MIDD Briefing Paper

BP 134 Mobile Juvenile Mental Health

Existing MIDD Program/Strategy Review □ MIDD I Strategy Number _____ (Attach MIDD I pages)
New Concept x (Attach New Concept Form)
Type of category: New Concept

SUMMARY: This concept is a pilot of same day medication appointments for foster youth with mental illness who have been detained by the juvenile justice system at the Youth Services Center and are pending formal charges. This detention would be the result of behaviors reflective of the youth's unmet mental health needs.

Collaborators:

Name	Department
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Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	Role	Organization
Susan Schoeld	MIDD Crisis Diversion Program Manager	DCHS
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Maria Yang	Medical Director	DCHS-BHRD
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The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. **Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

This new concept has been through many layers of clarification and modification with the original proposer. The concept was initially stated as "Fund mobile mental health services for persons aged 0-24. Ensure doctors are experienced, culturally appropriate, and paid market-rate salaries." Ultimately, due to feasibility considerations, the concept was modified. The agreed upon new concept is a pilot of same day medication appointments for foster youth with mental illness who have been detained by the

juvenile justice system at the Youth Services Center and are pending formal charges. This detention would be the result of behaviors reflective of the youth's unmet mental health needs.

This proposal presumes either that part of the youth's mental health treatment plan already includes the prescribing and monitoring of psychiatric medications, or that an immediate assessment for appropriate medication would be the best treatment for traumatic experiences.

2. **Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area** (Select all that apply):

   ☐ **Crisis Diversion** ☐ **Prevention and Early Intervention**

   ☒ **Recovery and Re-entry** ☒ **System Improvements**

   Please describe the basis for the determination(s).

Recovery and Reentry: reduce barriers to services; increased access to re-entry services from detention. System Improvements: increased provider workforce retention and expanded workforce; increased cultural diversity of workforce; improved client experience.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. **Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.**

Foster youth with significant mental health needs who have been detained by the juvenile justice system (JJ) may have been off their medication(s) prior to detainment, may have run out of their medications, and/or may have had a traumatic experience that could be aided by the prescribing of psychiatric medications. When their cases are dismissed due to underlying behavioral health needs, they are immediately released and require same day medication appointments to support immediate stabilization of their behavioral health. Foster parents describe difficulties with receiving medications at the time they are needed and dissatisfaction with the quality of care received. They indicate that the quality of ongoing outpatient mental health care relies too heavily on those in training who appear inexperienced and often not culturally sensitive. The proposer reports hearing from the community that "they are frustrated by the number of interns and residents being relied upon for on-going care (rather than providers who are board certified in their fields), making it difficult to obtain quality continuous care. Also, due to the lack of experience and backgrounds of the interns and residents, many of them do not provide culturally competent or trauma informed care." They perceive frequent workforce turn over, leading to the experience of a lack of care continuity due to the changing provider/case manager/clinician.

Timely, convenient access to this essential service was also perceived as problematic. Per the proposer, one DSHS foster mother shared it can sometimes take a month to get an appointment, and that the offices are not conveniently located. The proposer asserts the best customer service is "to provide the service they need at their home or place of school or work with the goal being same day services for all who need it." The proposer also felt the hours that services were most necessary and unavailable were

during second shift hours (3-11) when most youth are home from school and awake and foster parents more likely to be at home and available, as well as on weekends.

Foster parents of justice involved African American youth with mental health diagnoses described some of the challenges they experience at community conversations regarding the Children and Family Justice Center (CFJC) Planning/Disproportionality and Justice in the spring of 2015. One parent reported that, in their experience, mental health services for young men have , "really dried up following passage of the Affordable Care Act, and it is really challenging to find good doctors who aren't interns and to get appointments, medications, and mental health care that the kids need." Foster parents describe the frequent pattern of youth going off their psychiatric medications or having a traumatic experience and then behaving in a way that results in police involvement and the youth being detained in the juvenile justice system, at the Youth Services Center. When the foster mother accompanies the youth to court where possible charges are discussed, the judge quickly determines mental health needs are the underlying cause of the behavior which brought the youth into the juvenile justice system. The judge dismisses the cases in alignment with the juvenile justice system's goal of using diversion from prosecution when applicable, and instead recommends mental health and/or substance use disorder treatment to correct the problematic behavior. The youth may have been detained for a number of days, they may have been off their medications for a period prior to that time, and, according to the foster mother, the youth is in need of a same day appointment for medications to resume stable behavior.

2. **Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.**

Per a foster parent, African American foster youth with significant mental health issues may be detained as part of their contact with the juvenile justice system following a period of time being off their psychiatric medications or after a traumatic experience. At arraignment, judges determine the delinquent behavior which caused the detention is due to underlying mental health/behavioral health issues and dismisses the cases with no charges filed. The youth is in need of a same day psychiatric consultation to resume medication compliance. This new concept suggests this need is best served by a mobile response team in which someone with prescriptive authority for psychiatric medications can evaluate the youth and provide a script for the necessary medications. This appointment might be provided at the Youth Services Center (YSC) or at a community mental health provider as part of the YSC discharge process.

3. **What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

The need that this proposed new concept aims to meet can be met either by current programs or another proposed new concept described below. The Children's Crisis Outreach and Referral Services (CCORS) program[1], existing MIDD strategy 7b, has the capacity for psychiatric evaluation for those up to age 18. CCORS services are accessed by a call to the Crisis Clinic who triages the individual's needs. If the

[1] This mobile community based youth crisis mental health program serves youth up to age 18.

youth is enrolled with a King County Behavioral Health and Recovery Division (KCBHRD) contracted mental health provider, that provider should have the capacity to renew medication scripts or provide needed crisis services, which in the case of this briefing paper, is a same-day appointment to initiate or renew psychiatric medications. It is also possible for YSC staff to develop closer collaborative relationships with these resources to meet the service need requested in this new concept briefing paper without specific additional funding for this new concept.

Another MIDD II briefing paper, 'BP 16 Immediate Community Care for Individuals Experiencing a Mental Health Emergency', appears to meet the need identified by the proposer of this new concept or could be modified if needed to meet the need. BP 16 proposes an assessment and intervention care team, comprised of either a psychiatrist or an ARNP in Psychiatric Mental Health, who is licensed by Washington State to practice independently and to write prescriptions, and a Medical Social Worker, Licensed Independent Clinical Social Worker, or Licensed Advanced Social Worker. This team would respond to the individual, along with law enforcement officers at the site of their emergency, to provide on-site assessment and treatment (e.g. medication management, assessment/provision of medication refills, provider-to-provider contacts) and, when needed, emergency case management services (e.g. interactions with Designated Mental Health Professionals (DMHPs), community mental health or substance use treatment providers, housing authorities, parents/family). This service would respond to the identified need in this new concept's 18-24 year old range. It might be possible to consider the YSC as a service site if the youth prefers the appointment there rather than their home or another community location.

4. **Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Emerging Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.**

It is not clear if this new concept meets the definition of any of the choices for this question (best, promising, or evidence based practice). This briefing paper's recommendation that mental health services be available in locations convenient to the person seeking/using mental health services is reflected in other papers. This recommendation is included in another briefing paper, 'BP 053 Infant-Early Child Home Based Mental Health Services.' BP 53 includes the acknowledgement that public transportation can functionally create barriers to service, given the time and money required to use it. King County's mental health system currently includes mobile crisis response services for both youth and adults, which are able to come to the person's home, a convenient community location and/or the location of the crisis.

5. **What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

The outcomes this new concept proposes are already met by the CCORS program, existing MIDD strategy 7b, for those up to age 18 and the proposed BP 16, which provides mobile psychiatric evaluation services for those 18 and older and incorporates the needs identified in this new concept in a more comprehensive manner. The crisis aspect of this new concept is best implemented by continuing to provide MIDD funds to the CCORS program, ES 7b, and by funding BP 16. The community-based, ongoing mental health outpatient services in this new concept are best met by funding BP 53.

C. Populations, Geography, and Collaborations & Partnerships

1. **What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program:** (Select all that apply):

☒ **All children/youth 18 or under**	☒ **Racial-Ethnic minority (any)**
☒ **Children 0-5**	☒ **Black/African-American**
☒ **Children 6-12**	☒ **Hispanic/Latino**
☒ **Teens 13-18**	☒ **Asian/Pacific Islander**
☒ **Transition age youth 18-25**	☒ **First Nations/American Indian/Native American**
☐ **Adults**	☒ **Immigrant/Refugee**
☐ **Older Adults**	☒ **Veteran/US Military**
☐ **Families**	☒ **Homeless**
☐ **Anyone**	☒ **GLBT**
☒ **Offenders/Ex-offenders/Justice-involved**	☒ **Women**
☐ **Other – Please Specify:**	

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

2. **Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection**: County-wide

The services identified in this new concept are intended to be countywide.

3. **What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

Both the youth and adult focused mental health crisis systems require coordination with all aspects of the crisis system. These include, but are not limited to, the Crisis Clinic, Designated Mental Health Professionals, first responders, jails, hospital emergency departments, and shelters. These collaborations and partnerships currently exist, and are maintained by the county's current mental health crisis response system services.

Meeting the mental health/behavioral health needs of foster youth requires collaborating with the Managed Care Organization (MCO) that the state has recently contracted with to provide physical healthcare services for all foster youth statewide as of January 1, 2016. Until April 1, 2020 when physical healthcare is integrated with behavioral healthcare per state legislation, the RSN/BHO will retain responsibility for the behavioral healthcare of all state youth in foster care who meet the Access to Care standards.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. **What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

Maintaining adequate funding for the CCORS program (ES 7b), which includes MIDD funding, and funding the new concept detailed in BP 16, eliminates the need for this new concept. They meet the crisis need identified in this briefing paper, and are more comprehensively inclusive of all community members who may be in crisis need of a psychiatric evaluation and access to psychiatric medications. Funding BP 53 would address the proposed need for outpatient mental health services happening in community locations more convenient to the person receiving services. BP 53 proposes support for the transportation costs associated with community based services Similarly to BP 16, it is a more comprehensive proposal that is inclusive of all community members seeking publically funded mental health outpatient services.

Health care reform and behavioral health integration will play significant roles in the work of both these crisis system services. These services are one part of the continuum of care, intended to provide immediate crisis stabilization and promote access to ongoing services. The longer term goal of connection and ongoing maintenance of services, regardless of whether the individual's needs are related to mental health substance use or co-occurring disorders, fit well with the integration of behavioral health care. Without the benefits obtained through healthcare reform, many of these people would have been deemed ineligible for Medicaid or other healthcare coverage based on exclusionary factors no longer in place. Without access to benefits, most of the more therapeutically appropriate services needed for stabilization (i.e. treatment, medications, housing) would not be available to them, and they would continue to cycle through hospitals and/or criminal justice settings.

It is unclear how statewide contracting of foster youths' healthcare services to one Managed Care Organization (MCO) will translate to the 'on the ground' needs identified by the foster mother. Until April 1, 2020, when physical healthcare is to be integrated with behavioral healthcare, the RSNs, soon to be Behavioral Health Organizations (BHOs), will retain responsibility for the behavioral healthcare of all state youth in foster care who meet Access to Care standards. It is unclear if the coordination between health systems may add additional administrative drivers that affect the current approach to providing emergency and ongoing outpatient mental health services.

A lawsuit settlement related to the mental health needs of Medicaid funded youth is being implemented statewide in a stepwise fashion.[2] When King County implements its response to that lawsuit there may be some necessary changes to how crisis services to foster youth are provided.

2. **What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?**

It is not possible to objectively quantify the psychiatric evaluation and/or medication dispensing needs of foster youth dually served by the public mental health system and also detained by the juvenile justice system. Research for this briefing paper revealed that the data and demographic information gathered by the juvenile court system is not able to empirically define the scope of the need proposed in this new concept.

[2] www.dshs.wa.gov/sites/default/files/BHSIA/dbh/documents/TR

Potential barriers to implementation might include the level of acute mental illness experienced by potential clients, which can interfere with the ability of the crisis service provider to gain cooperation from the client, necessitating immediate admission to a hospital.

Coordination and planning efforts to address policy and protocol structures may create barriers to utilization and will need to be refined to best reach intended outcomes.

3. **What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**

One unintended consequence might occur if individuals who receive immediate care in the community due to this new program, forego follow-up care with their primary care mental health provider, resulting in poorly coordinated treatment.

There is another significant unintended consequence of implementing this new concept as it is proposed. Many psychiatric medications take from two to 12 weeks to reach therapeutic doses, during which time attention is needed to evaluate the medication efficacy and respond to possible side effects. When multiple providers with prescriptive authority get involved it gets messy and potentially dangerous very quickly.

There is also an underlying assumption in this new concept that medications will be the solution to everything. Many studies indicate a person's relationship with their healthcare provider is the best predictor of the person's health care.[3] Therefore, if the person is enrolled with the RSN, making same day medication appointments available through their regular provider is the best approach. This maintains one prescriber managing this portion of the person's mental health treatment services. If the person is not enrolled, the crisis system currently has same day medication appointments available for youth, not adults. Funding BP 16 would create crisis system provision of same day medication appointments for young adults (those 18 years and older).

It is not possible to objectively quantify the psychiatric evaluation and/or medication dispensing needs of foster youth who are dually served by the public mental health system and also detained by the juvenile justice system. Research for this briefing paper revealed that the data and demographic information gathered by the juvenile court system is not able to empirically define the scope of the need proposed in this new concept.

4. **What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**

As stated above, the need this new concept aims to meet is already provided by the CCORS program to those under age 18 and is better met by continuing MIDD funding to CCORS and funding BP 16 to meet the need for same day psychiatric evaluation and/or medication for those 18 and older.

Law enforcement and other first responders will continue to encounter people in dire need of immediate psychiatric assessment and/or community resource planning and crisis stabilization. Lacking

[3] December 30, 2015 consultation with KCBHRD's Medical Director.

these resources, people will use the much costlier services of involuntary commitment, jails, and prisons. They will continue to suffer from the symptoms of untreated mental health and/or substance use disorders.

Without MIDD funding for both the CCORS program and the Immediate Community Care Team proposed in BP 16, people requiring immediate assessment for mental health and or substance use disorder services will continue to live in unsupported environments, and struggle with environmental, social and behavioral health stressors that are often associated with acute behavioral problems and crises in the community.

5. **What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

This has been previously answered; maintain MIDD funding for CCORS, ES 7b, and provide MIDD funding for BP 16 and BP 53. If foster parents have challenges accessing the right support at the right time from these services, a quality improvement assessment that includes input from foster parents could be undertaken.

E. Countywide Policies and Priorities

1. **How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

Maintaining a comprehensive continuum of mental health crisis response services for all King County residents, as well as a public mental health system that is responsive to community requests for mental health outpatient services at locations convenient to clients is an essential part of an overall health care structure. Untreated mental health and substance use disorders interfere with citizens' abilities to participate in and gain the benefits of county initiatives such as Behavioral Health Integration, the Health and Human Services Transformation Plan, Best Starts for Kids, All Home, formerly the Committee to End Homelessness, the Youth Action Plan, the Vets and Human Services Levy, Accountable Communities of Health, Equity and Social Justice, Individual-Level Transformation Plan Strategy: Familiar Faces, Community-Level Transformation Plan Strategy: Communities of Opportunity, Physical and Behavioral Health Integration and Recidivism, Reduction and Reentry Strategic Planning.

2. **How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

The services proposed to meet the intent of this new concept (ES 7b, BP 16, and BP 53), all view mental health consumer input as essential to service provision and treatment planning; encourage and support consumers' beliefs that they will get better and be able to manage their mental health and/or substance use disorders (hope); the whole person's needs are considered and included; services actively support a clients' recovery; and services operate on a strengths based model, a core component of supporting and encouraging a client's resiliency.

Most people needing mental health crisis services have experienced some degree of trauma from internal and/or external sources and experiences. This requires trauma-informed approaches, which include an initial focus on calming the environment and the person, in addition to increasing the safety of the environment. Applying a trauma informed approach to outpatient mental health services includes the need to explicitly discuss with clients what a safe environment looks like for them, so treatment location choices can increase the client's experience of safety.

3. **How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

The population identified in this new concept is primarily African American youth in foster care with significant mental health needs whose behavior includes involvement with the juvenile justice system. These youth are among community members who most strongly experience the effects of institutionalized racism in their daily lives, and the accompanying mental health issues and challenges that arise from those experiences. This experience includes the services and underlying messages they receive that perpetuate the dominant mainstream's cultural values, beliefs, and economic disproportionalities.

In part, this new concept proposes a need for culturally appropriate treatment, but does not specifically define this need. This is an issue for all mental health services, be they crisis, outpatient or inpatient. Suggesting ways to determine successful achievement of culturally appropriate treatment may be needed for contract, monitoring, hiring, training, and/or technical assistance activities.

F. Implementation Factors

1. **What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program** (staff, physical space, training, UA kits, etc.)**?**

This has been answered above; maintain the adult and youth crisis system components. This includes maintaining funding of ES 7b, and funding BP 16 and BP 53.

2. **Estimated ANNUAL COST. $501,000-$1.5 million Provide unit or other specific costs if known.**

This is an estimate. It is not known how much this program would cost to operate as a stand-alone or as a component of other concepts and programs as noted.

3. **Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.**

CCORS is operated through blended funding. MIDD provides approximately 17 percent of its funding with three additional sources: mental health block grant, mental health state and federal Medicaid and state child welfare Medicaid.

4. **TIME to implementation: Currently underway**
    a. **What are the factors in the time to implementation assessment?**
    b. **What are the steps needed for implementation?**
    c. **Does this need an RFP?**

Some of the implementation proposal includes services that are currently in operation, i.e., CCORS, ES 7b. This qualifies as 'currently underway.'

Other portions of the proposal involve implementing BP 16 and BP 53. It is assumed they both could be implemented within 'less than 6 months from award'.

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

New Concept Submission Form

Please review the preceding pages before completing this form.

Please be specific. Be sure to describe how the concept addresses mental health or substance abuse needs in King County. All programs funded by MIDD II must be implemented in King County.

#134 Working Title of Concept: Mobile Juvenile Mental Health

Name of Person Submitting Concept: Darby DuComb
Organization(s), if any: Seattle City Attorney's Office
Phone: 206-684-8228
Email: darby.ducomb@seattle.gov
Mailing Address: 701 Fifth Avenue, Suite 2050, Seattle, WA 98104-7097

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.

Concepts must be submitted via email to MIDDconcept@kingcounty.gov by ***October 31, 2015****.*

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Fund mobile mental health services for persons aged 0-24. Ensure doctors are experienced, culturally appropriate, and paid market-rate salaries.

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

Foster care parents report that it can take weeks to get appointments for our youth who need mental health services, especially after a crisis.. When they go to get services, mental health staff are often interns, inexperienced, culturally inappropriate, or frequently turn over.

3. How would your concept address the need?

Please be specific. October 31, 2015 Page 2

This would ensure timely access to experienced and culturally appropriate mental health services following a crisis or other problems.

4. Who would benefit? Please describe potential program participants.

This would eliminate the transportation and wait time problems for young people in need of mental health services.. In would center the child in the services.

5. What would be the results of successful implementation of program?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

No wait times or access issues for young people in need of mental health services. Experienced and culturally appropriate care.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

X **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.

X **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.

X **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.

X **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

This ensures timely access to mental health services, particularly during or after a crisis.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Children's Crisis Outreach Response Team, Department of Health and Human Services, foster care parents.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: $ # of dollars here **per year, serving** # of people here **people per year**

Partial Implementation: $ # of dollars here **per year, serving** # of people here **people per year**
Full Implementation: $ # of dollars here **per year, serving** # of people here **people per year**
Once you have completed whatever information you are able to provide about your concept, please send this form to *MIDDConcept@kingcounty.gov*, no later than 5:00 PM on October 31, 2015.
If at any time you have questions about the MIDD new concept process, please contact MIDD staff at *MIDDConcept@kingcounty.gov*.