

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.