

## **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.<sup>47</sup>

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.<sup>48</sup>
- Referrals to community mental health and SUD treatment agencies for those sexual assault survivors who need more intensive services.

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<sup>47</sup> 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 be addressed directly in that setting.

<sup>48</sup> 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)<sup>49</sup>*

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**

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

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

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<sup>49</sup> 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.