 Adopted Budget reflects the council approved budget per ordinance 18409.

[3] 2017-2018 Current Budget reflects the council Adopted Budget and any budget revisions.

[4] 2017-2018 Biennial-to-Date Actuals reflects actual revenues and expenditures as of 3/31/2017, using EBS report GL_010.

[5] Out year projections assume revenue growth per March 2017 OEFA forecasts and King County Office of Performance, Strategy and Budget planning assumptions.

[6] Revenue Reserve is equal to 5.25% of MIDD tax receipts. In 2017-2018 the fund will switch to a 60 day expenditure reserve (see footnote 13).

[7] The Services Stabilization Reserve is designated to fund MIDD 1 services during transition to MIDD 2 to avoid service disruptions for vulnerable populations.

[8] Funding in the Emerging Issues Reserve will be appropriated by Council on an as-needed basis through the supplemental process.

[9] The Reappropriation Reserve sets aside unspent dollars from council approved supplemental requests approved in 2016 to be fully expended in 2017. These requests were part of the first 2017-2018 omnibus supplemental request.

[10] A Medicaid Reconciliation Reserve has been created for initiatives with a lower Medicaid proportion than formally budgeted.

[11] Reserve for 2016 invoices received in 2017.

[12] Reserve for Intensive Case Management in 2018.

[13] The Rainy Day Reserve is to provide a 60 day expenditure reserve in case operations are reduced or close down.

King County

Behavioral Health and Recovery Division
King County Department of Community and Human Services

Decision Model: Determining the Need for Requests for Proposals/Competitive Procurement

Principles of Purchasing

King County will apply principles that promote effectiveness, accountability, and social justice.

Ethical Behavior and Conduct

The objectives of ethical behavior and conduct are to insure that in its procurement activities, the County will:

- Behave with impartiality, fairness, independence, openness, integrity and professionalism in its dealings with suppliers;
- Advance the interests of the County in all transactions with suppliers;

Open and effective competition

The objectives of open and effective competition are:

- To instill confidence in the County and the public about the integrity and cost effectiveness of public sector procurement;
- To support the most effective and efficient outcomes for the County;
- To ensure that all suppliers wishing to conduct business with the County are given a reasonable opportunity to do so; and
- To ensure that bid documents and contracts reflect the requirements and desired outcome of the County and that all participants are subject to equivalent terms, conditions, and requirements.

Open and Effective Competition means:

- Procurement procedures and processes are visible to the County, suppliers, and the public;
- Suppliers have a real opportunity to do business with the County; and
- Competition is sought to provide value for money, to achieve the best possible return from County spend on goods and services;

When is a Competitive Process to Secure a Contract Required?

Purchases over $9,999 for a single purchase of goods or services and/or purchases of over $10,000 in a calendar year to a single vendor or provider require a contract. When the County initiates a contracting process, the default procurement stance is that a competitive process to identify the vendor/provider must occur. A competitive bid process shall be utilized when:

A. The County has new funding to purchase services(e.g. new grants, new levies, new allocations from funders);
B. A new program/service is to be implemented;
C. There is a change in requirements or regulations related to services/programs currently under contract with the County requiring a substantial revision in the scope of services; or
D. The funder of programs/services requires competitive procurement process for new funds and/or ongoing funds at a specified frequency.

The following categories of purchases are exempt from the requirement of a competitive bid process:

A. Purchases that are covered by a blanket contract entered into by King County Purchasing.

B. Purchases of services where an there is an existing contract within the Division/Department that purchases the same scope of work:

    1. The purchase adds capacity to the program (e.g. purchases more program slots, or bed days); or
    2. The purchase expands the population to be served (without changing the scope of work);

C. Purchases where there is only one source that can provide the scope of work (A Sole Source Waiver must be sought and authorized from King County Purchasing):

    1. The County has been told by a funder to hire a particular (sub)contractor; or
    2. There is only one expert/specialty organization in the region that can deliver the scope of work.

Methods Utilized for Competitive Bid Processes

The competitive bid processes below are solicited by the County. The responses to these solicitations are evaluated against the County's criteria/requirements for the service/program and awards are made for responses that best meet the County's needs/specifications.

1. Requests for Proposals – Prospective bidders complete a proposal to provide services that includes details about: a) their experience providing similar service; b) details on how the agency meets required qualifications; c) a proposal for how the needed/required services will be provided; and d) a detailed expenditure budget.

2. Requests for Qualifications/Applications – Prospective bidders complete a response detailing their qualifications to provide the needed/required services according to the County specifications and funding.
3. Letters of Intent – A response to a request for a letter of intent that describes the responder's interest, qualifications, and a description of their plan to provide services according to the County's specifications and funding.

Special Purchasing Issues

Divisions/Departments have been delegated the authority to competitively procure and purchase services that are designed to address the needs of the County's citizens (e.g. treatment, supportive services, prevention services, etc.). King County Purchasing may be utilized for the purchase of services if the Division/Department wishes to.

Goods and Consultant Services purchased for King County Divisions/Departments can be competitively procured by the Divisions/Departments if the total expenditure for the consultation will be less than $50,000. For consultation purchase/contracts that exceed $50,000, the competitive procurement process must be directed and run by King County Purchasing.

Criteria for Using King County Procurement for the Competitive Bid Process

King County Procurement buyers should be utilized when:

- There is a need for broad community distribution of the Request for Proposals;
- There will be a large number of potential bidders;
- Regions within King County may be competing with each other;
- The award will go to multiple recipients and will exceed $500,000 each recipient.

Criteria for the Department Running the Competitive Bid Process

The Department may run the competitive bid process when:

- The competitive bid is being distributed to the Department's existing provider network;
- The project is similar to projects that are already in existence in the department;
- The awards are for discreet or small projects.

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THE CENTER FOR RACIAL JUSTICE INNOVATION

Racial Equity Impact Assessment

What are Racial Equity Impact Assessments?

A Racial Equity Impact Assessment (REIA) is a systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision. REIAs are used to minimize unanticipated adverse consequences in a variety of contexts, including the analysis of proposed policies, institutional practices, programs, plans and budgetary decisions. The REIA can be a vital tool for preventing institutional racism and for identifying new options to remedy long-standing inequities.

Why are they needed?

REIAs are used to reduce, eliminate and prevent racial discrimination and inequities. The persistence of deep racial disparities and divisions across society is evidence of institutional racism––the routine, often invisible and unintentional, production of inequitable social opportunities and outcomes. When racial equity is not consciously addressed, racial inequality is often unconsciously replicated.

When should it be conducted?

REIAs are best conducted during the decision-making process, prior to enacting new proposals. They are used to inform decisions, much like environmental impact statements, fiscal impact reports and workplace risk assessments.

Where are they in use?

The use of REIAs in the U.S. is relatively new and still somewhat limited, but new interest and initiatives are on the rise. The United Kingdom has been using them with success for nearly a decade.

EXAMPLES OF RACIAL JUSTICE EQUITY IMPACTS

Equity and Social Justice Initiative
King County, WA

The county government is using an Equity Impact Review Tool to intentionally consider the promotion of equity in the development and implementation of key policies, programs and funding decisions.

Race and Social Justice Initiative
Seattle, WA

City Departments are using a set of Racial Equity Analysis questions as filters for policy development and budget making.

Minority Impact Statements
Iowa and Connecticut

Both states have passed legislation which requires the examination of the racial and ethnic impacts of all new sentencing laws prior to passage. Commissions have been created in Illinois and Wisconsin to consider adopting a similar review process. Related measures are being proposed in other states, based on a model developed by the Sentencing Project.

Proposed Racial Equity Impact Policy
St. Paul, MN

If approved by the city council, a Racial Equity Impact Policy would require city staff and developers to compile a "Racial Equity Impact Report" for all development projects that receive a public subsidy of $100,000 or more.

Race Equality Impact Assessments
United Kingdom

Since 2000, all public authorities required to develop and publish race equity plans must assess proposed policies using a Race Equality Impact Assessment, a systematic process for analysis.

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Racial Equity Impact Assessment **GUIDE**

Below are sample questions to use to anticipate, assess and prevent potential adverse consequences of proposed actions on different racial groups.

1. IDENTIFYING STAKEHOLDERS

Which racial/ethnic groups may be most affected by and concerned with the issues related to this proposal?

2. ENGAGING STAKEHOLDERS

Have stakeholders from different racial/ethnic groups—especially those most adversely affected—been informed, meaningfully involved and authentically represented in the development of this proposal? Who's missing and how can they be engaged?

3. I IDENTIFYING AND DOCUMENTING RACIAL INEQUITIES

Which racial/ethnic groups are currently most advantaged and most disadvantaged by the issues this proposal seeks to address? How are they affected differently? What quantitative and qualitative evidence of inequality exists? What evidence is missing or needed?

4. EXAMINING THE CAUSES

What factors may be producing and perpetuating racial inequities associated with this issue? How did the inequities arise? Are they expanding or narrowing? Does the proposal address root causes? If not, how could it?

5. CLARIFYING THE PURPOSE

What does the proposal seek to accomplish? Will it reduce disparities or discrimination

6. CONSIDERING ADVERSE IMPACTS

What adverse impacts or unintended consequences could result from this policy? Which racial/ethnic groups could be negatively affected? How could adverse impacts be prevented or minimized?

7. ADVANCING EQUITABLE IMPACTS

What positive impacts on equality and inclusion, if any, could result from this proposal? Which racial/ethnic groups could benefit? Are there further ways to maximize equitable opportunities and impacts?

8. EXAMINING ALTERNATIVES OR IMPROVEMENTS

Are there better ways to reduce racial disparities and advance racial equity? What provisions could be changed or added to ensure positive impacts on racial equity and inclusion?

9. ENSURING VIABILITY AND SUSTAINABILITY

Is the proposal realistic, adequately funded, with mechanisms to ensure successful implementation and enforcement. Are there provisions to ensure ongoing data collection, public reporting, stakeholder participation and public accountability?

10. IDENTIFYING SUCCESS INDICATORS

What are the success indicators and progress benchmarks? How will impacts be documented and evaluated? How will the level, diversity and quality of ongoing stakeholder engagement be assessed?