MIDD Briefing Paper

ES 11b Existing MIDD Program/Strategy or New Concept Name: Regional Mental Health Court
BP 8 Non Medicaid Services Funding
BP 93 Continuous Quality Improvement Analyst

Existing MIDD Program/Strategy Review ☒ MIDD I Strategy Number _11b_ (Attach MIDD I pages)
New Concept ☒ (Attach New Concept Form)
Type of category: Existing Program/Strategy EXPANSION

SUMMARY: In addition to proposing continued funding of existing MIDD strategy 11b, this briefing paper proposes two New Concepts to enhance access to, and quality of, supportive services provided to Regional Mental Health Court (RMHC) participants who do not qualify for Medicaid, and ensure ongoing development and evaluation of the RMHC program.

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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 briefing paper addresses existing MIDD strategy (11b) and two New Concepts to:

- Sustain funding to King County District Court (KCDC) Regional Mental Health Court (RMHC), including existing strategy 11b funding for clinical and supportive services that support RMHC participants (Existing MIDD Strategy 11b);
- Provide funding for services needed by non-Medicaid RMHC participants (New Concept BP 8); and
- Provide funding for a Continuous Quality Improvement Analyst position within RMHC (New Concept BP 93).

Mental health courts have been created in multiple jurisdictions across the county in response to increased prevalence of individuals experiencing significant mental illness entering the criminal justice system. [1] KCDC's initial Mental Health Court was developed in 2001 to meet the needs of this population.

Initially, KCDC Mental Health Court 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").

Since 2010 MIDD funding under strategy 11b has been used to hire two part-time forensic peer support specialists and provide the following clinical and supportive services for individuals participating in the RMHC: mental health liaison services for individuals referred to the court – including those whose ability to proceed (legal competency) is under consideration – Integrated Dual Disorder Treatment, urinalysis testing, and supportive transitional housing. These services are necessary for RMHC participants to achieve long-term stability in the community and successfully complete court obligations.

In 2012 the Regional Veterans Court (RVC) was developed as a pilot program to serve veterans of the United States (U.S.) military who are experiencing mental health conditions (including posttraumatic stress disorder and traumatic brain injury) and are involved in the criminal justice system. RVC was established as a separate calendar within RMHC utilizing existing RMHC resources under MIDD strategy 11b to support RVC staffing costs. King County Veterans and Human Services Levy funding became available in 2013 to also support RVC staffing costs. This freed up the strategy 11b funds used for this purpose, and the 11b funds were reallocated to supportive services for RMHC participants.

The RVC is no longer a pilot program and currently operates as an official, ongoing calendar of the RMHC. Thus, from this point forward, this briefing paper is referring to both RMHC and the RVC calendar within RMHC when using the term "RMHC".

[1] Mental Health America (MHA) Position Statement: 53 Mental Health Courts http://www.mentalhealthamerica.net/positions/mental-health-courts. Accessed 1/4/16.

Throughout the court's history, MIDD supplantation funds have also been used to provide RMHC with much needed additional housing resources and co-occurring mental health and substance use disorder (SUD) treatment (both inpatient and outpatient) for participants of RMHC. Historically, MIDD supplantation funds have been used to pay for a Mental Health Liaison (title is now "Court Clinician"), who assesses referrals to the court for diagnostic eligibility, develops treatment plans that are supervised by the court, and ensures linkages to behavioral health and housing resources. However, in the budget appropriation to KCDC for RMHC, MIDD strategy 11b and supplantation funds were combined into a single fund source: MIDD. This briefing paper addresses all MIDD funded RMHC operations and administration, and contracted behavioral health and housing services supporting RMHC participants.

In addition to proposing continued funding of existing MIDD strategy 11b, this briefing paper proposes two New Concepts to enhance access to, and quality of, supportive services provided to RMHC participants who do not qualify for Medicaid, and ensure ongoing development and evaluation of the RMHC program.
King County RMHC utilizes the following mental health and SUD services to support the wellness, recovery, and community tenure of program participants, the majority of whom have co-occurring mental health and SUDs and many of whom are homeless at the time of referral to the court:

- Housing Voucher Program and Case Management Program (HVP)
- Pioneer Counseling Services' Transitional Recovery Program (TRP) at the Maleng Regional Justice Center
- Pioneer Human Services' Housing Services for King County RMHC
- Sound Mental Health's Integrated Dual Disorders Treatment, known as "Project Start"
- Pioneer Counseling Services' Co-occurring Residential Treatment (CORP)

The out-of-custody clinical services supporting RMHC participants are typically reimbursable by Medicaid/Apple Health. They are not reimbursable by Medicare or other non-Medicaid coverage. Currently, approximately 10 to 15 percent of RMHC participants are covered by Medicare or other non-Medicaid benefits. Based on the current RMHC program census, the percentage of non-Medicaid amounts to approximately 20 to 30 individuals (out of 190 total RMHC participants) at any given time. This briefing paper requests additional funds to help provide access to treatment for court participants who are not receiving, or are ineligible for, Medicaid. With additional funds the court will be able to pay for mainstream mental health outpatient benefits (non-specialty services), outpatient and residential SUD treatment, and co-occurring treatment services that would not otherwise be covered through Medicare or other non-Medicaid insurance.

The second New Concept proposed in this briefing paper is the addition of a Continuous Quality Improvement (CQI) Analyst for RMHC. Annually, RMHC/RVC serves approximately 200 individuals with behavioral health disorders. The addition of a CQI Analyst will improve the experience and outcomes of court participants by increasing the program's capacity for research, planning, and evaluation. This position would enhance the courts' ability to track and analyze participant- and system-level data for ongoing program and process improvement, allowing for more robust collaboration on systems improvements with partners such as the King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), Department of Adult and Juvenile Detention, Western State Hospital (WSH), U.S. Department of Veterans Affairs, and local mental health, housing and SUD treatment providers.

A CQI analyst can identify transitional and permanent housing for access by court participants who are experiencing homelessness, and support and inform policies aimed at improving housing opportunities. This position will also assist with referrals and linkage of KCDC referrals to the South County Crisis Center (proposed in Briefing Paper 37) for individuals appropriate for diversion from the criminal justice system.

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).

This combined Existing Strategy/New Concepts briefing paper primarily fits under the MIDD II Framework's Recovery and Reentry strategy as it focuses on engaging, supporting and facilitating the stability and sustained community tenure of court-involved individuals as they work towards recovery. It is also a systems improvement strategy as it improves collaboration between the criminal justice system and behavioral healthcare and social service systems, and restricts the impact of insurance coverage on access to stabilizing services and jail/prison diversion opportunities.
The addition of a CQI Analyst would enhance program evaluation and ongoing development of the mental health court program, and strengthen the behavioral health system to become more accessible to court-involved individuals.

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.**

This briefing paper speaks to a critical need in the community to address the increasing prevalence of individuals experiencing mental illness (and frequently poverty and homelessness), who come into contact with the local criminal justice system. The prevalence of individuals experiencing mental health disorders in the country's correctional facilities varies from five to 16 percent, depending on the definition of mental illness that is used; on any given day in municipal jails throughout King County, an estimated 15 percent of incarcerated individuals experience serious mental illness.[2] Once in jail, these individuals stay much longer than those with similar charges who are not experiencing mental health disorders. Moreover, these individuals are released to the community with limited behavioral health and social service supports critical to stability in the community. Mental health court is often an effective strategy for diverting individuals with mental health disorders from further incarceration and engaging these individuals in community-based treatment and supportive services, with regular court monitoring, to address the underlying factors contributing to their criminal justice involvement.[3]

[2] MIDD 11b Strategy. Expand Access to Diversion Options and Therapeutic Courts and Improve Jail Services provided to Individuals with Mental Illness and Chemical Dependency. Increase Services Available for New or Existing Mental Health Court Programs.
[3] 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.

Currently, about 65 percent of individuals in RMHC have been charged with a King County Superior Court case (felony). If their charges were being addressed in a mainstream court rather than RMHC, the majority of these individuals (all of whom have been diagnosed with a severe and persistent mental health condition, and many of whom are experiencing homelessness and living in extreme poverty) would be charged with nine months to one year in jail and subsequently released with no community supervision and limited supports. A smaller cohort would be sentenced to prison (366 days or longer) and released without community supervision or supports. In RMHC the King County Prosecuting Attorney's Office (PAO) agrees to reduce these felony charges to misdemeanor pleas and offers the participants an opportunity to achieve stability in the community with the support of housing, and behavioral health and social services. This strategy reduces the likelihood of the individual's continued involvement with the criminal justice system, as the program is addressing the underlying factors contributing to legal involvement.

Lack of access to services and resources is a significant factor contributing to incarceration of individuals with behavioral health disorders. Safe and adequate housing, healthcare and supportive services are essential to community stability, although not easily accessible to individuals with behavioral health disorders who lack financial resources and/or necessary insurance coverage. History of legal involvement further complicates access to necessary supports.

Many of the essential behavioral health services available to RMHC participants to promote recovery and community tenure are Medicaid funded and are not reimbursable by Medicare or other non-Medicaid coverage. While RMHC is designed to serve eligible individuals independent of what insurance coverage the person may or may not have, resources must be available to achieve stability in the community and adequately address behaviors contributing to the individual's involvement in the criminal justice system, particularly for the 10 to 15 percent of RMHC participants who are not eligible for Medicaid outpatient benefits.

Equitable access to behavioral healthcare and supportive services necessary for stability is critically important to ensure all RMHC participants receive adequate and appropriate care. Non-Medicaid outpatient benefits in King County are limited and often not available for RMHC participants. In order to serve Medicare or other non-Medicaid recipients, RMHC must utilize traditional medical clinics or other agencies that are not equipped to provide an appropriate level of care for high need, high risk individuals. Also, access to inpatient co-occurring treatment services for Medicare and other non-Medicaid recipients is extremely limited. Unfortunately, participants in need of services that the court is unable to provide may be screened out at the time of referral to RMHC.

Given that RMHC participants with behavioral health disorders experience the unremitting change in landscape of available resources, policies and initiatives, it is critical the RMHC is staffed in accordance with best practice to be proactive in identifying gaps in services, obtaining resources, influencing policy, and evaluating and modifying the program to meet the needs of participants and, ultimately, the community as a whole.

In accordance with best practice, therapeutic courts are most successful when they are comprised of one administrative position per 100-125 participants.[4] Annually, RMHC/RVC serves approximately 200 participants, but the staffing plan includes only one administrator. As such, RMHC has struggled to plan for the future because there is limited administrative capacity to track indicators of successful

[4] National Association of Drug Court Professionals 2015 Drug Court Conference, Court Manager Symposium.

outcomes, recidivism, service utilization (including hospitalization), and other data points necessary for program evolution, resource acquisition, and policy impact. By adding a full-time equivalent CQI Analyst, RMHC would be able to respond in real time to evolving needs of program participants and the changing landscape of community resources, and better serve court participants and the community. This position would also have the capacity to assist with linkage to alternative diversion programs (including the South County Crisis Center proposed in Briefing Paper 37) to ensure appropriate level of care and access to services.

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

Mental health courts are an essential component of a jail diversion continuum of services and have demonstrated efficacy in engaging clients in treatment and reducing future jail bookings. Continued funding of the RMHC program and supportive services enables RMHC participants to address behavioral health disorders, which contributed to legal involvement, through appropriate treatment and ancillary services. The MIDD funded behavioral healthcare and social services are critical as RMHC participants often struggle to gain access to necessary services and community resources.

With the current level of MIDD funding, RMHC is not able to meet the behavioral healthcare and social service needs of all participants. Additional funds requested would increase access to services for RMHC participants who are not eligible for Medicaid/Apple Health. With more availability of appropriate services, RMHC will have increased capacity to serve participants using a jail diversion approach. The additional funds requested would be used to pay behavioral health and social service agencies directly at either an out-of-pocket rate, a sliding scale rate (if applicable), or a private pay rate. Having researched the currently-applicable rates, RMHC estimates the cost will be $360 per month per person for outpatient SUD treatment, $140 per month per person for outpatient mental health treatment, and $7,000 per month per person for inpatient co-occurring disorder treatment (with a typical stay of 90 days). Increasing access to RMHC and associated services supporting RMHC participants may improve mental health outcomes for individuals in the criminal justice system and reduce the prevalence of individuals experiencing mental illness in jails across King County.[5]

Finally, the court program and RMHC participants will benefit from the team structure being modified in accordance with best practice to increase administrative staff commensurate with the number of participants served by RMHC. In addition to achieving a team staffing plan aligned with best practice, the addition of a CQI Analyst would allow RMHC to more effectively work with community partners to track data required for funding purposes, expansion of programs and services supporting court participants, and ongoing program improvement.[6] The analyst will also track and act as a liaison for competency and restoration matters with WSH and King County Crisis and Commitment Services, and identify trends associated with hospitalization to assist with ongoing diversion efforts.

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.**

[5] MIDD Implementation Plan FINAL – October 6, 2008.
[6] Ibid, 2015 Drug Court Conference.

Since the first evaluation in 2010, Strategy 11b has met MIDD goals of diverting individuals experiencing mental illness or drug dependency from initial or further justice system involvement and reducing incidence and severity of mental illness and/or drug dependency symptoms.[7]

A 2015 literature review of mental health court data, involving analysis of 15 studies evaluating impact on recidivism, revealed mental health courts significantly reduced new arrests and days spent incarcerated in 13 of 15 studies reviewed.[8] For example, one study of over 1,000 court-involved individuals found that mental health court participants spent 44 percent fewer days in jail—82 days fewer in total—relative to individuals participating in mainstream court, who averaged 152 jail days. The author of the review concludes, "Thus far, a small but growing body of mental health court research indicates that it is plausible these courts have the ability to accomplish their primary aim, that is, to reduce criminal recidivism rates of persons with mental illness."[9]

In a five-year follow-up study comprising all defendants in a North Carolina mental health court, researchers compared people who successfully completed the court program with those who did not. Among 449 defendants, 75 percent of individuals who dropped out of the court program were re-arrested during the five years after they started mental health court, compared to 40 percent of those who completed the program. The average time to re-arrest was also longer for mental health court graduates – 17 months versus 12 months. While these numbers may simply suggest that people who complete mental health court are more motivated to change their behavior, it also shows that mental health court programs might improve the process of recovery.[10]

Carol Fisler, the director of mental health court programs at the Center for Court Innovation, notes that mental health courts work because they stop a cycle of repeated harsh punishment, and instead give people experiencing mental illness the tools they need to change their behavior. The author further noted that mental health courts were designed to address the fact that prisons and jails have become the largest psychiatric hospitals in the country, and are intended to reduce harm and increase access to and engagement in critical behavioral health and social services.[11]

In MIDD Year Six, the RMHC (excluding participants served by the RVC) had 151 cases that counted toward performance measurement as follows: 44 (29%) city transfers, 83 (55%) felony drop downs, and 24 (16%) KCDC filed cases. The RVC has served 76 clients since it began in 2012 until December 2015.[12] For 96 RMHC clients eligible for long-term analysis based on their start dates and use of King County jails, average days in jail were reduced by seven percent, from 42 days (pre) to 39 (post). Though not statistically significant, this result is clinically meaningful, especially in light of the fact that mental health court judges may use jail time as a graduated sanction to address participants who do not comply with court obligations and conditions of release. Linkage rates to mental health treatment were also positively impacted by RMHC involvement.[13]

[7] Effectiveness of Strategies in Meeting Five Policy Goals. MIDD Second Annual Report (February 2010)
[8] Honegger, L.N., "Does the Evidence Support the Case for Mental Health Courts? A Review of the Literature," Law and Human Behavior, 2015.
[9] Ibid, Honegger, L.N. (2015).
[10] Long-Term Recidivism of Mental Health Court Defendants," Ray, B„ International Journal of Law and Psychiatry, 2014.
[11] Fisler, C., "When Research Challenges Policy and Practice: Toward a New Understanding of Mental Health Courts," Judges' Journal. 2015. NOV/DEC 2075 • PSMAG.COM.
[12] Data Provided by Veterans Health Administration via Veterans Justice Outreach Coordinator, Kevin Devine, 12/8/15.
[13] MIDD Seventh Annual Report. Implementation and Evaluation Summary for Year Six October 1, 2013—September 30, 2014 . Created February 2015.

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

Research shows that mental health courts are a promising practice. The research is applicable to all participants in mental health courts, independent of insurance type. Increasing access to mental health courts for non-Medicaid participants is therefore likely a promising practice as well. RMHC utilizes other promising practices including peer support/peer delivered services in the form of Forensic Peer Specialists, planning for reentry and community reintegration via Court Clinicians, and supportive housing via the HVP.[14] RMHC also utilizes evidenced based practices such as Motivational Interviewing, Trauma-Informed Care, and Promoting Housing Stability.[15]

Participants in some mental health courts have lower rates of recidivism and, in particular, are less likely to be arrested for new crimes than individuals with mental illnesses who go through the traditional criminal court system. Some empirical evidence shows this trend continues after graduation when individuals are no longer under court supervision.[16] Mental health courts are more effective than the traditional court system and jails at connecting participants with mental health treatment services. Over time, mental health courts have the potential to save money through reduced recidivism and the associated jail and court costs that are avoided, and also through decreased use of the most expensive treatment options, such as inpatient care.

In short, existing research supports the idea that mental health courts may produce positive outcomes for their participants and for the public; however, much more data are needed to bolster confidence in these conclusions. Furthermore, for policymakers and practitioners to be able to design the most effective courts, they need empirical evidence about *which* aspects of mental health courts have the greatest positive effects, *why,* and for *whom*.[17] With the addition of a CQI Manager, RMHC and the proposed South King County Community Court (MIDD Briefing Paper 61) would be more in line with the promising practices of Performance Measurement in Therapeutic Courts.[18]

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?**

A Results-Based Accountability framework is useful for identifying the target population level outcomes for all MIDD II work. At the system and program level, outcomes should be aligned with broader Health and Human Services Transformation outcomes in the Accountable Community of Health and Physical Behavioral Health Integration as well as the *Washington State Performance Measures Starter's Set* approved by the Performance Measures Coordinating Committee on December 17, 2014.[19]

The program-level outcomes of RMHC's continued implementation are the following:

[14] Promising Practices Guide: Supporting the Recovery of Justice-Involved Consumers. Written by Policy Research Associates, Inc. for NAMI's (National Alliance on Mental Illness) STAR Center (Support, Technical Assistance and Resource Center. SAMHSA (Substance Abuse and Mental Health Services Administration) funded, 2012.
[15] Center for Evidenced-Based-Practices. https://www.centerforebp.case.edu/practices/mi. Accessed 1/5/16.
[16] Lauren Almquist & Elizabeth Dodd, *Mental Health Courts: A Guide to Research-Informed Policy and Practice*. Council of State Governments Justice Center, NY, NY. 2009. (www.bja.gov/Publications/CSG_MHC_Research.pdf).
[17] Ibid, Almquist & Dodd (2009).
[18] Mental Health Court Performance Measures. http://cdm16501.contentdm.oclc.org/cdm/ref/collection/spcts/id/221
[19] http://www.hca.wa.gov/hw/Pages/performance_measures.aspx. Accessed 12/30/15.

- Reduced use of crisis institutions (e.g. Emergency Rooms) for individuals participating in the court;
- Improved mental health and well-being of individuals with mental illness who come in contact with RMHC;
- Reduced levels of recidivism (considering frequency, offense severity and length of time between episodes) of individuals being served by RMHC;
- More expeditious case resolution than traditional courts;
- More cost-effective/efficient use of resources than traditional courts;
- More linkages between the criminal justice system and the mental health system; and
- A decrease in overall system cost; by engaging individuals in treatment and community resources rather than addressing individuals with behavioral health issues through the traditional criminal justice system, RMHC reduces incarceration and court costs.

RMHC was developed closely to a model that is used in the Brooklyn Mental Health Court. It can expect similar outcomes. Based off a program evaluation in 2006, outcomes for court participants included:

- Reduction in recidivism,
- Reduction in days and episodes of homelessness,
- Reduction of psychiatric hospitalizations and psychiatric emergency room visits,
- Reduction in alcohol and other substance abuse, and
- Improvement in psychosocial function.[20]

For RMHC participants, who are not eligible for Medicaid/Apple Health, obtaining access to more robust services though additional MIDD funding would likely result in better outcomes. RMHC expects to admit otherwise eligible persons whom the court is not currently able to serve. By providing sophisticated and intensive services, RMHC expects to offer crisis diversion, promote health and wellness, improve community safety, and lower recidivism. RMHC currently partners with MHCADSD to track program referrals, opt-ins, and outcomes. Data will be tracked to show outcomes for RMHC participants who receive this supplemental funding.

The addition of a CQI Analyst will allow RMHC to more effectively work with community partners to track data required for funding purposes, expansion of programs and services supporting court participants, and ongoing program improvement. The analyst would also track and act as a liaison for competency and restoration matters with WSH and King County Crisis and Commitment Services, and identify trends associated with hospitalization to assist with ongoing diversion efforts; identify trends in behavioral health service usage and gaps in services; track and monitor recidivism and identify areas of improvement; track housing information; and serve as a liaison with local housing providers and build program capacity for housing resources. Finally, the CQI Analyst will lead a Lean evaluation process for both courts, and assist in the research and application for grants that could be used to improve or expand current programs supporting RMHC/RVC participants.

Successful implementation of a new administrative role for KCDC would result in better tracking of recidivism information; more administrative efforts toward identifying and seeking additional funding through grants and public/private partnerships; improved qualitative and quantitative analysis of court

[20] The Brooklyn Mental Health Court Evaluation: Planning, Implementation, Courtroom Dynamics, and Participant Outcomes. Kelly O'Keefe. Center for Court Innovation, September 2006.

services and programs; improved recommendations of court processes, procedures and programs; and improved correspondence and coordination with KCDC partners.

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

RMHC provides services to a wide range of participants based on race, gender, ethnicity, and age. Included below are demographic data pertaining to individuals served by RMHC from 2008 through 2014.[21] "Opt-ins" refer to individuals who chose to participate in RMHC and "Screens" refer to all individuals who were screened, independent of whether or not they chose to participate.

King County Regional Mental Health Court	Opt-ins (Sample Size 253)	Screens (Sample Size 281)	All Cases (Sample Size 534)
RACE			
African/ African American/Black	25%	27%	26%
Asian/Pacific Islander	6%	5%	5%
Caucasian	58%	51%	54%
Not Asked	2%	2%	2%
Other	4%	4%	4%
Multiracial	2%	5%	3%
Unknown	3%	6%	5%
	100%	100%	100%
GENDER			
Female	25%	41%	34%
Male	74%	58%	66%

[21] Data collected via spreadsheet by King County Regional Mental Health Court from 2008 through 2014.

Unknown	0%	1%	1%
	100%	100%	100%
HISPANIC			
Not Hispanic	87%	89%	88%
Hispanic	6%	6%	6%
Unknown	7%	5%	6%
	100%	100%	100%
AGE			
18-24	14%	15%	14%
25-34	30%	25%	27%
35-44	21%	23%	22%
45-54	19%	25%	22%
55-64	11%	8%	10%
65+	4%	1%	2%
Unknown	1%	2%	2%
Grand Total	100%	100%	100%

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.

RMHC serves adults over age 18 and older who are involved in the criminal justice system. All participants have a mental health diagnosis, and the majority of participants also struggle with SUDs. RMHC serves individuals of all races, sexual orientation, and gender identity. RMHC also works specifically with veterans in RMHC's Regional Veterans Court calendar. RMHC is the repository for all competency cases throughout KCDC. Whenever competency is raised, the RMHC attorneys and clinicians are involved in assessing competency and then ordering appropriate evaluations from WSH. Recently, RMHC broadened its intake criteria to include (in addition to those experiencing a psychotic spectrum disorder) any person suffering from a severe and persistent mental health issue[22] based on findings that suggest no differences by diagnosis in short-term outcomes on recidivism.[23]

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

RMHC is indeed regional. Anyone in King County with a severe and persistent mental illness who is involved in the criminal justice service can be screened for RMHC eligibility. RMHC participants can choose between the locations of Seattle, Kent and Issaquah for their hearings and community supervision. RMHC works with agencies throughout King County, encouraging participants to get treatment as close to their residence as possible. Because admittance is based on where crimes occurred, RMHC also serves participants who live in nearby counties such as Pierce, Snohomish, and Whatcom.

[22] RMHC Intake Criteria. Adopted by RMHC Executive Committee, September 4th, 2015.

[23] Short and Long-Term outcomes of Mental Health Court Participants by Psychiatric Diagnosis. Erin Comartin, Ph.D., Sheryl Pimlott Kubiak, Ph.D., Bradley Ray, Ph.D., Elizabeth Tillander, M.S.W., Julie Hann, M.S.W. ps.phycihatryonling.org.

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.**

RMHC collaborates with King County Superior Court and courts from all municipalities within King County. On felony reduction cases, in order for a referral to be accepted the arresting police officer or victim must agree to have the case served in District Court. Representatives from the RMHC team also assist local and statewide police officers by presenting at Crisis Intervention Training courses at the Washington State Criminal Justice Training Commission. RMHC prosecutors routinely staff cases with law enforcement in order to problem solve repeat or exceptionally difficult cases that may involve behavioral health issues.

RMHC partners with a variety of treatment and housing providers to help its participants access needed services. It has formal partnerships with Sound Mental Health, Pioneer Human Services, Pioneer Housing Services, the Downtown Emergency Service Center, and the U.S. and Washington State Departments of Veterans Affairs. RMHC maintains informal partnerships with other housing and treatment providers throughout the region.

RMHC works with many other departments within King County. It works very closely with the MHCADSD Diversion and Reentry Services staff that provide contract oversight of dedicated programs and resources for RMHC participants. RMHC communicates and partners regularly with Public Health—Seattle & King County/Jail Heath Services psychiatric and social services staff. RMHC collaborates with the King County Community Services Division's Veterans and Human Services Levy staff who manage Levy funds for RVC. RMHC also partners with the KCDC Family Support Unit to assist in outstanding child support obligations. The RMHC victim advocate works with the protection order unit, community-based domestic violence and mental health provider agencies, and the crime victim compensation program.

The KCDC Manager participated on the Familiar Faces Initiative and has collaborated with many community partners including county and city staff, first responders, service delivery agencies, medical providers, and insurance providers.

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?**

In accordance with behavioral health integration, RMHC facilitates access to and ongoing maintenance of integrated dual disorder treatment and behavioral health services to ensure underlying issues contributing to legal involvement are addressed.

Additionally, prior to healthcare reform, many individuals referred to RMHC would have been ineligible for Medicaid or other healthcare coverage based on exclusionary factors no longer in place. Without access to medical benefits, services critical for achieving stability in the community may not have been available to referred individuals, increasing risk for failure to complete legal obligations and future contact with the criminal justice system, and potentially impacting access to RMHC as a diversion opportunity.

While healthcare reform increased the number of RMHC participants eligible for Medicaid/Apple Health, there continues to be a steady cohort of RMHC participants with Medicare or other non-Medicaid benefits (10 to 15 percent) who have limited access to treatment. As availability of adequate services to achieve stability in the community is a requirement for RMHC participation, the new concept of adding funds to pay for mainstream mental health outpatient benefits, outpatient and residential SUD treatment, and co-occurring treatment services not otherwise covered through Medicare or other non-Medicaid insurance is a critical equity and social justice issue.

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?

There are no implementation barriers associated with ongoing operations of the well-established RMHC program and associated MIDD funded clinical and supportive services.

In addition to proposing sustained funding to RMHC and associated clinical and supportive services, this briefing paper proposes implementation of two new concepts that aim to improve availability of services to non-Medicaid RMHC participants and augment RMHC program evaluation and operations.

With regard to the first new concept—providing funding for services needed by non-Medicaid RMHC participants—no barriers to implementation are anticipated as the funding would be added to existing contracts for mental health and SUD services which currently support RMHC clients. These providers are already knowledgeable about King County's complex criminal justice system, specialty courts and the level of services needed to support the wellness, recovery and community tenure of court-involved participants.

With regard to the second new concept, providing funding for a CQI Analyst within RMHC, a potential barrier to implementation may include absence of an established database to track referral and participant data. A database would need to be developed to store individual level data from numerous sources, and policies would need to be developed to ensure data is appropriately safeguarded and maintained in accordance with state and federal laws. Furthermore, the court would need to establish agreements with providers of behavioral health and social services in order to adequately track service utilization of court participants at referral, during court participation, and at various intervals following (successful or unsuccessful) completion of the court program. Due to being a non-unified court system, RMHC would also need to establish agreements with other jurisdictions to ensure accurate tracking of additional criminal justice involvement of RMHC referrals, participants, and graduates (or former participants for those who do not successfully complete the program).

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?

RMHC is a well- established jail diversion program in the community with some of the County's most robust behavioral health and social service programs being exclusively reserved for RMHC participants. In fact, it is not uncommon for law enforcement and first responders to describe use of incarceration and subsequent referral to RMHC as a strategy for assisting individuals with chronic behavioral health issues access treatment and other supportive services.[24] Unfortunately, many individuals experiencing severe and persistent mental health issues, who are incarcerated in King County (including the Familiar

[24] 2015 King County Site Visit of the Washington State Criminal Justice Training Commission, Crisis Intervention Team (CIT) Training (October 19, 2015-October 23, 2015).

Faces, who have been incarcerated four or more times in a 12-month period), do not participate in RMHC. Reasons for lack of participation include, but are not limited to the following: failure to be identified and referred to the RMHC program, failure to meet RMHC eligibility criteria, limited harm reduction options available to court participants and the court expectation of abstinence, and court participation requiring prolonged, intensive probation. In fact, only eight and one-half percent of the 2014 Familiar Faces cohort had opted-in to a King County specialty court (i.e., RMHC, City of Seattle Mental Health Court, or King County Adult Drug Diversion Court) in 2014.[25]

Ongoing funding of RMHC and supportive programs reserved exclusively for RMHC participants might contribute to the ineffective practice of law enforcement and first responders using incarceration as a primary means of connecting individuals in behavioral health crisis to behavioral health treatment and other supportive services. RMHC acknowledges that the current paradigm requires that individuals become involved in the criminal justice system to gain access to some of the county's most robust behavioral health services. Understandably, RMHC team members are actively collaborating with community stakeholders on local initiatives to develop a future state comprised of additional diversion options in Intercepts one and two of the GAINS Sequential Intercept Model to reduce the rate of individuals experiencing behavioral health disorders becoming involved in the criminal justice system. The CQI Analyst, in particular, will assist with referrals and linkage of KCDC referrals to the South County Crisis Center (proposed in Briefing Paper 37) for individuals appropriate for diversion from the criminal justice system.

While therapeutic courts are a diversion option positioned at a later stage of the GAINS Sequential Intercept Model (Intercept three), therapeutic courts provide ongoing opportunities for jail diversion to court participants who may be struggling with conditions of release and court obligations during court oversight. The RMHC team members collaborate with participants throughout court participation to address behavioral issues with behavioral health interventions rather than incarceration, to the extent possible, and ultimately support participants obtaining access to the care and services needed and desired to ensure a future where diversion options are no longer needed.

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?

Mental health courts are an essential component of a jail diversion continuum of services and have demonstrated efficacy in engaging individuals in treatment and reducing future jail bookings. If the RMHC and associated supportive services are not funded, individuals with behavioral health disorders who come into contact with the criminal justice system would have fewer opportunities for jail diversion, not to mention reduced opportunity for criminal charge reduction, and less access to services critical for maintaining stability in the community. In the current environment, this would likely result in an increase in the number of individuals with mental health and substance use disorders languishing in jail and/or cycling through the criminal justice system without access to appropriate interventions and stabilizing services needed to address underlying issues contributing to legal involvement.

As of this writing, 80 RMHC participants are residing in housing provided through the court program (via MIDD funding). Safe and adequate housing is not easily accessible to individuals with behavioral health

[25] Srebnik, D., *Familiar Faces: Current State – Analyses of Population*. (September 28, 2015), data summary packet provided to the Familiar Faces Design Team Current State Mapping.

disorders who have a history of legal involvement and lack financial resources, and is essential to community stability. Without ongoing funding of the housing services supporting RMHC, the court's ability to adequately and safely serve court-involved individuals experiencing homelessness would be compromised and individuals who aren't able to obtain stable housing may be screened out of RMHC participation. This would represent an inequity as individuals who are homeless and/or lacking financial resources would have less opportunity for jail diversion. Similarly, if RMHC does not receive additional funding to provide adequate level of stabilization services for individuals who are not Medicaid eligible, court-involved individuals who have serious behavioral health issues and limited financial resources may not be able to access the level of services the court deems necessary to achieve stability in the community, and may be screened out of RMHC as a jail diversion opportunity.

Appropriately staffed mental health courts have the potential to save money through reduced recidivism and the associated jail and court costs that are avoided, as well as through reduced use of the most expensive treatment options such as inpatient hospitalization and emergency room use for crisis stabilization. With the addition of a CQI Analyst, not only will the RMHC and the proposed South King County Community Court (MIDD Briefing Paper 61) staffing plans be more in line with the promising practices of Performance Measurement in Therapeutic Courts, but the RMHC will have the capacity to evaluate which aspects of the court program, services, and processes have the greatest positive effects, why, and for whom.[26] Without the CQI Analyst position, the court has less capacity to evolve with the changing needs of court participants and landscape of available resources, and may be less effectively positioned to meaningfully participate in transforming the system as we currently know it from a system characterized by robust post-incarceration/post-crisis diversion options and limited pre-incarceration/pre-crisis diversion options, to a robust system of prevention.

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?**

The community is working on developing and implementing an array of services and programs that aim to divert individuals experiencing mental health and substance use disorders away from the criminal justice system and into appropriate behavioral health services. While many of the existing diversion programs are situated on the "deep end" of the GAINS Sequential Intercept Model, the County is moving toward strengthening and expanding the pre-booking diversion efforts at Intercepts one and two. Representatives from the RMHC team are involved in and informing this system transformation work.

Specifically, programs like the Crisis Solutions Center (CSC) and Law Enforcement Assisted Diversion (LEAD) are paving the way nationally in offering new approaches to diversion that are upstream and steeped in changing police response from that of criminalization to a more harm reduction approach when encountering individuals in behavioral health crisis or struggling with behavioral health issues in the community.[27] CSC provides King County law enforcement and other first responders with a therapeutic, community-based alternative to jails when engaging with adults who are in behavioral health crisis. CSC programs are pre-booking diversion options that aim to provide crisis outreach, stabilization services, and linkage to ongoing behavioral health and social services to individuals referred by first responders.

[26] Mental Health Court Performance Measures. http://cdm16501.contentdm.oclc.org/cdm/ref/collection/spcts/id/221
[27] http://leadkingcounty.org/. Accessed 12/29/15.

Similarly, LEAD also diverts individuals from jail to outreach and engagement services and provides advocacy and resources needed to prevent further criminal justice involvement. In addition, LEAD offers a community engagement aspect, focused on a culture shift towards a harm reduction approach that utilizes criminal justice resources (namely, prosecutorial) to make filing decisions and assist individuals in navigating historical criminal justice involvement (e.g. outstanding warrants).

Programs such as the CSC and LEAD do not require a court-based approach that is expensive due to dedicated judicial, prosecutor, defense, clerk and clinical staff. However, access to these pre-booking diversion options is limited to individuals who either have a defined set of misdemeanor charges and/or low level felony drug offenses (in the case of CSC) or are arrested for low-level drug and prostitution offenses within specified boundaries of the Belltown and Skyway neighborhoods (in the case of LEAD), and who agree as a part of a diversion agreement to participation in services in order to divert any potential criminal charges. As many individuals with behavioral health issues who come into contact with the criminal justice system may not be eligible for pre-booking diversion programs, it is essential to maintain a continuum of diversion services that have demonstrated efficacy in engaging clients in treatment and reducing future jail bookings. RMHC is an alternative for individuals with a criminal case(s), current or past, and will continue to be a useful intervention for individuals experiencing behavioral health issues and legal involvement while the community develops a more robust continuum of diversion services, including possible CSC and LEAD expansion, with increasing attention and resources being focused on the front end of the GAINS Sequential Intercept Model.

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?

Ongoing support of RMHC and associated programming fits within the continuum of care by providing support and assistance to court-involved individuals as they transition to the community and navigate the complex behavioral health and social service systems critical to community tenure. RMHC provides the opportunity and resources to assist individuals experiencing behavioral health issues and legal involvement to become stable by linking them to appropriate outpatient mental health and substance abuse treatment and ancillary services.

Additionally, this proposal fits with the County's movement toward Behavioral Health Integration and All Home Initiatives as a primary goal of the RMHC is to engage and retain individuals in behavioral health services and stable housing. RMHC staff members have been attending Behavioral Health Integration seminars for the past 12 months in order to stay abreast of how implementation may impact court participants and the court program, and to be proactive in program planning.

RMHC staff have also participated on other local initiatives, such as Familiar Faces, in order to inform the development of a future state comprised of additional diversion options in Intercepts one and two of the Gains Sequential Intercept Model, that will reduce the rate of individuals with behavioral health disorders becoming involved in the "deep end" of the criminal justice system, or justice involvement altogether.

As RMHC works closely with, and receives funding from, the King County Veterans and Human Services Levy to support Regional Veterans Court calendar staffing, this proposal will likely further that partnership.

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

RMHC acknowledges the inherent conflict between a recovery-oriented system of care, which the specialty courts strive to achieve, and a compliance model, which is inherent in the criminal justice system. With judiciary support, the RMHC staff have actively pursued trainings on motivational-interviewing based approaches and person-centered, recovery-oriented care to become more educated about empirically based treatments, have a better understanding of and appreciation for the heterogeneity of recovery, and be more aligned with behavioral health services being offered in the community.

Because RMHC and associated supportive programs aim to engage, support, and facilitate the stability and community tenure of court-involved individuals as they work towards recovery, the court program is rooted in principles of recovery and resiliency. In fact, the RMHC program collaborates with trained and certified peer counselors in order to support engagement in behavioral health and supportive services, and provide participants with examples of what can be accomplished with adequate support and perseverance.

Many individuals experiencing behavioral health issues who come into contact with the criminal justice system have experienced trauma and other oppression. To ensure the RMHC program utilizes a trauma-informed care (TIC) model, RMHC staff have actively pursued and received training on TIC principles through conference attendance and training offered by local subject matter experts, including the U.S. Department of Veterans Affairs, Veterans Training Support Center, and the Institute for Individual and Organizational Change. MIDD funded behavioral health and supportive services offered through the RMHC program incorporate person-centered practices, TIC, and are designed to meet individuals where they are at and provide holistic wraparound services.

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

There are alarming rates of poverty, homelessness and untreated behavioral health and primary care conditions in the population of individuals who become involved in the criminal justice system. Individuals all too often come into contact with law enforcement because of these very issues and are taken to jail in lieu of addressing the root cause of the problem. Consequently, these individuals continue to cycle through the criminal justice system, becoming more isolated from their families or support groups, experiencing additional trauma, and complicating access to much needed stabilizing resources in the community (i.e., housing, treatment, employment/education, benefits, etc.). RMHC is focused on reducing criminal justice system involvement of individuals experiencing behavioral health disorders by providing access to robust behavioral health and social services necessary to remain stable in the community. RMHC also offers the potential for reduced criminal charges, which can be critical to accessing necessary supports to achieve and maintain community tenure, and regain social capital and a sense of community belonging.

Safe and adequate housing, healthcare, and supportive services are essential to community stability, although not easily accessible to individuals with behavioral health disorders who lack financial resources and/or necessary insurance coverage. History of legal involvement further complicates access

to necessary supports. Expanding the existing MIDD strategy to include funding for services needed by non-Medicaid RMHC participants furthers the County's equity and social justice work[28] because equitable access to behavioral healthcare and supportive services necessary for stability is critically important to ensure access to RMHC as a jail diversion option.

Given that RMHC participants with behavioral health disorders are often also experiencing homelessness and poverty and, therefore, most impacted by the unremitting change in landscape of available resources, policies and initiatives, it is critical the RMHC is staffed in accordance with best practice to be proactive in identifying gaps in services, obtaining resources, influencing policy, and evaluating and modifying the program to meet the needs of participants and, ultimately, the community as a whole. In this sense, the addition of the CQI Analyst also furthers the county's equity and social justice work.
As the population served by RMHC is diverse, RMHC is committed to obtaining ongoing training on equity and social justice issues, both in collaboration with District Court proper and separately as a specialty court team.

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.)**?**

No additional resources are needed for ongoing implementation of the RMHC program or associated services as RMHC and supportive programs are part of an existing MIDD strategy. Additional funds are being requested to provide treatment for non-Medicaid eligible RMHC participants; these funds would be added to existing contracts for mental health and SUD services that currently support RMHC clients. Additional funds are also being requested to support a CQI Analyst. Resources needed to implement the new concept of a CQI Analyst include physical space for the new position (which includes a telephone, computer with Internet access, copy machine, printer and fax machine).

2. **Estimated ANNUAL COST. $1,500,001-$2.5 million Provide unit or other specific costs if known.**

Annually, RMHC receives $1.13 million MIDD funds to support RMHC staffing and operations and an additional $693,000 in MIDD funds to support behavioral health care and social services for RMHC participants. This equates to $1.823 million in MIDD funding annually to support RMHC staffing, operations, and supportive services.

In addition to requesting continued funding of the existing MIDD strategy, this briefing paper requests funds in order to provide essential treatment to non-Medicaid participants at approximately $180,000/year for pilot-level (or small-scale) implementation; approximately $338,000/year at partial-scale implementation; or approximately $552,000/year at full-scale implementation.

Finally, as the RMHC serves approximately 200 participants annually, this briefing paper proposes implementation of a CQI Analyst who will serve not only RMHC, but also South County Community Court (proposed in Briefing Paper 61). Approximately $125,000/year is requested to support this new position.

[28] http://www.kingcounty.gov/elected/executive/equity-social-justice.aspx. Accessed 1/6/16.

The estimated annual cost of the existing MIDD strategy (RMHC staffing, operations, and associated supportive services) and new concepts (non-Medicaid funding and CQI Analyst position) proposed in this briefing paper ranges from $2,128,000 to $2,500,000.

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

The Veteran and Human Service Levy provides RMHC with $155,000 annually to assist with the RVC calendar staffing costs, and an additional $50,000 annually to fund the RVC court clinician position. The current Veterans and Human Services Levy funds are allocated through 2017.

4. **TIME to implementation: Currently underway**

   a. **What are the factors in the time to implementation assessment?**

   RMHC and associated supportive services are part of an existing MIDD strategy, so it's anticipated that there would be no factors to consider in regard to ongoing implementation of this established program. With regard to the new concepts proposed, if funding is awarded to cover services needed by non-Medicaid RMHC participants, there would be limited time to implementation given the awarded funds would simply be added to existing contracts for behavioral health treatment. If funding is awarded for the CQI Analyst position, factors for implementation would include development of a job description, hiring of a CQI Analyst, and training of the new position. Additional factors to consider may include the development of a database for tracking purposes; the establishment of agreements with providers of behavioral health and social services in order to adequately track service utilization of participants; and the establishment of agreements with other jurisdictions to ensure accurate tracking of criminal justice involvement of participants.

   b. **What are the steps needed for implementation?**

   Steps needed for implementation include the following:

   - Existing contracts would be amended to include funding to cover behavioral health and other supportive services needed by non-Medicaid RMHC participants to support community tenure;
   - A job description for the CQI Analyst position would be developed, a hiring panel would be assembled, the most successful applicant would be selected and trained;
   - A database would be created for tracking purposes; and
   - Establishment of agreements with service providers and other jurisdictions to ensure access to necessary data for ongoing program development and evaluation.

   c. **Does this need an RFP?**

   No. If funding is provided to cover services needed by non-Medicaid RMHC participants, the court would work closely with MHCADSD to alter existing contracts. Additionally, if funding is provided to support the addition of a CQI Analyst, the court proposes the position be a county employee.

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?

The following information is useful to consider:

Homelessness Linked to Jail
Among individuals enrolled in the King County's mental health system, those who are experiencing homeless are four times as likely to be jailed relative to those with housing. Among individuals who have been incarcerated four or more times in a King County Jail within a 12-month period, over 50 percent experience homelessness[29], which is conservative given underreporting to the data source (HMIS[30]).

A Criminal Justice Response to a Health and Human Services Issue
Many individuals with complex social and health issues regularly interact with the King County Jail system, in part due to an inability to effectively engage with fragmented health and human services systems, and due to fundamental structural inequities. These inequities stem from the application of a criminal justice response to a health and human services/public health issue. Bad policies (e.g. War on Drugs) have played a large role in this multi-decade trajectory. A more robust health and human services system for these individuals is paramount to avoid continuing criminalizing this problem that fills the courts and jails with individuals who need access to housing, treatment resources, and life opportunities (employment, supportive relationships, connection to the community and family).

Ending the Cycle of Homelessness and Criminal Justice Involvement through Supportive Housing
The Corporation for Supportive Housing's (a national housing advocacy, policy and best practice organization) Returning Home Initiative demonstrated the effectiveness of pairing supportive housing with systems change to break the cycle of criminal justice involvement for thousands of people nationally.[31] Lessons learned included:

- In-reach and immediate connection to housing is critically important;
- Coordination with the court system and probation/parole is critical to maintaining a strong connection with clients even if they are re-arrested or re-incarcerated;
- Robust services are necessary to keep people housed; and
- Accurate and comprehensive assessment of clients prior to release is critically important to match the right intervention to the right population.[32]

MIDD Strategy Title: Expand Access to Diversion Options and Therapeutic Courts and Improve Jail Services provided to Individuals with Mental Illness and Chemical Dependency

Strategy No: 11b – Increase Services Available for New or Existing Mental Health Court Programs

County Policy Goals Addressed:

[29] Srebnik, D., *Familiar Faces: Current State – Analyses of Population*. (September 28, 2015), data summary packet provided to the Familiar Faces Design Team Current State Mapping.
[30] Homeless Management Information System, 2015.
[31] http://www.csh.org/resources/returning-home-emerging-evidence-and-lessons-learned/. Downloadable pdf entitled: *Ending the Cycle of Homelessness and Criminal Justice Involvement through Supportive Housing*. June 2011. Accessed 12/28/15.
[32] Ibid, *Ending the Cycle of Homelessness and Criminal Justice Involvement through Supportive Housing* (June 2011).

- Diversion of youth and adults with mental illness and chemical dependency from initial or further justice system involvement.

- Explicit linkage with, and furthering of, other council directed efforts including the Adult and Juvenile Justice Operational Master Plans, the Ten-Year Plan to End Homelessness in King County, the Veterans and Human Services Levy Service Improvement Plan, and the Recovery Plan for Mental Health Services.

- A reduction of the number of people who cycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency.

1. Program/Service Description

◊ *A. Problem or Need Addressed by the Strategy*

The prevalence of people with mental illness in the criminal justice system is a nationwide problem. Estimates of the prevalence of people with mental illness in jails range from 5% to 16%, depending on the definition of mental illness that is used. On any given day in city jails throughout King County, an estimated 15% of inmates have serious mental illness. Once in jail, these individuals stay much longer than inmates with similar charges who are without mental health issues. Mental health court is an effective tool for engaging and keeping people with mental illness in community-based treatment. At the present time, access to mental health court is limited to just a few jurisdictions.

◊ *B. Reason for Inclusion of the Strategy*

Mental health courts are an essential component of a jail diversion continuum of service and have been shown to be effective in engaging clients in treatment and reducing future jail bookings. Mental health court services for misdemeanor offenders are now limited to individuals who commit offenses in unincorporated King County, the City of Seattle and the City of Auburn, through King County District Court, Seattle Municipal Court, and Auburn Municipal Court. Increasing access to mental health court throughout King County could improve mental health outcomes for people in the criminal justice system and reduce the prevalence of people with mental illness in jails across King County.

◊ *C. Service Components/Design*

This strategy will enhance services and capacities at existing mental health courts to increase access to these programs for eligible adult misdemeanants throughout King County. Service enhancements will include expanded mental health court treatment services programming within the City of Seattle Municipal Mental Health Court and the City of Auburn Municipal Mental Health Court or may include the placement of a new Mental Health Professional (called a “court monitor” or “court liaison”). In addition, King County District Court Mental Health Court will be made available to any misdemeanor offender in King County who has a mental health disorder, regardless of where the offense is committed.

◊ *D. Target Population*

1. King County District Court Mental Health Court target population: mentally ill misdemeanor offenders with an AXIS I diagnosis in any King County municipality that is referred to the King County Prosecuting Attorney's Office for filing into the King County District Court Mental Health Court.
2. City of Seattle, Seattle Municipal Court target population: mentally ill defendants that are found not competent for trial, approximately 200 individuals annually.
~~3. City of Auburn, Auburn Municipal Court target population: mentally ill misdemeanor offenders with an AXIS I diagnosis.~~

◊ *E. Program Goals*

1. The King County District Court Mental Health Court 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 mental illness with the criminal justice system; (3) reduce the use of institutionalization for persons with mental illness who can function successfully within the community with service supports; (4) improve the mental health and well-being of persons with mental illness 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 mental health system; and (8) establish linkages with other community programs that target services to persons with mental illness.

2. City of Seattle, Seattle Municipal Court program goals:
Connect incompetent SMC defendants with treatment, housing, and other services.

~~3. City of Auburn, Auburn Municipal Court program goals: Reduction in jail, hospital, emergency services costs; reduced recidivism; and linkage to needed treatment, services and housing.~~

◊ *F. Outputs/Outcome*

1. King County District Court Mental Health Court outputs/outcomes:
   a. Provide MHC services to ~~200~~ 115 additional offenders referred from King County cities
   b. Decrease length of stay in jail
   c. Decrease jail recidivism among participants.
   d. Identify and coordinate resolutions among 2 or more KC jurisdictions for 60 city offenders (= to 30%) who are referred to MHC
   e. Establish and provide minimum of 50 days of MHC services in South End and Eastside of King County

2. City of Seattle, Seattle Municipal Court outputs/outcomes:
   The outputs will be number of defendants contacted and number of service connections made. Outcomes will include reduced recidivism at SMC for those clients working with the new court liaison. SMC is prepared to assist with evaluation processes and can provide SMC recidivism data.

~~3. City of Auburn, Auburn Municipal Court outputs/outcomes:~~
~~To be determined~~

2. Funding Resources Needed and Spending Plan

$1,295,252 is available annually

Dates	Activity	Funding
To be determined	King County District Court Regional Mental Health Court expansion to all municipalities in King County	$1,210,252
To be determined	City of Seattle, Seattle Municipal Court expansion	$85,000
~~To be determined~~	~~City of Auburn, Auburn Municipal Court expansion~~	~~$17,000~~
	Total funding	$1,295,252

3. Provider Resources Needed (number and specialty/type)

◊ *A. Number and type of Providers (and where possible FTE capacity added via this strategy):*

1. King County District Court Mental Health Court
King County District Court Regional Mental Health Court (KC RMHC): This strategy may provide funding for new judicial and court services staffing ~~and overhead~~. In addition, KC RMHC will develop and provide access to services related to housing, treatment and emergency needs within available resource parameters.
King County District Court Probation Division: 2 FTE Mental Health Specialist Probation
King County Prosecuting Attorney's Office: 1 FTE Senior attorney, 1 FTE Paralegal, 1 FTE Victim Advocate ~~and administration overhead~~.
King County Office of Public Defense: 1 FTE Senior attorney, 1 FTE Social Worker.
King County Department of Community and Human Services, Mental Health, Chemical Abuse and Dependency Services Division contracted positions and treatment services: 1 FTE MHC court monitor, 1 FTE MHC Peer Counselor

2. City of Seattle, Seattle Municipal Court
This strategy will include expanded mental health court treatment services programming within the City of Seattle Municipal Mental Health Court or may include the placement of a new Mental Health Professional (called a "court monitor" or "court liaison").

~~3. City of Auburn, Auburn Municipal Court~~
~~This strategy will include expanded mental health court treatment services programming within the City of Auburn, Auburn Municipal Court or may include the placement of a new Mental Health Professional (called a "court monitor" or "court liaison").~~

◊ *B. Staff Resource Development Plan and Timeline (e.g. training needs, etc.)*

1. King County District Court Mental Health Court

Dates:	Activity:
Within 90 days of Council approval	The process for cases to be referred to the KC Prosecutor could be implemented within 90 days of Council approval. Some cities will be more conversant with this process and thus able to utilize the MHC sooner. During the 90-days pre-implementation, activities would include hiring of personnel, providing training to cities, developing protocols and tracking/data systems for referrals, outcomes, problem solving, scheduling and conducting MHC in identified locations, etc. Contract negotiations with the county will include defining the eligible population to be served through MIDD MHC funds.
6-9 month phased-in start up	Based on the experience when the KCDC RMHC began in 1999, it is hypothesized that a 6-9 month period will be necessary as a "ramp up", during which time MHC staff are involved in training and consultation with the city partners.

2. City of Seattle, Seattle Municipal Court (SMC)

Dates:	Activity:
June 2009	SMC would need to work with King County to expand the current contract and MOA with Sound Mental Health. King County staff successfully and quickly expanded other contracts with SMH for other MIDD strategies. SMC expects that similar turnaround time would be possible with an additional liaison, with services starting by June, 2009. Contract negotiations with the county will include defining the eligible population to be served through MIDD MHC funds.

~~3. City of Auburn, Auburn Municipal Court~~

~~Dates:~~	~~Activity:~~
~~To be determined~~	~~The City of Auburn currently holds a mental health court calendar. In addition, Auburn~~

	~~contracts with organizations to provide both in-patient and intensive care treatment. Auburn expects that that implementation would be quick and seamless. Contract negotiations with the county will include defining the implementation start date and eligible population to be served through MIDD MHC funds; currently the Auburn Municipal Court mental health calendar includes defendants without an AXIS I diagnosis and defendants with chemical dependency as the primary presenting issue.~~

◊ *C. Partnership/Linkages*

1. King County District Court Mental Health Court
The King County District Court, Mental Health Court will continue to partner with the King County Mental Health, Chemical Abuse and Dependency Services Division, other criminal justice agencies, community mental health service providers and housing programs. In addition, KCDC, MHC will establish partnership with any municipalities in King County wishing to refer MHC cases to the KC Prosecuting Attorney's Office.

2. City of Seattle, Seattle Municipal Court
The City of Seattle, Seattle Municipal Court will continue to partner with the King County Mental Health, Chemical Abuse and Dependency Services Division, other criminal justice agencies, community mental health service providers and housing programs.

~~3. City of Auburn, Auburn Municipal Court~~
~~The City of Auburn, Auburn Municipal Court will continue to partner with the King County Mental Health, Chemical Abuse and Dependency Services Division, other criminal justice agencies, community mental health service providers and housing programs.~~

4. Implementation/Timelines

◊ *A. Project Planning and Overall Implementation Timeline*

1. King County District Court Mental Health Court
To be determined

2. City of Seattle, Seattle Municipal Court
To be determined

~~3. City of Auburn, Auburn Municipal Court~~
~~To be determined~~

◊ *B. Procurement of Providers*

1. King County District Court Mental Health Court
To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April, 2009

2. City of Seattle, Seattle Municipal Court
To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April, 2009

~~3. City of Auburn, Auburn Municipal Court~~
~~To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April, 2009~~

◊ *C. Contracting of Services*

1. King County District Court Mental Health Court
To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April, 2009

2. City of Seattle, Seattle Municipal Court
To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April, 2009

~~3. City of Auburn, Auburn Municipal Court~~
~~To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April, 2009~~

◊ *D. Services Start Date(s)*

1. King County District Court Mental Health Court
To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April, 2009

2. City of Seattle, Seattle Municipal Court
To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April, 2009

~~3. City of Auburn, Auburn Municipal Court~~
~~To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April, 2009~~

New Concept Submission Form

 # 8

Working Title of Concept: Funding for mental health and substance abuse services for non Medicaid court participants

Name of Person Submitting Concept: Callista Welbaum, Regional Mental Health Court Manager
Organization(s), if any: King County District Court Regional Mental Health Court
Phone: 206-477-1315
Email: Callista.welbaum@kingcounty.gov
Mailing Address: 516 Third Ave., Suite E327, Seattle, WA 98104

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.

King County Regional Mental Health Court utilizes a variety of mental health and substance abuse services to assist program participants in wellness and recovery. These services are typically reimbursable by Traditional Medicaid or Apple Health. They are not reimbursable by Medicare or other non-Medicaid coverage. Currently, approximately 10-15% of King County Regional Mental Health Court participants are covered by Medicare or other non-Medicaid benefits. At our current program census, this amounts to approximately 20-30 people. Funds are being requested to help give treatment access to these court participants. With these funds the court would be able to pay for a mental health outpatient "tier," outpatient substance abuse and dependency services, and inpatient co-occurring treatment services.

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.

While some recipients of Medicare are financially stable, the majority of Medicare recipients referred to King County Regional Mental Health Court are living in poverty. They are typically almost identically situated financially to recipients of Traditional Medicaid or Apple Health. Non-Medicaid tiers are available in King County by are very limited in nature and are often not available for our participants. In order to serve Medicare or other non-Medicaid recipients, we are utilizing traditional medical clinics or other agencies that are not equipped to serve high needs, high risk individuals. Such providers typically do not offer peer support, case management, 24-hour emergency crisis support, medication compliance monitoring, or access to housing. These robust services have proven to be essential for many of our clients, and without access to an appropriate level of care, they risk non-compliance with our program. Moreover, there are currently very limited inpatient co-occurring services available to Medicare and other non-Medicaid recipients. Clients in need of services that Regional Mental Health Court cannot provide are often screened out at the time of referral, and are not given an opportunity for program participation.

3. How would your concept address the need?
Please be specific.

Funds would be used to pay for both inpatient and outpatient mental health and substance abuse related services for court participants who are Medicare enrolled, or who for other reasons may not be eligible for Traditional Medicaid or Apple Health. The funds would be used to pay the agency directly at either an out-of-pocket rate, a sliding scale rate (if applicable), or a private pay rate. Having researched the currently-applicable rates, we estimate that the cost for outpatient chemical dependency treatment would be

approximately $360 per month per person, the cost for outpatient mental health treatment would be approximately $140 per month per person, and the cost for in patient co-occurring disorder treatment would be approximately $7,000 per month per person (with a typical stay of 90 days).

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

Our pilot and partial implementation proposals involve funding for participants in Regional Mental Health Court who are not eligible for Traditional Medicaid or Apple Health. The "pilot" version of our proposal anticipates two years of outpatient chemical dependency and mental health services for each qualifying participant. Our "partial implementation" proposal adds in patient co-occurring disorder treatment for 25% of eligible program participants. Finally, our "full implementation" proposal anticipates that MHCADSD may choose to expand this funding pool to cover eligible persons in need of services either through other therapeutic treatment courts or in the community at large. We have proposed funding for 50 eligible people to access two years of outpatient mental health and chemical dependency services, and inpatient care for 25% of that population. We anticipate that MHCADSD would set an income threshold so that these funds would not be made available to those with other financial resources that could assist with their treatment needs.

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.

With access to more robust services we would expect better treatment outcomes for Regional Mental Health Court participants who are not eligible for Traditional Medicaid or Apple Health. We would also expect to admit to our program otherwise eligible persons whom we are not currently able to serve. By providing sophisticated and intensive services, we would expect to offer crisis diversion, promote health and wellness, improve community safety, and lower recidivism. We currently partner with MHCADSD to track program referrals, opt-ins, and outcomes. We would expect to track data to show outcomes for Regional Mental Health Court participants who receive this supplemental funding.

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

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

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

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

☒ **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?

All Regional Mental Health Court participants have a diagnosed mental illness, and the majority also suffer from substance abuse disorders. With access to case management, crisis services, housing, medication monitoring, and peer support, and inpatient services (when indicated), we expect that they will have improved outcomes. This includes reduced risk for recidivism, improved wellness and quality of life, improved family and pro-social relationships, and decreased community risk.

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.

MIDD funds would be used to pay our current partners for outpatient mental health and substance abuse services, as well as inpatient co-occurring services as indicated. We anticipate on-going discussions with these agencies to attempt to establish reduced or sliding scale rates for consumers who are not eligible for

Traditional Medicaid or Apple Health.

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: $ 180,000 per year, serving 30 people per year
Partial Implementation: $ 337,500 per year, serving 30 people per year
Full Implementation: $ 562,500 per year, serving 50 people per year

New Concept Submission Form

#93

Working Title of Concept: Funding for Continuous Quality Improvement Analyst for Therapeutic Courts in District Court

Name of Person Submitting Concept: Callista Welbaum, Regional Mental Health Court Manager
Organization(s), if any: King County District Court Regional Mental Health Court
Phone: 206-477-1315
Email: Callista.welbaum@kingcounty.gov
Mailing Address: 516 Third Ave., Suite E327, Seattle, WA 98104

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.

King County District Court Regional Mental Health Court and Regional Veterans Court (which is a calendar within Regional Mental Health Court) serve approximately 200 court-involved individuals with behavioral health disorders annually. A Continuous Quality Improvement Analyst would improve the experience and outcomes of court participants by increasing the programs' capacity for research, planning, and evaluation. This position would enhance the courts' ability to track and analyze participant- and system-level data for ongoing program and process improvement, allowing for more robust collaboration on systems improvements with partners such as King County Mental Health and Substance Abuse Division, King County Correctional System, Western State Hospital, and local mental health, housing and substance abuse related community agencies. An analyst could also identify and access transitional and permanent housing for court participants who are homeless and support and inform policies aimed at improving housing opportunities. District Court is also pursuing the concept of a Community Court. This position would also assist Community Court with similar tasks.

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.

Regional Mental Health Court and Regional Veterans Court are made up of a variety of team members, but only one administrator. In accordance with best practice, Therapeutic Courts are most successful when they are comprised of one administrative position per 100-125 participants. The Regional Mental Health Court and Regional Veterans Court struggle with planning for the future because currently, there is limited administrative capacity to track indicators of successful outcomes, recidivism, service utilization (including hospitalization), and other data points. By adding 1.0 FTE of administrative support, Regional Mental Health Court and Regional Veterans Court would be able to respond in real time to evolving needs of program participants and the perpetually changing landscape of community resources, and better serve court participants and the community.

3. How would your concept address the need?
Please be specific.

The addition of a Continuous Quality Improvement Analyst to the Regional Mental Health Court and Regional Veterans Court team would allow for the team structure to be aligned with best practice pertaining to therapeutic court structure (one administrative position per 100-125 participants). The Continuous Quality Improvement Analyst would work with community partners to track data, required for funding purposes, the public, and ongoing program improvement. The analyst would also track and act as a liaison for competency and restoration matters with Western State Hospital and Crisis and Commitment Services; identify trends associated with hospitalization to assist with ongoing diversion efforts; identify trends in behavioral health service usage and gaps in services; track and monitor recidivism and identify areas of improvement; track housing information; and serve as a liaison with local housing providers and build program capacity for housing resources., Finally, the analyst would lead a LEAN evaluation process for both courts, and assist in the research and application for grants that could be used to improve or expand current programs supporting court participants.

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

Regional Mental Health Court and Regional Veterans Court serve approximately 200 participants. All participants suffer from a persistent mental health condition. The majority of our participants also have co-occurring substance use disorders. All of the participants would benefit from the team structure being modified in accordance with best practice to increase administrative staff commensurate with the number of participants served by Regional Mental Health Court and Regional Veterans Court. If a Community Court is developed for District Court the analyst position could also assist that court with data collection, tracking, and outcomes.

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.

Successful implementation of a new administrative role for District Court would result in better tracking of recidivism information; more administrative efforts toward identifying and seeking additional funding through grants and public/private partnerships; improved qualitative and quantitative analysis of court services and programs; improved recommendations of court processes, procedures and programs; and improved correspondence and coordination with court partners.

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

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

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

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

The addition of a Continuous Quality Improvement Analyst to the Regional Mental Health Court and Regional Veterans Court team allows for robust program and systems evaluation in real-time enabling the court to address evolving participant needs and gaps in services quickly and effectively. This will improve the outcomes (health, social and justice) for court participants and the benefit the community.

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.

The concept itself does not need organizations or partnerships to be successful. That said, existing partnerships between District Courts' Therapeutic Courts and community agencies/providers will be strengthened by the addition of this position

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:	**$**	**per year, serving**	**people per year**
Partial Implementation:	**$**	**per year, serving**	**people per year**
Full Implementation:	**$ 125,000 per year, serving 200 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*.