Year Four
Progress Report

Mental Illness and Drug Dependency

Implementation and Evaluation Progress for October 1, 2011 — March 31, 2012

King County

Mental Health, Chemical Abuse and Dependency Services Division

As approved by
Mental Illness and Drug Dependency Oversight Committee

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MIDD Year Four Progress Report
October 1, 2011—March 31, 2012

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For further information on the current status of MIDD activities, please see the MIDD website at:

www.kingcounty.gov/healthservices/MHSA/MIDDPlan

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Introduction

In accordance with King County Ordinance 15949, this report updates the Metropolitan King County Council on programs supported with the one-tenth of one percent sales tax revenue for the delivery of Mental Illness and Drug Dependency (MIDD) fund services. The ordinance requires the King County Executive to submit reports twice yearly: a progress report and an annual report. This progress report, covering the time period from October 1, 2011 to March 31, 2012, includes required elements listed at right:

a. *performance measurement statistics*
b. *program utilization statistics*
c. *request for proposal and expenditure status updates*
d. *progress reports on evaluation implementation*
e. *geographic distribution of the sales tax expenditures across the county, including collection of residential ZIP code data for individuals served by programs and strategies*
f. *updated financial plan.*

Background

After several consecutive years of inadequate state funding for local mental health (MH) and substance abuse (SA) programs, access to King County's treatment system was limited for many needy residents. Without access to care, many individuals being arrested, jailed, or hospitalized were people with untreated MH and SA issues. In 2005, Washington State passed legislation allowing counties to raise their local sales tax by one-tenth of one percent to augment state funding of MH and chemical dependency (CD) services and therapeutic courts. The Metropolitan King County Council passed two motions (12320 and 12598) respectively authorizing and accepting the MIDD Action Plan for King County, which ultimately outlined 37 unique strategies to address the needs of people with mental illness and/or drug dependency, including treatment, support, and prevention. On November 13, 2007, the sales tax increase was implemented with the passage of Ordinance 15949. In April 2008, the Council passed Ordinance 16077 that approved the MIDD Oversight Plan and created the MIDD Oversight Committee (OC). The MIDD Implementation and Evaluation Plans were adopted through passage of Ordinances 16261 and 16262 on October 6, 2008, and the first services using MIDD funds began on October 16, 2008.

MIDD Policy Goals

The MIDD Plan was adopted through King County Council Ordinance 15949. The primary vision of the MIDD is to:

"Prevent and reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems, and promote recovery for persons with disabling mental illness and chemical dependency by implementing a full continuum of treatment, housing, and case management services."

The ordinance identified the following five policy goals:

1. Reduce the number of mentally ill and chemically dependent people using costly interventions like jail, emergency rooms, and hospitals
2. Reduce the number of people who recycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency
3. Reduce the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults
4. Divert mentally ill and chemically dependent youth and adults from initial or further justice system involvement
5. Explicitly link with, and further the work of, other council-directed efforts, including the Adult and Juvenile Justice Operational Master plans, the Ten-Year Plan to End Homelessness, the Veterans and Human Services Levy Service Improvement Plan and the King County Mental Health Recovery Plan.

Year Four Progress Report Highlights

This progress report covers the fourth quarter of 2011 (Q4-2011) through the first quarter of 2012 (Q1-2012) or October 1, 2011 to March 31, 2012, which is the first half of MIDD Year Four. This is the third semi-annual progress report for the MIDD. Highlights for this time period include:

- Only three of the 37 MIDD strategies remain on hold due to budget constraints. See the current implementation status below for strategies that were previously delayed for lack of funding or other reasons.
- Thirty of the 42 performance indicators tracked in this report (71%) were projected to meet 85 percent or more of their annual target.
- By blending MIDD funds with other fund sources, strategies such as 1b—Outreach & Engagement and 4d—Suicide Prevention Training (for Youth) were able to serve nearly three times their annual targets.
- Construction of the Crisis Solutions Center funded through Strategy 10b progressed toward its summer 2012 grand opening.
- More than 20,000 unique individuals were served and contributed demographic data.
- The MIDD OC received briefings on the longer term budget outlook with an emphasis on factors that will challenge the sustainability of all currently funded MIDD programs.
- Among individuals with higher jail use, those in MIDD MH strategies reduced their jail days over time by 49 percent, compared to 30 percent for the non-MIDD population.

In alignment with King County's Strategic Plan adopted in 2010, the MIDD serves to "support safe communities and accessible justice systems for all" and to "promote opportunities for all communities and individuals to realize their full potential." The MIDD provides a full array of mental health, chemical dependency and therapeutic court services that are designed to help reduce or prevent involvement in the criminal justice, crisis mental health and emergency medical systems, and/or to promote stability for individuals currently involved in these systems.

MIDD Implementation Progress

The original MIDD Plan called for implementation of 37 distinct strategies for addressing the myriad needs of King County residents dealing with substance use and/or mental health issues in their lives. Two of these strategies secured non-MIDD funding, but updates continue to be made available here for:

17a - Crisis Intervention Team/Mental Health Partnership Pilot
17b - Safe Housing and Treatment for Youth Prostitution.

In the current reporting period, two strategies made significant forward progress, but served no clients:

1f - Parent Partners Family Assistance
10b - Adult Crisis Diversion.

Two other strategies began collection of client-level data in late September 2011:

7b - Expand Youth Crisis Services
12b - Hospital Re-Entry Respite Beds (Recuperative Care).

Data collection for another strategy was recently revamped to ultimately allow better outcomes tracking:

4c - School District Based Mental Health & Substance Abuse Services.

And the following MIDD strategies remained on hold due to budgetary constraints:

4a - Services for Parents in Substance Abuse Outpatient Treatment
4b - Prevention Services to Children of Substance Abusers
7a - Reception Centers for Youth in Crisis.

All other strategies continued providing services with at least partial MIDD funding. Updates and information on these programs are provided throughout this report.

MIDD Oversight Committee Activities

The MIDD OC met on October 27, 2011 and on February 23, 2012. Members of the committee cumulatively contributed 61.2 hours during these meetings. Please see Attachment A for the roster of MIDD OC members as of March 2012. During their meetings, OC members monitored implementation and evaluation of the MIDD while receiving the following updates:

- Under **Adult Crisis Diversion** (Strategy 10b), a good neighbor agreement was finalized with the assistance of Councilmember Larry Gossett of the Metropolitan King County Council and the lawsuit challenging the land use for the site of the Crisis Diversion Facility was dismissed, allowing construction to begin at 1600 S. Lane in Seattle, WA.
- The Mobile Crisis Team, also under **Adult Crisis Diversion** (Strategy 10b), began pilot operations in November 2011 working with police and other first responders, including the City of Seattle's East Precinct, the fire department in Kent, WA, the King County Sheriff's Office Metro Transit Police, and Sound Transit.
- **Parent Partners Family Assistance** (Strategy 1f), designed to provide family and peer support services throughout King County, moved forward with the hiring of a consultant to spearhead new agency development efforts, following two unsuccessful procurements.
- The proposed 2012 county budget, as explained by Dwight Dively of King County's Office of Performance, Strategy and Budget, was influenced by the following factors:
    - Alignment with the King County Strategic Plan
    - Using equity and social justice principles to help make decisions
    - Finding efficiencies to avoid service reductions
    - Making investments to yield future savings, such as space consolidation and technology.
- The 2012 MIDD budget remained status quo, with minimal changes between 2011 and 2012, however the outlook for the future was characterized by these challenges:
    - Local sales tax revenues are likely to grow only modestly
    - Spending down of fund balance is not sustainable ($2 million shortfall projected for 2013)
    - Supplantation (legislation allowing MIDD revenues to replace lost state funding for therapeutic courts, MH/CD programs, and criminal justice initiatives) has been extended through 2016.

After hearing a presentation on the course offerings available through **Crisis Intervention Team (CIT) Training** (Strategy 10a) and the strategy's high-level performance statistics, members of the OC made the following comments and requests for potential future improvements:

- Cultural competency should be incorporated in all aspects of the training and practice scenarios.
- Peers with MH diagnoses and individuals in recovery should be incorporated into the CIT program.
- The CIT model taught should be based on best practices research.
- In the curriculum, substance abuse information should be provided in addition to mental health information.
- The number of officers yet to be trained (broken down by police department, agency, or jurisdiction) should be provided to encourage universal program participation.

MIDD Requests for Proposals (RFPs)

No proposals were requested for delivery of MIDD services during the first half of MIDD Year Four. Work under earlier-awarded RFPs, however, was carried out in this period to facilitate completion of the Crisis Solutions Center (part of Strategy 10b) by August 2012. See photos of construction progress below.

Giant skylights will bathe the common area of the new Crisis Diversion Facility (CDF) in natural light.

Kitchens in both the CDF and the Crisis Diversion Interim Services Facility (CDIS) will serve prepared/delivered meals.

MIDD Evaluation Efforts

Evaluation of the MIDD Plan is carried out by staff in the Systems Performance Evaluation unit of the Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) within King County's Department of Community and Human Services (DCHS). In this reporting period, the evaluation team:

- Updated all MIDD Evaluation Plan matrices, as shown in Attachment C. Performance targets, such as the number of individuals to be served each year, numbers of service units to be provided, or other relevant measures are outlined in these matrices. These one-page per strategy documents, drawn from information in the original MIDD Implementation Plan, allow for simplified tracking of modifications to the evaluation measures as revisions are submitted for Council approval through the MIDD reporting process
- Obtained, and converted to a usable format, jail use data from the following municipalities: Enumclaw, Kent, Kirkland, and Issaquah. Also secured data from South Correctional Entity Multijurisdictional Misdemeanant Jail (SCORE), which opened in September 2011. This new facility is a cooperative effort by the cities of: Auburn, Burien, Des Moines, Federal Way, Renton, SeaTac, and Tukwila
- Continued to work with King County information technology resources to improve and refine the secure databases housing information on MIDD participants and MIDD service delivery
- Responded to special requests for information on specific MIDD programs and performed continuous quality improvement analyses for select strategies
- Worked directly with administrators at Harborview Medical Center in Seattle to develop a plan for accessing client-level emergency department utilization data
- Monitored performance for all MIDD strategies and analyzed initial Global Appraisal of Individual Needs (GAIN) data that will ultimately gauge symptom reduction for some individuals with substance misuse problems.

Community-Based Care Strategies

Strategies in this category are designed primarily to increase access to community mental health (MH) and substance abuse (SA) treatment for uninsured children, adults, and older adults. Improving care quality by decreasing MH caseloads, offering specialized employment resources, and providing support services within housing programs are additional goals of strategies focused on community-based care.

Program Utilization and Performance Measurement for Community-Based Care Strategies

The table below shows current targets from the evaluation matrices for each Community-Based Care strategy, progress toward achieving these goals during the first half of MIDD Year Four, projection against annual targets, adjustments (where indicated), and success ratings. **Parent Partners Family Assistance** (Strategy 1f) began start up activities in this reporting period, but had not begun directly serving clients yet.

Strategy Number	Strategy "Nickname"	Year 4 Targets	6 Month Progress[1]	Projection Algorithm	Projected % of Annual Target	Target Success Rating
1a-1	MH Treatment	2,400 clients/yr	2,412 clients	(B)	131%	↑
1a-2	CD Treatment	50,000 adult outpatient (OP) units 4,000 youth OP units 70,000 opiate substitution (OST) units	7,570 adult OP units 3,259 youth OP units 22,593 OST units	(A)	30%[2] 163% 65%	↓ ↑ →
1b	Outreach & Engagement	675 clients/yr	1,040 clients	(A)	308%[3]	↑
1c	SA Emergency Room Intervention	6,400 screens/yr with 8 full-time equivalent (FTE) staff 4,340 brief interventions/yr **Adjust for 7 FTE in Reporting Period**	1,571 screens 2,722 brief interventions	(A)	56% 143% (Adjusted)	↓ ↑
1d	MH Crisis Next Day Appts	750 clients/yr with enhanced services	118 clients (enhanced)	(A)	31%[4]	↓
1e	CD Professionals Training	125 reimbursed trainees/yr 250 workforce development trainees/yr[5]	206 reimbursed trainees 116 other trainees	(B)	214% 89%	↑ ↑
1f	Parent Partners Family Assistance	4,000 clients/yr	Start up activities only			
1g	Older Adults Prevention MH & SA	2,500 clients/yr (7.4 FTE) **Adjust to 2,196 clients/yr (6.5 FTE)**	2,145 clients	(B)	127% (Adjusted)	↑
1h	Older Adults Crisis & Service Linkage	340 clients/yr (4.6 FTE) **Adjust to 258 clients/yr (3.5 FTE)**	148 clients	(C)	109% (Adjusted)	↑
2a	MH Workload Reduction	16 agencies participating	16 agencies participating	-	100%	↑
2b	Employment Services MH & CD	920 clients/yr (23 FTE) **Adjust to 700 clients/yr (17.5 FTE)**	583 clients	(B)	108% (Adjusted)	↑
3a	Supportive Housing	553 clients/yr[5] **Note: Slots increased from 518 to 553 during this reporting period**	576 clients	(B)	135%	↑
13a	Domestic Violence & MH Services	560-640 clients/yr[5]	313 clients	(A)	112%	↑
14a	Sexual Assault, MH & CD Services	170 clients/yr	237 clients	(A)	279%	↑

[1] Unduplicated counts per strategy of those receiving at least one service during reporting period, unless otherwise indicated.
[2] Providers were instructed to spend down expiring state funding for the adult outpatient population during this time period.
[3] Blended funds allow more clients to be served than the portion attributable to MIDD only, on which the performance measurement targets are based.
[4] State budget cuts have impacted the availability of the core services that the MIDD enhances.
[5] Revised targets accepted by Council in motion of acceptance on 6/4/2012.

Note: Strategies "grayed out" in grid not implemented or had no data collected within the reporting period.

Key to Projection Algorithms	
(A)	Some strategies are expected to serve twice as many clients in a full year as they serve in a 6-month period. The default projection multiplier is 2.0.
(B)	For programs now operating at capacity or with benefits lasting 365 days, the projection multiplier is 1.3, which factors in program turnover.
(C)	For shorter term programs (typically 1-3 months), a multiplier of 1.9 is used for projection. Since July 2009, the number of unduplicated people starting these types of programs has remained fairly stable.

Key to Target Success Rating Symbols	
↑	Projected percentage of annual target is higher than 85%
→	Projected percentage of annual target is 65% to 85%
↓	Projected percentage of annual target is less than 65%

Strategy 1a-1 Mental Health Treatment

Treatment services are made available to uninsured individuals, regardless of age, using MIDD funds. The age range for persons served during the first half of MIDD Year Four was two to 102 years. Through contracts with 17 outpatient MH treatment providers, King County has helped individuals who might otherwise "fall through the gap." Operating at full capacity, Strategy 1a-1 is projected to serve over 3,136 unique individuals in the current MIDD year through benefits which typically last for an entire year from their start date.

Strategy 1a-2 Chemical Dependency Treatment

In this reporting period, 1,372 clients received outpatient substance abuse treatment services and 170 received opiate substitution treatment. A total of 157 youth were among those served, the youngest of whom was 13 years old. The number of CD treatment units purchased year to date appear to be on track to reach only one-third of the annual target. However, use of MIDD funds for CD services tends to be higher during the second half of the year, when other available funds have been exhausted. One benefit of the MIDD has been to provide treatment continuity for individuals who might otherwise be unable to complete their treatment or maintain their recovery after state funds are fully expended.

Strategy 1c Emergency Room Substance Abuse Intervention

Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs funded by the MIDD in four area hospitals work to assess individuals and intervene *before* their substance use becomes more problematic.

The Chemical Dependency Professional (CDP) position at Valley Medical Center in Renton, WA was vacated in September 2011 and had not been filled as of March 31, 2012. Performance measurement for this strategy has been adjusted to compensate for this staffing issue. However, the 1,571 SA screenings to date are currently projected to reach only half of the adjusted annual target (5,600 with seven staff).

As part of ongoing quality improvement efforts, a programmatic shift was recently implemented to place even greater emphasis on the early intervention and prevention aspects of general population screening. While the number of screenings should rise, there will be less time available to ensure linkage to treatment and case management services for chemically dependent individuals.

As part of this strategy, training and technical assistance were also provided to all CDPs at participating hospitals on new guidance for alcohol screening and brief intervention for youth, as well as on motivational enhancement strategies. These efforts help ensure staff skill and proficiency.

Strategy 1b Outreach & Engagement

Outreach to individuals experiencing homelessness or chronic CD issues is the primary goal of Strategy 1b, which provides case management while seeking to engage clients in longer term MH and substance abuse treatment. Due to the way MIDD funds are blended with other funds to maximize capacity, the MIDD tracks outcomes on far more people than are targeted to be helped through MIDD funding alone.

For the outreach services contracted through Public Health Seattle-King County's Health Care for the Homeless Network, two community agencies are responsible for covering distinct geographical areas: Valley Cities Counseling and Consultation focuses on east and south King County, while Harborview Medical Center's Pioneer Square Clinic is tasked with serving Seattle's downtown core. These programs report high levels of linkage to treatment (70 percent of all referrals), as well as linkage to housing, financial benefits, and employment resources. One success was illustrated in the story of a man helped by medication management services to reduce his depression and violent thoughts. Once engaged in counseling, he increased his empathy for others, raised his self-esteem, and improved his quality of life immensely. He is now in stable housing, with plans to reenter the work force. Another success involved a 70-year-old chronically homeless woman who was ineligible for shelter stays due to "excessive possessions" and personal hygiene issues. By securing a storage unit, case managers developed rapport and helped her link with safer housing.

Strategy 1d MH Crisis Next Day Appointments

After a mental health crisis, timely follow-up by professionals is often the difference between a person being able to stay in the community or having to go to a psychiatric hospital. One way that MIDD Strategy 1d helps stabilize those in crisis is by providing psychiatric medication evaluations. Providers with specific credentials must perform these medication management services. Availability of crisis next day appointments (NDA) was severely scaled back after cuts in state funding. MIDD funds supplement these services, so the state funding cuts affected MIDD service availability.

During Q4-2011 and Q1-2012, only 118 MIDD clients received medical services during their NDA, down from 361 a year ago.

Strategy 1f Parent Partners Family Assistance

The Family Support Organization (FSO) developed as part of Strategy 1f will work to improve the lives of families by providing new services and community supports. The FSO seeks to empower families and youth by increasing their knowledge and expertise about services, systems and supports for families, and by helping them navigate the complex service systems they come into contact with.

In December 2011, start up activities led by the Strategic Learning Resources consultancy included assembling a "Launch Team", conducting key informant interviews, and creating a blog (see http://kcfso.blogspot.com) that tracks the development of this new organization.

Strategy 1e CD Professionals (CDP) Training

Strategy 1e funds a workforce development plan to increase local capacity to deliver recovery-oriented care. Aspects of the plan include reimbursing eligible CDPs and trainees for expenses incurred in the course of their professional development, providing motivational interviewing and clinical supervision trainings in cooperation with The Northwest Frontier Addiction Technology Transfer Center, and partnering with the University of Washington School of Social Work (UW SSW) to create additional learning opportunities for CDPs and Certified Prevention Professionals (CPPs).

Highlights of the partnership with the UW SSW included development of:

- Three for-credit courses counting toward CDP credentialing
- A curriculum development team to create a post-baccalaureate certificate program
- A competitive application process to target candidates for program participation
- Practicums at Therapeutic Health Services integrating classroom/field experiences
- Increased enrollment in CD and co-occurring disorder courses, including a waitlist due to the high demand for graduate level content.

In winter quarter 2012, 51 Master of Social Work students enrolled in "Understanding Addiction, Pharmacology of Drugs, and Treatment Methods."

Strategy 1g Older Adults Prevention MH & SA

Integrating the treatment of MH and CD issues within primary care health centers and outpatient clinics is the focus of Strategy 1g, which served 2,145 clients in the first half of MIDD Year Four. This strategy provides screenings and appropriate behavioral health interventions for both uninsured and underinsured individuals aged 50 and older.

The safety net medical clinics where these MIDD services are delivered serve over 35,000 low income older adults each year. The setting has proven ideal for early identification and intervention to treat moderate depression in a population whose incidence of these symptoms is estimated to be as high as 35 percent.

Strategies employed in this program are based on an evidence-based model of collaborative depression care that was developed and tested at the University of Washington, including:

- Screening for substance abuse, depression, and anxiety at primary care appointments
- Treating MH issues in primary care, in collaboration with a consulting psychiatrist
- Closely monitoring MH symptoms and adjusting treatment based on clinical outcomes
- Referring to specialized services, such as CD treatment programs.

Strategy 1h Older Adults Crisis & Service Linkage

The Geriatric Regional Assessment Team (GRAT) responds quickly to deliver crisis intervention services for adults aged 55 and older. When referrals are received from police and others, the GRAT is deployed into the community to assess the situation and link individuals in crisis with needed services. They saw 148 clients during this report period, diverting many away from unnecessary emergency department (ED) visits and helping many avoid evictions. In January 2012, the GRAT began tracking their diversion efforts and reported that they diverted 11 people from admission to an ED, six people from psychiatric hospitalization, and five people from homelessness in Q1-2012.

Strategy 2a MH Workload Reduction

Sixteen mental health agencies continue to participate in the workload reduction initiative that is closely tied to the Mental Health Recovery Plan of King County, first enacted through ordinance in November 2005. By increasing the number of direct services staff and reducing the overall size of caseloads within each agency, the goal of this strategy is to improve the frequency and quality of MH services delivered to clients.

In an impact analysis of Strategy 2a over a period of four years, the average caseload size was reduced from 42 to 35 clients per direct services staff member, or a 17 percent overall reduction. Note that these client-to-staff ratios vary widely by agency from a high of 57:1 to a low of 17:1. Differing ratios are to be expected based on client complexity and program service intensity.

Strategy 2b Employment Services MH & CD

The supported employment (SE) strategy helps individuals enrolled in community treatment agencies to find and keep jobs that pay competitive wages in the open economy. This means that jobs attained are not "sheltered" or "set aside" for special populations, but rather ones for which any qualified individual could apply. The MIDD-funded SE programs must adhere to the evidence-based model developed at Dartmouth College. Fidelity to the model is measured annually.

In the first half of MIDD Year Four, 583 job seekers or workers were actively engaged with SE case managers at nine different agencies. The agencies receive funding when their clients reach various job placement milestones, so a certain level of success is essential in order for SE to be self-sustaining within the broader context of each MH agency. The expected success rate is typically one job placement per SE staff per month.

Strategy 3a Supportive Housing

In January 2012, MIDD funding was awarded to provide supportive housing services for two different programs administered by Sound Mental Health. Housing support will benefit individuals enrolled in either the Forensic Assertive Community Treatment (FACT) program or the South King County Housing First (SKCHF) program. The MIDD supports 35 slots in these two programs, but evaluation efforts will track everyone served by FACT and SKCHF.

At the end of MIDD Year Three, cumulative capacity under Strategy 3a had risen to 518 slots, climbing to 553 slots for MIDD Year Four. A total of 576 people were able to participate in these services during the current reporting period.

Strategies 13a & 14a MH & CD Services for Domestic Violence and Sexual Assault Clients

These two strategies provide MH and CD services for survivors of domestic violence (DV) and sexual assault, respectively. Funding is also available for systems coordination work to build bridges between the CD, MH, DV, and sexual assault disciplines. Two recent systems coordination accomplishments involved:

1. Planning and executing three sub-regional DV and sexual assault resource workshops, and
2. Developing a DV screening and response guideline to be used by CD and MH programs.

During Q4-2011 and Q1-2012, 419 DV agency clients were screened for MH and CD issues. Over 71 percent (N=298) were identified as having MH concerns and 12 percent (N=48) had both MH and CD concerns. Similarly, of the 726 sexual assault survivors screened, only 140 (19%) had no identifiable MH or CD concerns.

Strategies with Programs to Help Youth

The MIDD strategies that provide funding for programs that help youth were designed to expand prevention and early intervention opportunities, expand assessments for youth in the juvenile justice system, provide comprehensive team-based services through Wraparound, and assist more youth while they are in crisis. Family Treatment Court and Juvenile Drug Court fall under this category as well.

Program Utilization and Performance Measurement for Strategies with Programs to Help Youth

The table below shows current targets for each youth-focused strategy, progress toward achieving these goals during the first half of MIDD's fourth year in operation, projection against annual targets, adjustments (if needed), and success ratings. Note that under **School-Based MH & SA Services** (Strategy 4c), performance measurement counts all individuals served, regardless of age. This means that parents and other family members who are served get counted along with the targeted school-aged youth. For **Juvenile Drug Court** (Strategy 9a), performance measurement will now count youth enrolled in pre opt-in "engagement" activities and will, in the future, count youth enrolled in any newly created service or treatment tracks. Minor edits not impacting performance measurement were made to the evaluation matrix for **Suicide Prevention Training** (Strategy 4d) which can be viewed in Attachment C.

Strategy Number	Strategy "Nickname"	Year 4 Targets	6 Month Progress[1]	Projection Algorithm	Projected % of Annual Target	Target Success Rating
4a	Parents in Recovery SA Services	400 parents/yr				
4b	Prevention - Children of SA	400 children/yr				
4c	School-Based MH & SA Services	1,550 individuals/yr (13 programs)	1,334 individuals	(D)	129%	↑
4d	Suicide Prevention Training	1,500 adults/yr 3,250 youth/yr	367 adults 5,432 youth	(D)	37% 251%[2]	↓ ↑
5a	Juvenile Justice Youth Assessments	Coordinate 500 assessments/yr Provide 200 psychological services/yr Perform 140 MH assessments Perform 165 CD assessments	293 coordinations 115 psychological services 45 MH assessments 89 CD assessments	(A)	117% 115% 64% 108%	↑ ↑ ↓ ↑
6a	Wraparound	450 enrolled youth/yr[3]	385 enrolled youth	(B)	111%	↑
7a	Youth Reception Centers	TBD				
7b	Expand Youth Crisis Services	300 youth/yr[3]	568 youth	(C)	360%[2]	↑
8a	Family Treatment Court Expansion	No more than 90 children/yr No more than 60 children at one time[3]	84 children 60 maximum on 10/1/2011	(B)	121%	↑
9a	Juvenile Drug Court Expansion	36 new youth/yr	7 new youth since 10/1/2011 12 in pre opt-in phase	(A)	105%	↑
13b	Domestic Violence Prevention	85 families/yr	123 unduplicated families	(B)	188%	↑

[1] Unduplicated counts per strategy of those receiving at least one service during reporting period, unless otherwise indicated.
[2] Blended funds allow more clients to be served than the portion attributable to MIDD only, on which the performance measurement targets are based.
[3] Revised targets accepted by Council in motion of acceptance on 6/4/2012.
Note: Strategies "grayed out" in grid not implemented or had no data collected within the reporting period.

Key to Projection Algorithms	
(A)	Some strategies are expected to serve twice as many clients in a full year as they serve in a 6-month period. The default projection multiplier is 2.0.
(B)	For programs now operating at capacity or with benefits lasting 365 days, the projection multiplier is 1.3, which factors in program turnover.
(C)	For shorter term programs (typically 1-3 months), a multiplier of 1.9 is used for projection. Since July 2009, the number of unduplicated people starting these types of programs has remained fairly stable.
(D)	School-based programs serve fewer students during the summer months, so the projection multiplier is 1.5.

Key to Target Success Rating Symbols	
↑	Projected percentage of annual target is higher than 85%
→	Projected percentage of annual target is 65% to 85%
↓	Projected percentage of annual target is less than 65%

Strategies 4a & 4b Substance Abuse Services for Parents and Children

Substance abuse services for parents and their children remain on hold due to budget constraints. These programs will ultimately help families impacted by the effects of substance use by offering skill-building opportunities and other evidence-based prevention practices. By targeting parents in recovery dealing with their CD issues, Strategy 4a is designed to reduce the likelihood their children will use drugs. Strategy 4b targets children of substance abusers directly by delivering a curriculum-based, family oriented preventive intervention.

Strategy 4c School-Based MH & SA Services

Thirteen projects delivering school-based MH and SA services were in full operation at the beginning of the 2011-2012 school year. This marked the second year of implementation for MIDD Strategy 4c, helping youth in both middle schools and junior high schools throughout King County.

After the start-up year, substantial improvements to data collection were made and all programs are now submitting client-level demographic and service information that will facilitate long-term outcomes tracking. In the first half of MIDD Year Four, Strategy 4c served 1,334 unduplicated individuals in both individual and group services. These services cover a wide range of prevention and early intervention programs, including screening, brief intervention, and referrals to treatment in the community. Youth and their family members served are all counted toward the performance measurement goals. Currently, about 72 percent of all clients served are under the age of 18.

The distribution of people receiving school-based MH and SA services by geographic region is shown in the graphic below.

Region	Number Served	Percent
South	653	49%
East	134	10%
North	238	18%
Seattle	309	23%

Strategy 4d School-Based Suicide Prevention

The Crisis Clinic's Teen Link program continues to reach a wide audience with youth-focused suicide prevention trainings in area middle, junior high, and high schools. Combining MIDD funds with other fund sources, Teen Link instructors gave 224 presentations in the first half of MIDD Year Four and are projected to exceed their target by 150 percent. The Youth Suicide Prevention Project (YSPP) provided nine adult presentations in the same time period and are projected to meet 37 percent of their annual goal.

Through funds from Strategy 4c, YSPP also facilitated trainings for school personnel throughout King County using two different curricula. They certified 95 people on the Applied Suicide Intervention Skills Training (ASIST) curriculum during the current reporting period. The other course, SafeTALK, teaches participants to recognize and actively engage youth contemplating suicide in order to link them with needed help. Only one SafeTALK training was done thus far with six participants.

Crisis Response Plans for all 19 school districts in King County have now been evaluated by YSPP staff. Only four have a "below average" rating, indicating that no mention of suicide is included in written policies. The other 15 plans were rated "average" with a few policies about intervening with suicidal students and for handling the aftereffects of student suicidality. Not a single school district has an "exceptional" policy that integrates prevention, intervention, and post suicide concerns. Only one school, Cascade Middle School in the Auburn School District, responded to YSPP's offer of technical assistance to improve their Crisis Response Plan, despite outreach attempts to all district contacts in both November 2011 and again in March 2012.

Strategy 5a Juvenile Justice Youth Assessments

The Juvenile Justice Assessment Team (JJAT) screens youth involved in the justice system for indicators of mental illness and/or substance abuse, working to facilitate connections to appropriate resources. In 2011, JJAT also began assessing youth for childhood trauma and making referrals to evidence-based Trauma Focused Cognitive Behavioral Therapy (TF-CBT).

In the current reporting period, 293 assessments were coordinated and 115 psychological services were completed. The team also completed 45 MH assessments and 89 CD assessments. Only the number of MH assessments is projected to fall below 100 percent of the annual target. Staff turnover and fewer than expected referrals due to a dramatic decrease in the number of juvenile offender filings contributed to fewer completed MH assessments.

The top five referrals given to assessed youth were to the following treatment and monitoring programs, in descending order of frequency:

Juvenile Drug Court	95
Outpatient Substance Abuse Treatment	70
Inpatient Substance Abuse Treatment	40
Mental Health Outpatient Treatment	20
TF-CBT	6

Strategy 6a Wraparound Services

Youth in King County who experience emotional and behavioral problems can receive coordinated and customized care through assignment to a MIDD wraparound team. These teams, staffed by area MH treatment agencies, work to blend formal services with community and interpersonal supports.

Given difficulties in tracking siblings of enrolled youth, only those identified as the primary service recipients are counted toward performance measurement. Note, however, that benefits are believed to accrue for family members of youth served through the wraparound process.

Of the 385 youth served thus far in MIDD Year Four, 169 (44%) were of minority or mixed racial backgrounds and 47 (12%) were of Hispanic descent. Fifty-one (13%) were under the age of 10, 176 (46%) were between 10 and 15 years, and 158 (41%) were over the age of 15.

Strategy 7a Youth Reception Centers

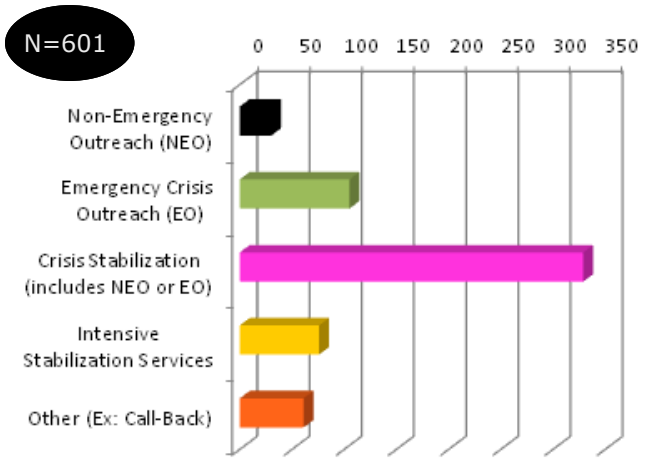
Strategy 7a was designed to create a central triage and coordination point for youth in crisis. At this time, creation of a youth reception center remains on hold due to budget constraints and no planning has been done. A needs assessment will drive any future response to providing additional crisis services for youth.

Strategy 7b Expand Youth Crisis Services

The Children's Crisis Outreach Response System (CCORS) provides stabilization services for youth in crisis. The program was expanded with MIDD funding in April 2011. In October, individual-level data collection began, with information dating back to August 2011.

Expansion of CCORS has increased the availability of in-home behavioral support specialists. These workers provide extra support in clients' homes for up to eight hours at a time, assisting families in maintaining youth safety. Another feature of CCORS' expanded capacity involved developing a marketing plan to reach out to youth and families in need of services. This work will increase awareness of the services CCORS offers, diverting youth in crisis away from a police response or an unnecessary emergency department visit.

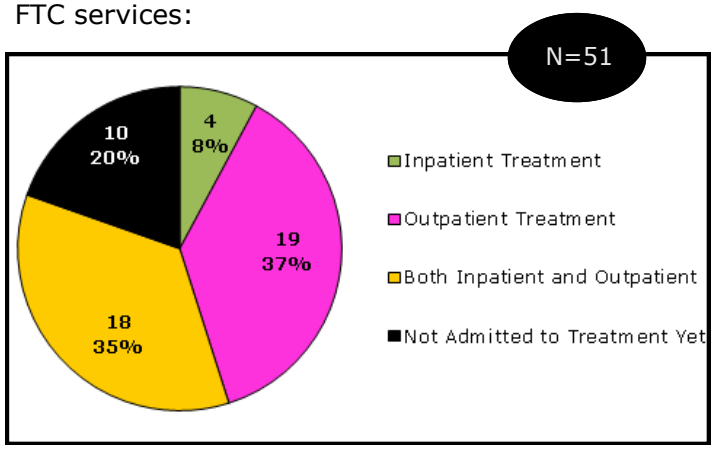
Due to the difficulty of separating beneficiaries of the expansion services from those engaged in core services, MIDD evaluation will track all youth served by CCORS. In this six-month reporting period, CCORS served 568 unique youth, or nearly twice as many as the 300 youth per year target set to indicate the MIDD portion of overall funding. In the graphic below, frequency of each service type is given for 601 detailed interactions.



Strategy 8a Family Treatment Court

The Family Treatment Court (FTC) is a therapeutic court program that helps parents recovering from chemical dependency to reunite with their children after they are removed from the home because of active parental drug abuse. Operating at full capacity since the end of MIDD Year Two, the number of children served each year is capped at 90, with a further restriction of serving no more than 60 children at any one time. The caps are based on the number of FTC social workers available to meet the needs of these children.

Between October 2011 and March 2012, a total of 12 parent slots opened up, bringing in 13 new children served by the child welfare system. Of the 51 parents actively participating in FTC during this time, 25 were enrolled in special wraparound services that benefited 48 children. The pie chart below shows the status of admissions to CD treatment for the 51 parents recently receiving FTC services:



Strategy 9a Juvenile Drug Court

Referrals to the MIDD-expanded Juvenile Drug Court (JDC) were down throughout 2011, most notably in the fourth quarter. In 2012, referrals began to pick up, but contract wording that required both prosecution and defense review prevented the JDC from accepting new youth until the revisions were finalized.

As a result of these contract issues, the JDC reassessed their referral procedure and decided to begin accepting youth into a pre opt-in "engagement" phase. After an initial observation period, youth may be transferred to a JDC probation counselor from their mainstream probation officer. Weekly hearings begin immediately and youth are introduced to treatment, regardless of whether they opt in to the program or not. This methodology is aligned with national best practices. Additionally, the JDC began efforts to add two new tracks to their program: 1) a co-occurring disorders track for youth with both MH and SA issues, and 2) a light track for those with less serious criminal offenses. Counting the youth engaged prior to opting in to JDC (12 in this reporting period) improves the JDC's target success rating.

The MIDD currently funds five full-time equivalent (FTE) positions for JDC, including four juvenile probation counselors and one treatment liaison. This expansion has allowed more youth from south King County zip codes to participate in these vital therapeutic court services. A total of 55 youth were served in the current reporting period; seven were new enrollees and 12 were pre opt-ins.

Strategy 13b Domestic Violence Prevention

Strategy 13b provides funding to operate a Children's Domestic Violence Response Team (CDVRT) in south King County. The team screens children for MH issues and delivers prevention and treatment services to families experiencing domestic violence. During the six months included in this report, the CDVRT screened 160 children and found 63 (39%) to be above the clinical threshold indicating a need for further intervention. Of the 245 unique individuals served thus far in MIDD Year Four, 205 (84%) reported south region zip codes.

Narrative reports highlight some of the issues faced by CDVRT staff:

October 2011—Transition of clients to new therapists after staff turnover and how to engage families

November 2011—Need better outcome tool, as current instrument does not detect change very well

December 2011—Loss of Hispanic advocate at domestic violence agency leads to decreased referrals

January 2012—Safety issues during in-home visitations by staff

February 2012—Establishing boundaries with clients over the age of 13

March 2012—Supporting survivor's voice/choice when potentially dangerous decisions are made.

Jail and Hospital Diversion Strategies

Diverting individuals with mental health or substance use issues toward appropriate treatment in the community and away from costly incarcerations or hospitalizations is the primary goal of the MIDD strategies grouped in the diversion category. These strategies provide education, therapeutic court options, jail and hospital re-entry assistance, intensive case management services, and rental subsidies.

Program Utilization and Performance Measurement for Jail and Hospital Diversion Strategies

This report marks the first with summary-level data from **Adult Crisis Diversion** (Strategy 10b), which began piloting its Mobile Crisis Team (MCT) component in November 2011. The primary component of this strategy, the Crisis Diversion Facility, is scheduled to open before the end of MIDD Year Four, at which time demographic information will be made available for all individuals served in Strategy 10b.

Targets for **Mental Health Court Expansion** (Strategy 11b) will now count individuals "opting in" to the Regional MH Court (RMHC), rather than the number screened for participation. For Seattle Municipal MH Court (SMHC), evaluation will count the number of cases in excess of a baseline average as a temporary proxy of performance. Demographics and outcomes will continue to be tracked for all persons served by RMHC and efforts are underway to collect data on SMHC clients served by the MIDD-funded court liaison.

The evaluation matrices for three strategies in this category (10b, 12d, and 15a) were recently amended and the proposed changes can be found in Attachment C.

Strategy Number	Strategy "Nickname"	Year 4 Targets	6 Month Progress[1]	Projection Algorithm	Projected % of Annual Target	Target Success Rating
10a	Crisis Intervention Team Training	180 trainees/yr (40-hr)[2] 300 trainees/yr (1-day) 150 trainees/yr (other CIT programs)	160 trainees (40-hr) 164 trainees (1-day) 54 trainees (other)	(A)	178% 109% 72%	↑ ↑ →
10b	Adult Crisis Diversion[3]	3,000 adults/yr	90 referrals to MCT 78 encounters by MCT 70 unduplicated clients	N/A	N/A	N/A
11a	Increase Jail Liaison Capacity	200 clients/yr	133 clients	(A)	133%	↑
11b	MH Court Expansion	115 clients[2]/yr (9 FTE) for RMHC 50 clients/yr (1 FTE) for SMHC	RMHC 13 opted in over 6 months SMHC[4] 8 more clients than average over previous four 6-month periods	(A)	23% (based on opt-ins) 32%	↓ ↓
12a	Jail Re-Entry Capacity Increase	300 clients/yr (3 FTE)	158 clients	(A)	105%	↑
	CCAP Education Classes	600 clients/yr	296 clients	(A)	99%	↑
12b	Hospital Re-Entry Respite Beds	350-500 clients/yr	220 clients	(C)	119%	↑
12c	PES Link to Community Services	75-100 clients/yr	50 clients	(C)	127%	↑
12d	Behavior Modification for CCAP	100 clients/yr	76 clients	(B)	99%	↑
15a	Adult Drug Court Expansion	250 clients/yr	187 clients	(B)	97%	↑
16a	New Housing and Rental Subsidies	40 rental subsidies/yr	40 rental subsidies 23 tenants at Brierwood	(B) -	130% -	↑
17a	Crisis Intervention/MH Partnership					
17b	Safe Housing - Child Prostitution					

[1] Unduplicated counts per strategy of those receiving at least one service during reporting period, unless otherwise indicated.
[2] Revised targets accepted by Council in motion of acceptance on 6/4/2012.
[3] Strategy not fully implemented in this reporting period.
[4] Measure is a proxy for estimating attainment of performance target. New data are needed.
Note: Strategies "grayed out" in grid not implemented or had no data collected within the reporting period.

Key to Projection Algorithms	
(A)	Some strategies are expected to serve twice as many clients in a full year as they serve in a 6-month period. The default projection multiplier is 2.0.
(B)	For programs now operating at capacity or with benefits lasting 365 days, the projection multiplier is 1.3, which factors in program turnover.
(C)	For shorter term programs (typically 1-3 months), a multiplier of 1.9 is used for projection. Since July 2009, the number of unduplicated people starting these types of programs has remained fairly stable.

Key to Target Success Rating Symbols	
↑	Projected percentage of annual target is higher than 85%
→	Projected percentage of annual target is 65% to 85%
↓	Projected percentage of annual target is less than 65%

Strategy 10a Crisis Intervention Team Training

Sixteen Crisis Intervention Team (CIT) trainings were conducted during the six months covered in this report, up from 12 when compared to the same time period a year ago. This trend represents a 33 percent increase in the number of classes offered between the strategy's first and second year in operation. In addition to the week-long CIT courses and the single day CIT overviews, those responsible for delivery of these curricula also offered three youth-focused courses and one "force options" update which included information on the following topics: Axis I vs. Axis II MH diagnoses, psychopathology, schizophrenia, violence and mental illness/substance abuse, and dealing with suicidal behavior. On the topic of suicidality, police officers and other first responders learned about force options in relation to:

- Dealing with suicidal and/or barricaded subjects
- De-escalation tactics
- Avoiding engagement
- Isolating and containing
- Multiple plans of actions.

With new performance targets formally adopted in June 2012, Strategy 10a is currently projected to train nearly twice as many first responders as targeted. Maintaining their current rate, they will serve 320 trainees in their 40-hour curriculum or approximately 45 more than the previous year. King County law enforcement agencies with the highest levels of participation during the current reporting period were the Burien, Issaquah, and Bellevue Police Departments.

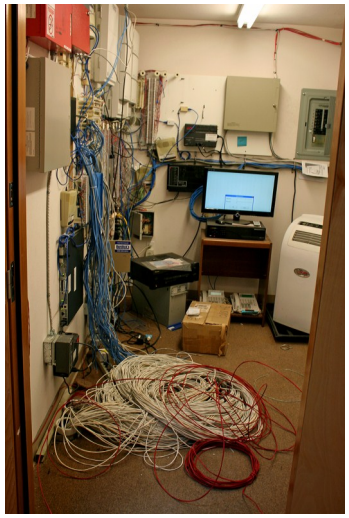
On March 29, 2012, the Seattle Police Department (SPD) adopted the "SPD 20/20: A Vision for the Future," a plan with 90 change recommendations, including expanded CIT training for front line officers. The SPD seeks to ensure that patrol officers "are fully equipped to recognize and address mental illness."

Strategy 10b Adult Crisis Diversion

The Adult Crisis Diversion strategy has three linked programs: a Crisis Diversion Facility (CDF) where police and other first responders may refer adults in crisis for short-term evaluation, crisis intervention and referral to appropriate community-based services; a Crisis Diversion Interim Services Facility (CDIS) which will serve as a place where people leaving the CDF who are homeless may receive up to two weeks of further stabilization and linkage to housing and services; and the Mobile Crisis Team (MCT) that is now responding to police and other first responder requests for on-site evaluation and crisis resolution, with linkage to the CDF coming soon.

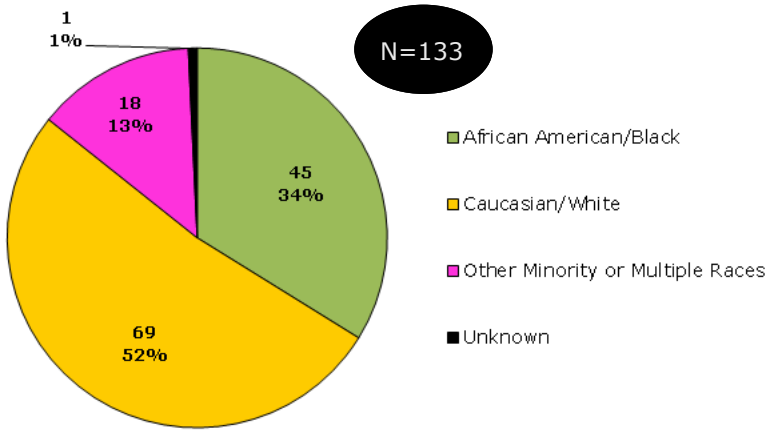
On January 24, 2012, the Land Use Petition Act challenge that had been brought by a group of neighbors of the proposed facility was denied and the court case was dismissed. Downtown Emergency Services Center, the provider selected to operate all three programs, was then able to work diligently to renovate the building where the CDF and CDIS will be housed. As shown in the photos below, electrical upgrades, insulation replacement, and framing of individual cubicles were all part of turning an empty building into a state-of-the-art facility which has been named the Crisis Solutions Center.

During this reporting period, a pilot of the MCT program began responding to requests for assistance from first responders dealing with individuals experiencing MH and/or CD crises. They had 90 referrals and saw a total of 70 unduplicated clients through 78 encounters out in the community.



Strategy 11a Increase Jail Liaison Capacity

The role of jail liaisons is to work with incarcerated or court-detained individuals prior to their release from custody, connecting them with services that have been demonstrated to help prevent recidivism. MIDD funding allowed 133 people who were court-ordered to Work and Education Release (WER) to receive customized linkage assistance between October 2011 and March 2012, including assistance in gaining access to treatment for mental illness. The age range for those served at WER was 19 to 62 years, and 100 percent were male. Their racial distribution is shown in the pie chart at right; people of color make up nearly half of the service recipients in Strategy 11a, although they are a minority (about 25%) of the county's total residents.



At the end of MIDD Year Three, 268 individuals who received jail liaison services were eligible for outcomes analysis. Of those, 65 (24%) were linked to subsequent MH treatment and 47 (18%) to CD treatment.

Strategy 11b MH Court Expansion

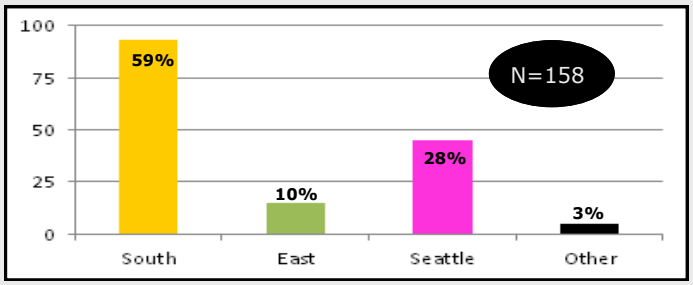
Expansion of King County's MH courts with MIDD funds has allowed the Regional Mental Health Court (RMHC) to accept referrals of cases from any city court within the county. At present, Strategy 11b funding covers the cost of nine staff needed to operate this expanded therapeutic court, including attorneys, social workers, and probation officers.

This strategy also provides funding for one court liaison position at the City of Seattle's Municipal MH Court (SMHC). Court liaisons, working through contracted provider agencies, are available to help process referrals for the court's consideration. Among other duties, court liaisons facilitate the initial assessments of client eligibility based on clinical criteria and they weigh in on competency matters, or clients' ability to understand the criminal charges brought against them.

Between October 1, 2010 and March 31, 2011, the RMHC processed 67 referrals from municipalities throughout the county. While eight cases were still pending, 46 (69%) had screened out or opted out of the court, and only 13 (31%) had opted in. During the same time period, SMHC processed about eight more clients than the average handled prior to the hiring of an additional court liaison. Data collection currently allows tracking of demographic counts and outcomes for all referrals to RMHC. A method to accurately track only a relevant and appropriate sample of SMHC participants is still being developed.

Strategy 12a Jail Re-Entry Capacity Increase and CCAP Education Classes

Like jail liaisons, re-entry case managers work with individuals serving jail time to help connect them with services to help them avoid criminal behavior when transitioning back into their community. In January 2012, MIDD became the sole fund source for re-entry case management services after state budget cuts. Recent funding of three positions has met the needs of 158 inmates from all regions of the County, as shown below:



Community Center for Alternative Programs (CCAP) supervises individuals sentenced to serve their time in the community rather than in jail. MIDD funding made it possible to offer more classes at CCAP. Nearly 100 people enrolled in classes to earn high school equivalency degrees or to learn life skills. Another 200 enrolled in classes to learn more about factors contributing to domestic violence and ways of preventing it.

Strategy 12b Hospital Re-Entry Respite Beds

The facility offering respite care to individuals upon their release from area hospitals opened on September 12, 2011. Located in Seattle Housing Authority's Jefferson Terrace complex, medical respite beds serve homeless individuals needing additional recuperative care after a hospital stay. The MIDD's role in this project involves providing mental health and/or substance abuse treatment services when clinically indicated.

By adopting a harm-reduction approach, this newly expanded respite program has seen a substantial drop in the number of people who leave the facility against medical advice (currently 15 percent of all exits). Locating the program so close to area hospitals has facilitated the smooth transfer of clients into respite care. Very few complaints have been lodged by the other residents in the Jefferson Terrace, most attributed to the actions of one individual in the very first week of operation. A resident advisory group meets quarterly there to review the program and provide feedback to program staff.

Public Health—Seattle & King County oversees implementation and operation of Strategy 12b in cooperation with numerous partners. In the period covered by this report, 220 unique individuals received respite services through 252 program admissions. Sixty-eight percent of all admissions received CD services and 64 percent received MH services. A total of 149 admissions (59%) were provided with both CD and MH services.

Strategy 12d Behavior Modification for CCAP

Judges may order those in the criminal justice system to supervision by the Community Center for Alternative Programs (CCAP) instead of sending them to jail. Through the MIDD, CCAP participants can enroll in behavior modification classes contracted for delivery by a local mental health agency. These intense twice weekly sessions (at three hours per session) were delivered to 76 qualified individuals in MIDD Year Four's first six months, down about 15 percent when compared to one year ago, but still within performance target range. Of the 30 adults for whom education level was known, 23 (77%) had not graduated from high school.

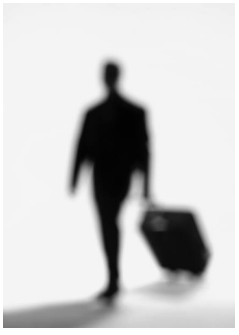
Strategy 15a Adult Drug Court

Adult Drug Court (ADC) participants continue to benefit from housing case management services offered through MIDD expansion of this therapeutic court program. Nearly all of the 187 people served in this reporting period completed a newly developed ADC Housing Self-Assessment to aide housing case managers in providing assistance. Questions on the inventory include current housing situation, past issues relevant to housing (evictions, credit, domestic violence issues), and identification of neighborhoods to avoid that serve as "triggers" for drug use in order to support recovery.

Strategy 12c PES Link to Community Services

The Psychiatric Emergency Services (PES) program operated by Harborview Medical Center was expanded with MIDD support to provide assertive outreach and case management for more clients identified as high-utilizers of emergency department (ED) services. A primary goal of this program is to connect clients with the treatment systems *they* identify as necessary, decreasing their reliance on the emergency medical system.

By using motivational interviewing strategies, the PES team collaborates with several community partners to guide those considered most vulnerable toward services that can contribute toward healthier lives. Their success in facilitating these connections is evident in the finding that of the 50 people who received services during Q4-2011 and Q1-2012, thirty (60%) were also participating in additional MIDD strategies during that time. Three of every four served were male and the average age was 46 years; the minimum age was 16 and the maximum was 72 years.



Staffed by two full-time case managers and a program assistant, Strategy 12c has produced internal findings that suggest they have been able to link 40 percent of their participants to housing. They also show reduced use of Harborview's ED by up to 72 percent for a sample studied over a six-month period after completion of case management services.

Strategy 16a New Housing and Rental Subsidies

The MIDD evaluation team continues to monitor demographic and outcomes information for tenants placed in 25 capital-funded beds that do not also provide support services that are funded by MIDD (see Strategy 3a). Thus far in MIDD Year Four, data have been collected for 23 tenants at the housing program known as Brierwood.

Strategy 16a also tracks distribution of 40 rental subsidies for individuals in outpatient treatment for psychiatric disabilities at various community mental health agencies within the King County Regional Support Network. At this time all available subsidies are providing rental assistance to help individuals maintain placements in community housing.

Of the 63 people with Strategy 16a services in this report, 30 (48%) were females and 26 (41%) identified as racial minorities. As shown in the MIDD Fourth Annual Report, the first set of outcome-eligible participants with any history of community psychiatric inpatient hospitalizations (N=19) posted average first year reductions of 12.37 days and average second year reductions (compared to the year before the start of MIDD services) of nearly 23 days. The number of people with any jail use dropped from 22 to 12 (-45%) in the first year.

Strategy 17b Safe Housing (Child Prostitution)

The Bridge Program, a residential recovery housing project operated by YouthCare, began serving sexually exploited youth in 2010. At that time, the MIDD made a one-time allocation of funds to the City of Seattle for the provision of MH and CD services associated with this housing project. According to their website, YouthCare provides "a coordinated set of individually appropriate services that begin with young people on the street and go on to get homeless youth off the street and preparing for life." Under Strategy 17b, YouthCare reaches out to prostituted youth with unmet mental health or chemical dependency treatment needs.

In YouthCare's 2011 Annual Report, the Bridge Program is touted as the only program in the Pacific Northwest offering emergency shelter and long-term housing dedicated to minors who have experienced sexual exploitation. During the year, 26 youth, with an average stay of four months each, received services in the six-bed residential recovery program. Altogether, the program's two case managers helped 36 minors and 17 youth aged 18-24 years to work toward getting out of the sex trade.

A private grant was received by YouthCare to invest in data tracking and analysis which will enable reporting on client demographics and outcomes in the near future. The MIDD evaluation will continue to provide updates when this information is released to the public.

Strategy 17a Crisis Intervention / MH Partnership

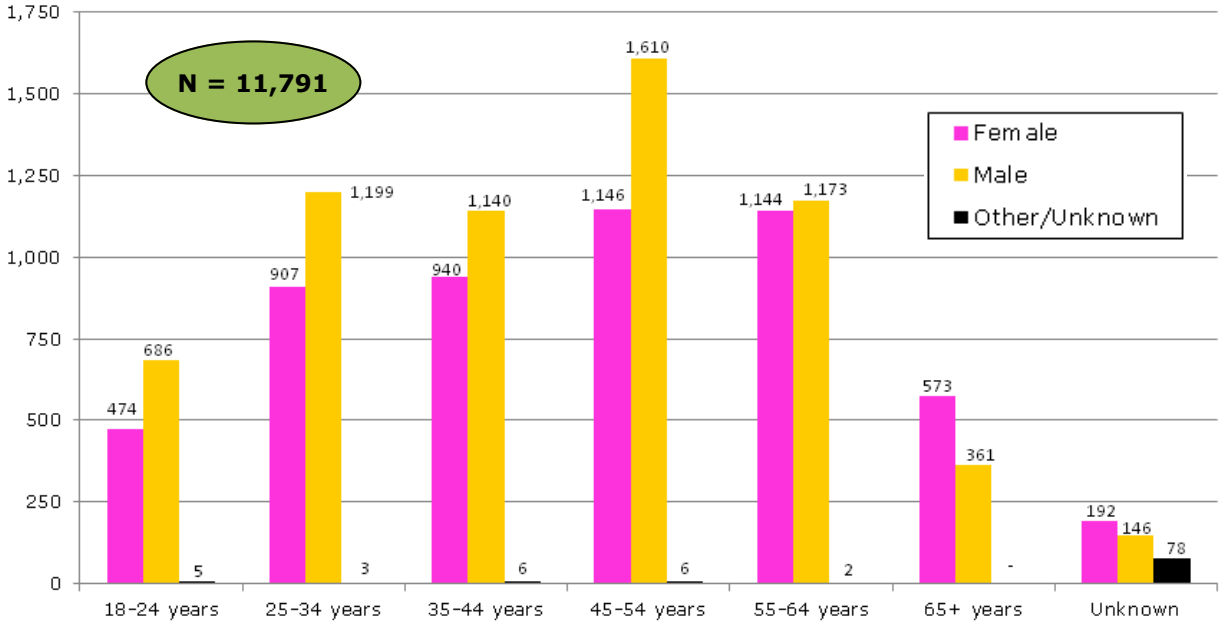
The City of Seattle received a grant in 2010 from the Federal Bureau of Justice Assistance to implement a pilot project that pairs a civilian mental health professional (MHP) with a patrol officer responding to calls involving individuals believed to have mental health issues. Although no MIDD funds are currently associated with Strategy 17a, evaluation efforts attempt to provide twice yearly updates on this program.

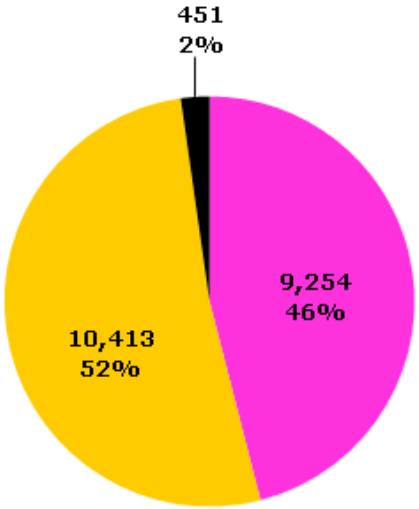
As reported by Seattle's KOMO news in June 2011, the MHP hired in November 2010 serves as a mental health expert in the patrol car, making house calls and doing street outreach. As part of the Seattle Police Department's Crisis Intervention Response Team (CIRT), the MHP has helped change the street tactics used when dealing with people who are paranoid, schizophrenic, or bipolar. Whenever a call out results in a disposition that avoids arrest (often for trespassing) or a trip to a local emergency room, the program can tally another mark in the success column. The CIRT has secured funding for this unique partnership through June of 2013.

Demographics for Q4-2011 and Q1-2012

Demographic information was collected for 20,118 unduplicated* individuals who received at least one MIDD service between October 1, 2011 and March 31, 2012. Data describing race, ethnicity, age, and geographic region of King County (based on client zip codes) are available for all new clients, including those attending suicide prevention trainings (Strategy 4d) or participating in school-based prevention programs (Strategy 4c). Given the disproportionate number of youth served in Strategies 4c and 4d (N=6,958), distributions of gender by age group are presented separately for adults (N=11,791) and youth (N=8,327). Other demographic elements such as homeless status, disabilities, and military service are not universally available due to the variety of sources from which these data are drawn.

Gender by Age Group for Unduplicated Adults Receiving MIDD Services

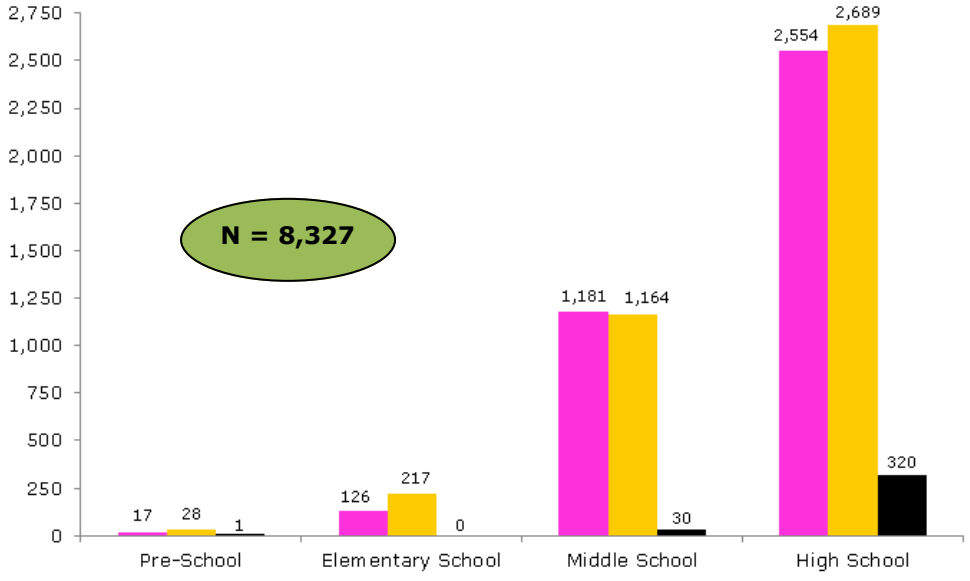




Overall Gender Distribution

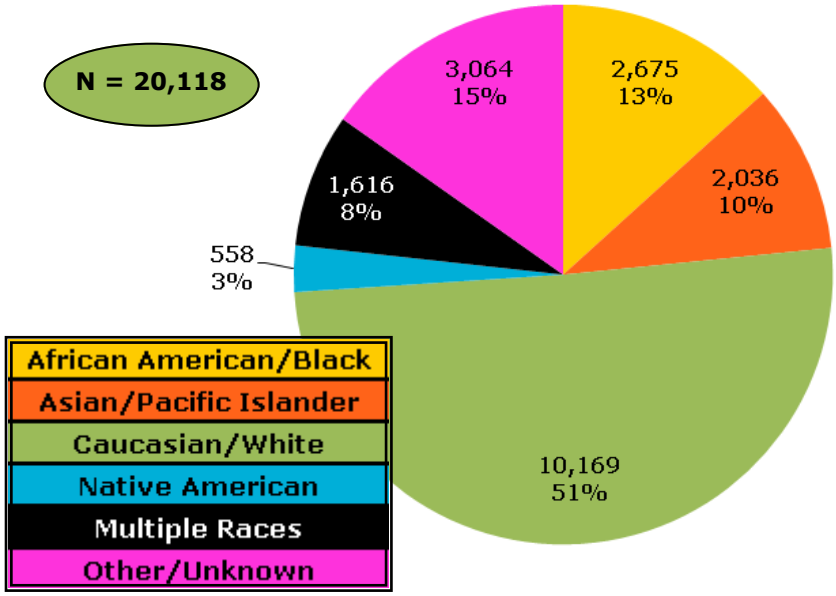
N = 20,118

Gender by School Age Group for Youth Receiving MIDD Services



*** NOTE: Individuals with duplicate records over 29 different strategies and three data sources are counted only once.**

Race and Ethnicity of MIDD Participants Receiving Services in the Current Reporting Period



The percentage of the total race distribution identifying as African American or Black rose by one percent over the same reporting time frame a year ago. The new 13 percent figure is more than double the census estimate of six percent for the prevalence of African Americans/Blacks in King County. The total percentage that identified with more than one racial category (Multiple Races) dropped two percentage points from the prior year.

Hispanic origin, data gathered separate from race, received 2,403 "yes" responses, or approximately 12 percent of all unduplicated MIDD participants.

Homeless and Veteran Status at Start of MIDD Services

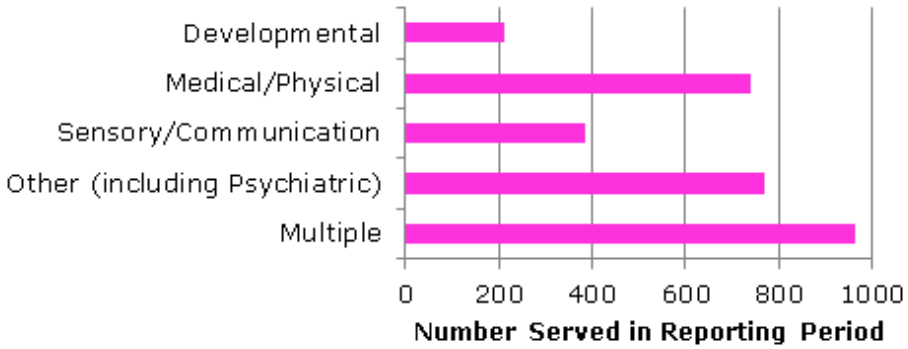
Information on homelessness was available for about half of all unique individuals served by the MIDD from October 2011 through March 2012 (N=10,734). At the start of their earliest service in this period, a total of 2,370 people (22%) were known to be homeless. Of those who were homeless, 152 (over 6%) had served in the United States military; another 16 were dependents or spouses of veterans.

At least 582 people with prior U.S. military service were enrolled thus far in MIDD Year Four. Another 86 identified as past or present dependents of military veterans and 64 indicated they were military spouses.

King County Region with Census Comparison

	Served by the MIDD		2010 King County Cities Census*	
	Number of Individuals	Percent	Number of Individuals	Percent
South	7,071	35%	557,093	34%
North	1,217	6%	103,155	6%
East	3,300	16%	378,252	23%
Seattle	6,846	34%	608,660	37%
Zip Codes not in King County	764	4%	-	-
Zip Codes not Valid or Known	920	5%	-	-
	20,118	100%	1,647,160	100%

Information on Disabilities



At least 3,074 individuals served in MIDD programs had one or more disabilities, or 26 percent of the 11,921 people asked.

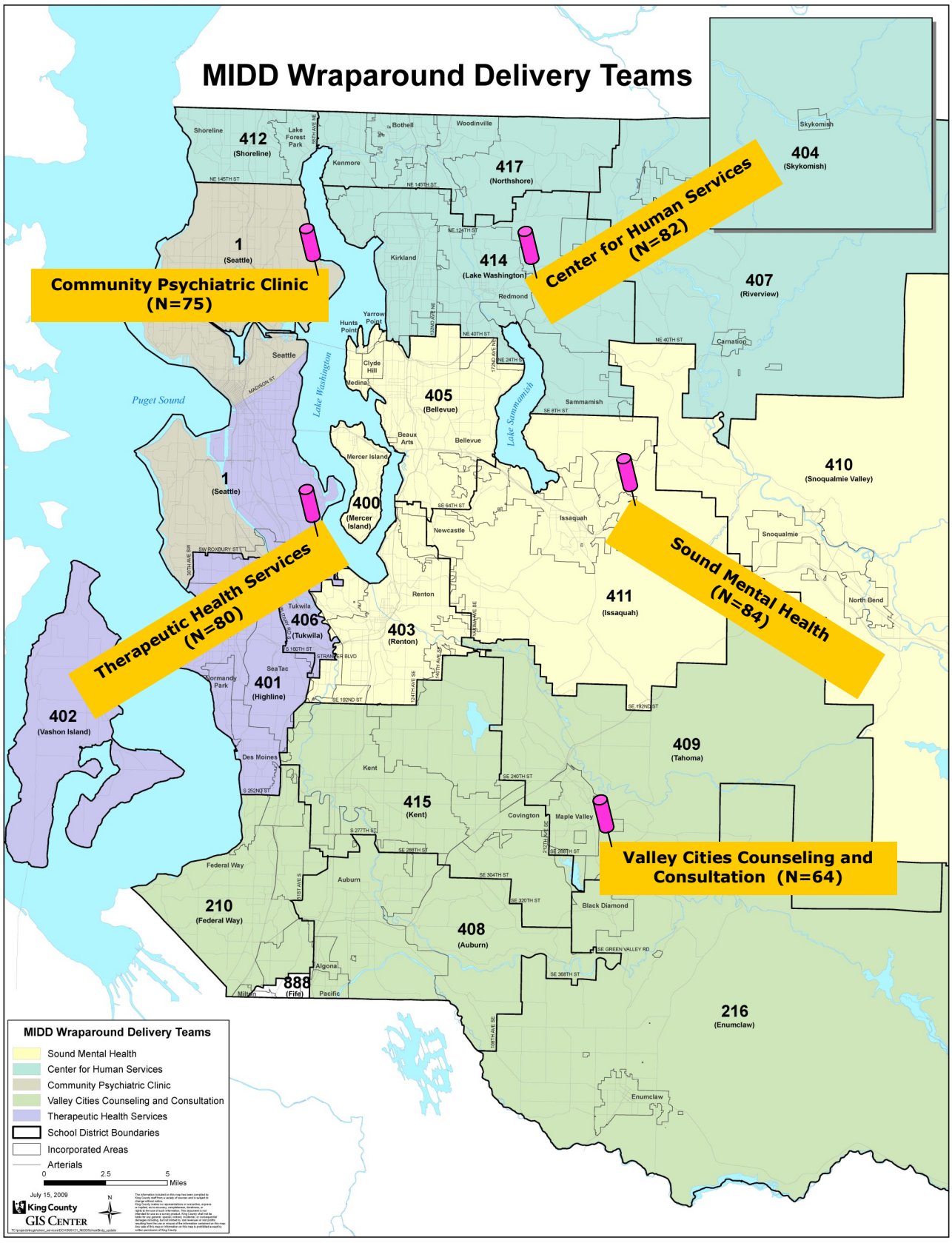
Primary Languages

The vast majority (84%) of clients who provided data about their primary language (N=14,106) spoke English. The top three foreign languages of the 43 total recorded continue to be Spanish (N=878), Vietnamese (N=214), and Russian (N=95).

Interpretation services were needed for about 1,000 people whose primary language was not English. Many MH agencies in King County employ specialists who are multilingual.

MIDD Wraparound Agency Coverage Areas by School District Number and Current Enrollment

In the first half of MIDD's fourth year of program delivery, demographic information was made available for 385 youth enrolled in **Wraparound** (Strategy 6a). Their geographic distribution is featured below.



Measurement of Substance Use Prevalence and Symptoms

Strategy 5a

Baseline Data from the Global Appraisal of Individual Needs (GAIN)

The GAIN offers a comprehensive set of standardized bio-psycho-social assessment tools designed to help clinicians gather information from clients with substance abuse disorders and other behavioral health issues for their diagnosis, placement, and treatment planning. The GAIN-I (Initial) was developed by Dr. Michael Dennis and others at Chestnut Health Systems in Normal, Illinois, and is used to collect baseline data that serves as a foundation for later comparisons, typically taken at 90-day intervals. With MIDD funding, King County began partnering with local service providers in 2009 to administer GAIN testing under a licensing agreement with Chestnut Health Systems. Because GAIN results are dependent upon the honesty of clients answering questions about very personal behaviors, special training is required and only those certified to administer GAIN instruments do so for MIDD evaluation purposes. It can take up to two hours to complete each baseline inventory.

For this progress report, baseline GAIN data was made available for 159 (65 percent) of the 244 youth enrolled in **Juvenile Justice Youth Assessments** (Strategy 5a) who were scheduled to receive the assessment between October 2010 and September 2011. Note that in the previous year, another 246 GAIN-I tests were administered under this strategy, but those results were not made available to MIDD evaluators due to the specific agreement in place during the time that information was gathered.

Characteristics of individuals in this first analyzable sample provide insight into the prevalence of drug and alcohol use for the Strategy 5a population (prior to any treatment). Their information also sets the bar for measurement of any future reductions in drug and alcohol use. The table below shows the frequency of use for the five substances most commonly used:

N=159

	No Use	Three or Fewer Times in 90 Days	Four to 12 Times in 90 Days	More than 12 Times in 90 Days
Marijuana	12 (8%)	16 (10%)	16 (10%)	115 (72%)
Alcohol	49 (31%)	30 (19%)	34 (21%)	46 (29%)
Methamphetamine	144 (90%)	6 (4%)	3 (2%)	6 (4%)
Other Amphetamines	139 (87%)	9 (6%)	6 (4%)	5 (3%)
Crack or Cocaine	139 (87%)	13 (9%)	2 (1%)	5 (3%)

Other statistics of interest included:

- 67 (42%) were bothered by health/medical problems
- 57 (36%) were survivors of recent violence (including sexual/emotional)
- 31 (19%) went to an emergency department for alcohol/drug use
- 31 (19%) were mandated to treatment for substance abuse
- 30 (19%) had driven a motor vehicle within an hour of using substances
- 26 (16%) had convulsions or seizures when reducing substance use
- 23 (16%) were homeless at least once in the last 12 months
- 17 (11%) had contemplated suicide in the past 12 months
- 8 (5%) attempted suicide in the past 12 months.

When results from the GAIN-M90 (Monitoring 90 Days) are made available for this cohort, trends will be analyzed to assess how involvement in MIDD services may impact behavior change and frequency of substance use.

Collection of GAIN Data by Other MIDD Strategies

GAIN tools have also been adopted to measure symptom reduction over time for youth in **CD Treatment** (Strategy 1a-2) and **Juvenile Drug Court Expansion** (Strategy 9a), as well as adults in **Behavior Modification for CCAP** (Strategy 12d).

The GAIN-SS (Short Screener), while not designed as a symptom reduction measure, is used to screen clients for MH and CD issues in **Domestic Violence and MH Services** (Strategy 13a) and for many enrolled in **School Based MH and SA Services** (Strategy 4c).

Measurement of Substance Abuse Risk among Emergency Department Patients

Strategy 1c

Screening, brief intervention, and referral to treatment (SBIRT) services are delivered at area hospitals through **SA Emergency Room Intervention** (Strategy 1c). The tools used by chemical dependency professionals (CDPs) to assess risk among individuals admitted to participating King County emergency departments (EDs) are the AUDIT (Alcohol Use Disorders Identification Test) and DAST (Drug Abuse Screening Test). A maximum score on the AUDIT is 40, but anything over 15 indicates that a person is at a moderate to high risk for alcohol abuse. On the DAST, higher risk is indicated by scores between two and 10.

Using a MIDD sample of over 11,000 SBIRT service encounters, scores gathered during AUDIT screenings were found to be highly correlated with days of alcohol use. Generally speaking, those using alcohol at least five days per week had average AUDIT scores in excess of 20. Similarly, daily use of cocaine, amphetamines such as "meth", and opiates such as heroin were associated with average DAST scores of seven or higher. Analysis of variance testing showed that, on average, CDPs spent more time with clients who were at great risk of substance abuse as shown in the table below:

AUDIT			DAST		
Risk/Score	**N**	**Average Service Minutes**	**Risk/Score**	**N**	**Average Service Minutes**
Very low risk (0-7)	5,584	32.59	Low risk (0-1)	7,161	34.33
Mild to moderate (8-15)	1,063	36.11	Moderate risk (2-4)	1,023	40.77
Moderate to high (16-19)	483	39.47	High risk (5 or greater)	2,905	46.75
Very high risk (20 or greater)	4,168	45.93			

In contrast to the finding that 92 percent of the Strategy 5a youth for whom GAIN data were available had used marijuana at least once in the last 90 days, only 1,936 of 13,825 MIDD-funded SBIRT cases (14%) indicated any marijuana use at all. Frequent use of alcohol, on the other hand, was more prevalent among SBIRT cases (4,441 of the 7,148 (62%) with any use were daily users) than juvenile justice youth screened for substance abuse (46 of 110, or 42% of all users). In fact, one of every three SBIRT encounters was with a daily user of alcohol.

About half of all SBIRT cases that entered the ED due to "suicidal ideation" were screened as high risk for both alcohol and drug abuse. Of those presenting with "acute intoxication", 62 percent were found to be at high risk for alcohol abuse vs. only 18 percent who were screened at high risk for drug abuse.

While reduction in the severity of CD symptoms is not an outcome measure for SBIRT in local EDs, linkage to substance abuse treatment is. For a sample of 1,369 clients who received SBIRT services prior to July 2009, nearly 23 percent were subsequently linked to publically-funded CD treatment (including detoxification services where indicated) within a year of their first encounter. Another 21 percent were linked to at least one MH program. Visits to the Dutch Shisler Sobering Center for this initial outcomes sampling were reduced by 13 percent, from 4,572 days to 3,976 days.

Periodic Measurement of Chemical Dependency Symptoms

Strategy 1a-2

Since July 1, 2011, substance abuse treatment providers in King County have been required to submit "Periodic Milestone" data for all adults in outpatient or opiate substitution treatment. Data must be entered into the statewide system managed by the Division of Behavioral Health and Recovery. These interim Addiction Severity Index (ASI) measures replace "treatment completion" as a state outcome and will provide data for the MIDD evaluation. Over 2,500 records have been entered and efforts are underway to download data for analysis purposes.

Differential Jail Outcomes for MIDD vs. non-MIDD Higher Utilizers of Jail Services

Jail outcomes for individuals receiving MIDD services were first published in the MIDD Third Annual Report (February 2011). An analysis found that jail utilization for a sample of 2,060 people with *at least one jail booking* decreased by more than 23 percent during the year following MIDD service initiation. The average number of jail bookings in the year prior to their MIDD start was 1.95, dropping to 1.50 during their first year in MIDD services. Average days in jail dropped from 44.27 to 33.88 days.

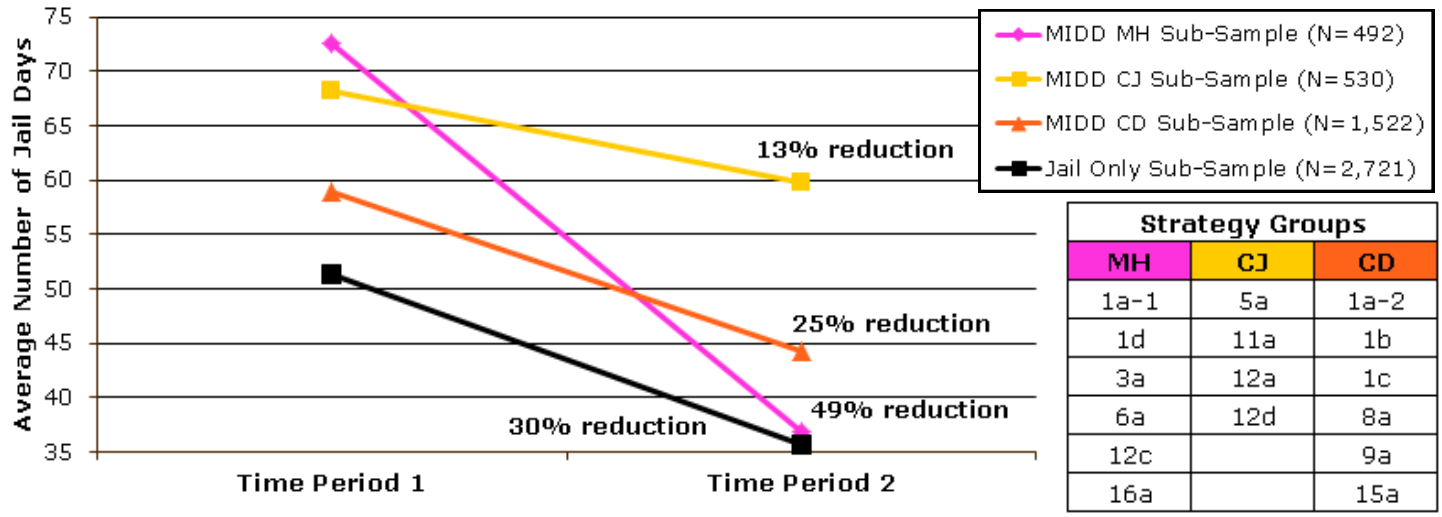
In June 2011, further analyses compared the reductions in jail use for the initial MIDD outcomes sample with systemwide jail use reductions over time. Factors influencing the overall trend in reduced jail use over time (up to 13%) were identified as changes in policing practices, prosecution filing standards, and sentencing guidelines. Looking at jail data* between October 1, 2006 and September 30, 2010, the systemic reductions in jail bookings/days for all users were outpaced by the MIDD sample reductions.

Additional exploration of the data showed that jail users in the MIDD population were much more likely to have multiple jail bookings than general population jail users. In order to make a more valid comparison between MIDD and non-MIDD jail use, only those with *two or more bookings* during matched "pre" periods (higher utilizers) were selected for the next analysis phase. The resulting MIDD sub-sample (N=948) showed an average pre to post reduction of 76 days to 49 (a 35% decline) vs. the non-MIDD sub-sample (N=346) with an average decrease from 47 to 36 days (a 22% decline). Given that jail use for those in some MIDD programs was expected to rise, the noted reductions were said to be substantial.

By publication of the MIDD Fourth Annual Report (February 2012), the number of MIDD records eligible for jail outcomes analysis had grown to nearly 20,000 (one per person per strategy). Of those records, 3,255 (16%) had *two or more bookings* in the year before their MIDD start date. The average first year decrease in jail days for this large sample of higher utilizers was from 64 to 48 days (a 25% reduction).

For the current report, a larger sample of non-MIDD "extreme" jail users was drawn and the MIDD sampling was refined to include only one record per individual. Retaining the earliest MIDD start date, a MIDD sample of 2,544 was compared with a random non-MIDD sample of 2,721. Similar time frames were used to hold constant the impact of factors independent of MIDD implementation, but no significant differences in MIDD vs. non-MIDD jail use reductions were found. When the larger MIDD sample was broken down by MIDD service type, however, an interesting pattern developed as shown in the graphic below. Persons enrolled in MIDD mental health (MH) strategies reduced their jail days on average by 49 percent, compared to only 25 percent for chemical dependency (CD) strategies, and 13 percent for criminal justice (CJ) programs. Because jail time is often part of the treatment for CD and CJ initiatives, reductions for these sub-samples are not anticipated until *after* the first year of MIDD services.

Reduction in Jail Days Over Time for MIDD vs. non-MIDD Higher Utilizers of Jail Services



Strategy Groups		
MH	CJ	CD
1a-1	5a	1a-2
1d	11a	1b
3a	12a	1c
6a	12d	8a
12c		9a
16a		15a

* Data included King County Jail (Seattle Division), Norm Maleng Regional Justice Center (in Kent, WA), and Juvenile Detention only.

MIDD Financial Status Report

This financial status report is provided for the first half of calendar year 2012 or January 1, 2012 through June 30, 2012. During this period, total MIDD tax revenues were just over $21 million and total expenditures, including supplantation, were $14.3 million. Parts I and II show budgeted and actual year-to-date spending by strategy. Also included in the financial report are summary revenues/expenditures and detailed supplantation spending. Please see the bottom of Page 26 for additional information.

Mental Illness and Drug Dependency Fund - Part I

	Strategy	2012 Annual Budget	Actual Year-to-Date (through June 2012)	2012 Projection (6/30/12)
1a-1	Increase Access to Community Mental Health Treatment	$ 8,520,000	$ 3,067,903	$ 8,520,000
1a-2	Increase Access to Community Substance Abuse Treatment	$ 2,650,000	$ 141,547	$ 2,650,000
1b	Outreach and Engagement to Individuals Leaving Hospitals, Jails, or Crisis Facilities	$ 495,000	$ 28,625	$ 495,000
1c	Emergency Room Substance Abuse Early Intervention Program	$ 717,000	$ 201,241	$ 717,000
1d	Mental Health Crisis Next Day Appointments and Stabilization Services	$ 225,000	$ 87,498	$ 225,000
1e	Chemical Dependency Professional Education and Training	$ 651,070	$ 91,056	$ 651,070
1f	Parent Partner and Youth Peer Support Assistance Program	$ 375,000	$ 89,003	$ 375,000
1g	Prevention and Early Intervention Mental Health and Substance Abuse Services for Adults Age 50+	$ 450,000	$ -	$ 450,000
1h	Expand Availability of Crisis Intervention and Linkage to On-Going Services for Older Adults	$ 315,000	$ 131,250	$ 315,000
2a	Workload Reduction for Mental Health	$ 4,000,000	$ 2,707,284	$ 4,000,000
2b	Employment Services for Individuals with Mental Illness and Chemical Dependency	$ 1,000,000	$ 323,328	$ 1,000,000
3a	Supportive Services for Housing Projects	$ 2,000,000	$ 92,749	$ 2,000,000
4a	Services for Parents in Substance Abuse Outpatient Treatment	$ -	$ -	$ -
4b	Prevention Services to Children of Substance Abusers	$ -	$ -	$ -
4c	Collaborative School-Based Mental Health and Substance Abuse Services	$ 1,237,651	$ 426,229	$ 1,237,651
4d	School-Based Suicide Prevention	$ 200,000	$ 50,000	$ 200,000
5a	Expand Assessments for Youth in the Juvenile Justice System	$ 176,938	$ 52,498	$ 176,938
6a	Wraparound Services for Emotionally Disturbed Youth	$ 4,500,000	$ 1,151,187	$ 3,500,000
7a	Reception Centers for Youth in Crisis	$ -	$ -	$ -
7b	Expansion of Children's Crisis Outreach Response Service System	$ 500,000	$ 166,244	$ 500,000
8a	Expand Family Treatment Court Services and Support to Parents	$ 81,250	$ 31,250	$ 81,250
9a	Expand Juvenile Drug Court Treatment (See Part II)	$ -	$ -	$ -
10a	Crisis Intervention Team Training for First Responders	$ 763,747	$ 124,382	$ 763,747
10b	Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team	$ 6,100,000	$ 581,045	$ 3,500,000
11a	Increase Jail Liaison Capacity	$ 80,000	$ 21,249	$ 80,000
11b	Increase Services for New or Existing Mental Health Court Programs	$ 545,282	$ 77,976	$ 545,282
12a	Jail Re-Entry Program Capacity Increase	$ 320,000	$ 192,857	$ 320,000
12b	Hospital Re-Entry Respite Beds	$ 508,500	$ -	$ 508,500
12c	Increase Harborview's Psychiatric Emergency Services Capacity to Link Individuals to Community Services upon ER Discharge	$ 200,000	$ 66,668	$ 200,000
12d	Behavior Modification Classes for CCAP Clients	$ 75,000	$ 21,676	$ 75,000
13a	Domestic Violence and Mental Health Services	$ 250,000	$ 117,048	$ 250,000
13b	Domestic Violence Prevention	$ 224,000	$ 74,672	$ 224,000
14a	Sexual Assault, Mental Health, and Chemical Dependency Services	$ 400,000	$ 110,281	$ 400,000
15a	Drug Court: Expansion of Recovery Support Services	$ 103,778	$ 35,000	$ 103,778
16a	New Housing Units and Rental Subsidies	$ -	$ -	$ -
	MIDD Administration	**$ 2,936,861**	**$ 922,663**	**$ 2,403,454**
	Personnel	$ 2,936,861	$ 808,473	$ 1,740,000
	Other Costs		$ 114,190	$ 663,454
	Total MIDD Operating Dollars	**$ 40,601,077**	**$ 11,184,409**	**$ 36,467,670**
	Percentage of Appropriation		**27.55%**	**89.82%**

Mental Illness and Drug Dependency Fund - Part II

	Other MIDD Funds (Separate Appropriation Units)	2012 Annual Budget	Actual Year-to-Date (through June 2012)	2012 Projection (6/30/12)
	Department of Judicial Administration	**$ 128,651**	**$ -**	**$ 128,651**
15a	Drug Court: Expansion of Recovery Support Services	$ 128,651	$ -	$ 128,651
	Prosecuting Attorney's Office	**$ 274,199**	**$ 58,328**	**$ 274,199**
11b	Increase Services for New or Existing Mental Health Court Programs	$ 231,938	$ 58,270	$ 231,938
9a	Expand Juvenile Drug Court Treatment	$ 42,261	$ 58	$ 42,261
	Superior Court	**$ 1,062,604**	**$ 618,686**	**$ 1,062,604**
5a	Expand Assessments for Youth in the Juvenile Justice System	$ 215,864	$ 98,147	$ 215,864
8a	Expand Family Treatment Court Services and Support to Parents	$ 304,557	$ 262,411	$ 304,557
9a	Expand Juvenile Drug Court Treatment	$ 542,183	$ 258,128	$ 542,183
	Sheriff Pre-Booking Diversion	**$ 228,075**	**$ 85,247**	**$ 228,075**
10a	Crisis Intervention Team Training for First Responders	$ 90,382	$ 83,145	$ 90,382
	Sheriff MIDD	$ 137,693	$ 2,102	$ 137,693
	Office of Public Defense	**$ 448,149**	**$ 170,275**	**$ 448,149**
8a	Expand Family Treatment Court Services and Support to Parents	$ 101,600	$ -	$ 101,600
9a	Expand Juvenile Drug Court Treatment	$ 42,949	$ 20,970	$ 42,949
11b	Increase Services for New or Existing Mental Health Court Programs	$ 303,600	$ 149,305	$ 303,600
	District Court	**$ 321,354**	**$ -**	**$ 321,354**
11b	Increase Services for New or Existing Mental Health Court Programs	$ 321,354	$ -	$ 321,354
	Total Other MIDD Funds	**$ 2,463,032**	**$ 932,536**	**$ 2,463,032**
	Percentage of Appropriation		**37.86%**	**100.00%**
	Total All MIDD Funds	**$ 43,064,109**	**$ 12,116,945**	**$ 38,930,702**

Mental Illness and Drug Dependency Fund Total Revenues and Expenditures

	2012 Annual Budget	Actual Year-to-Date (through June 2012)	2012 Projection (6/30/12)
Revenue			
MIDD Tax	$ 45,933,329	$ 21,034,793	$ 45,251,379
Streamlined Mitigation		$ 316,973	$ 681,950
Investment Interest - Gross	$ 56,168	$ 58,718	$ 56,168
Cash Management Svcs Fee		$ (881)	$ (881)
Invest Service Fee - Pool		$ (3,652)	$ (3,652)
Prior Year Correction		$ 112,543	$ 112,543
Total Revenues	**$ 45,989,497**	**$ 21,518,495**	**$ 46,097,508**
Total MIDD Funds	$ 43,064,109	$ 12,116,945	$ 39,292,702
Total MIDD Supplantation	$ 13,770,663	$ 2,140,994	$ 13,408,663
Total Expenditures	**$ 56,834,772**	**$ 14,257,939**	**$ 52,701,365**
Expenditures Over Revenues	**$ (10,845,275)**	**$ 7,260,556**	**$ (6,603,857)**

Mental Illness and Drug Dependency Expenditure Status Update

The total amount of MIDD sales tax collected continues to be strongly influenced by the strength of the economy; when consumer spending is down, the MIDD fund declines accordingly. For the 2012 calendar year, sales tax revenues were expected to grow, but only modestly. Spending down the fund balance is unsustainable, with budget shortfalls projected as early as 2013 or 2014. Note that many strategies serving clients now do not show expenditures in this progress report. This may be due to several factors, including expenditure of state funds (where applicable) before expending MIDD funds, billing delays, and delays in posting expenditures in the accounting system at the time the financial report was generated.

Mental Illness and Drug Dependency Fund - Supplantation

Strategy	2012 Annual Budget	Actual Year-to-Date (through June 2012)	2012 Projection (6/30/12)
Other MIDD Funds			
Department of Judicial Administration	**$ 1,338,944**	**$ -**	**$ 1,338,944**
Adult Drug Court Base	$ 1,338,944	$ -	$ 1,338,944
Prosecuting Attorney's Office	**$ 881,421**	**$ 239,540**	**$ 881,421**
Adult Drug Court Base	$ 549,140	$ 148,850	$ 549,140
Juvenile Drug Court Base	$ 121,778	$ -	$ 121,778
Mental Health Court Base	$ 210,503	$ 90,690	$ 210,503
Superior Court	**$ 501,193**	**$ 52,865**	**$ 501,193**
Adult Drug Court Base	$ 166,631	$ 49,052	$ 166,631
Juvenile Drug Court Base	$ 33,021	$ 679	$ 33,021
Family Treatment Court Base	$ 301,541	$ 3,134	$ 301,541
Office of Public Defense	**$ 1,369,034**	**$ 585,475**	**$ 1,369,034**
Adult Drug Court Base	$ 829,356	$ 403,698	$ 829,356
Juvenile Drug Court Base	$ 42,949	$ 13,356	$ 42,949
Mental Health Court Base	$ 344,329	$ 168,421	$ 344,329
Family Treatment Court Base	$ 152,400	$ -	$ 152,400
District Court	**$ 662,335**	**$ -**	**$ 662,335**
Mental Health Court Base	$ 662,335	$ -	$ 662,335
Department of Adult and Juvenile Detention	**$ 329,464**	**$ -**	**$ 329,464**
Community Center for Alternate Programs (CCAP)	$ 28,644	$ -	$ 28,644
Juvenile MH Treatment	$ 300,820	$ -	$ 300,820
Jail Health Services	**$ 3,313,545**	**$ -**	**$ 3,313,545**
Psychiatric Services	$ 3,313,545	$ -	$ 3,313,545
DCHS - Community Services Division	**$ 362,000**	**$ -**	**$ 362,000**
Sexual Assault Supplantation	$ 362,000	$ -	$ 362,000
Total Other MIDD Funds	**$ 8,757,936**	**$ 877,880**	**$ 8,757,936**
Percentage of Appropriation		**10.02%**	**100.00%**
MH & SA MIDD Supplantation	**$ 5,012,727**	**$ 1,263,114**	**$ 5,012,727**
SA Administration	$ 399,835	$ 6,731	$ 399,835
SA Criminal Justice Initiative	$ 981,104	$ 236,010	$ 981,104
SA Contracts	$ 121,757	$ 8,782	$ 121,757
SA Housing Voucher Program	$ 708,990	$ 287,075	$ 708,990
SA Emergency Service Patrol	$ 595,734	$ 15,797	$ 595,734
SA CCAP	$ 472,981	$ 166,795	$ 472,981
MH Co-Occurring Disorders Tier	$ 800,000	$ 329,580	$ 800,000
MH Recovery	$ 218,720	$ 88,576	$ 218,720
MH Juvenile Justice Liaison	$ 90,000	$ 22,500	$ 90,000
MH Crisis Triage Unit	$ 263,606	$ 12,356	$ 263,606
MH Functional Family Therapy	$ 272,000	$ 3,305	$ 272,000
MH Mental Health Court Liaison	$ 88,000	$ 85,608	$ 88,000
Total Other MH/SA MIDD Supplantation Funds	**$ 5,012,727**	**$ 1,263,114**	**$ 5,012,727**
Percentage of Appropriation		**25.20%**	**100.00%**
Total MIDD Supplantation Dollars	**$ 13,770,663**	**$ 2,140,994**	**$ 13,770,663**
Percentage of Appropriation		**15.55%**	**100.00%**

Attachment A: MIDD Oversight Committee Membership Roster

Mike Heinisch, Executive Director, Kent Youth and Family Services (Co-chair)
Representing: Provider of youth mental health and chemical dependency services in King County

Barbara Linde, Presiding Judge, King County District Court, (Co-chair)
Representing: District Court

Claudia Balducci, Director, King County Department of Adult and Juvenile Detention
Representing: Adult and Juvenile Detention

Rhonda Berry, Assistant County Executive
Representing: County Executive

David Black, Residential Counselor, Community Psychiatric Clinic
Representing: Labor, representing a *bona fide* labor organization

Bill Block, Project Director, Committee to End Homelessness in King County
Representing: Committee to End Homelessness

Linda Brown, Board Member, King County Alcoholism and Substance Abuse Administrative Board
Representing: King County Alcoholism and Substance Abuse Administrative Board

John Chelminiak, Councilmember, City of Bellevue
Representing: City of Bellevue

Catherine Cornwall, Senior Policy Analyst
Representing: City of Seattle

Merril Cousin, Executive Director, King County Coalition Against Domestic Violence
Representing: Domestic violence prevention services

Nancy Dow, Member, King County Mental Health Advisory Board
Representing: Mental Health Advisory Board

Bob Ferguson, Councilmember Metropolitan King County Council
Representing: King County Council

David Fleming, Director and Health Officer Public Health–Seattle & King County
Representing: Public Health

Shirley Havenga, Chief Executive Officer Community Psychiatric Clinic
Representing: Provider of mental health and chemical dependency services in King County

Dennis Higgins, Kent City Council President City of Kent
Representing: Suburban Cities Association

David Hocraffer, Director, King County Office of the Public Defender
Representing: Public Defense

Darcy Jaffe, Assistant Administrator, Patient Care Services
Representing: Harborview Medical Center

Norman Johnson, Executive Director, Therapeutic Health Services
Representing: Provider of culturally specific chemical dependency services in King County

Bruce Knutson, Director, Juvenile Court, King County Superior Court
Representing: King County Systems Integration Initiative

Christine Lindquist, National Alliance on Mental Illness (NAMI) member
Representing: NAMI in King County

Jackie MacLean, Director, King County Department of Community and Human Services (DCHS)
Representing: King County DCHS

Donald Madsen, Director, Associated Counsel for the Accused
Representing: Public defense agency in King County

Linda Madsen, Healthcare Consultant for Community Health Council of Seattle and King County
Representing: Council of Community Clinics

Richard McDermott, Presiding Judge, King County Superior Court
Representing: Superior Court

Ann McGettigan, Executive Director, Seattle Counseling Service
Representing: Provider of culturally specific mental health services in King County

Barbara Miner, Director, King County Department of Judicial Administration
Representing: Judicial Administration

Sue Rahr, Sheriff, King County Sheriff's Office
Representing: Sheriff's Office

Dan Satterberg, King County Prosecuting Attorney
Representing: Prosecuting Attorney's Office

Mary Ellen Stone, Director, King County Sexual Assault Resource Center
Representing: Provider of sexual assault victim services in King County

Chelene Whiteaker, Director, Advocacy and Policy, Washington State Hospital Association
Representing: Washington State Hospital Association/ King County Hospitals

Oversight Committee Staff:
Andrea LaFazia-Geraghty, Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD)
Bryan Baird, MHCADSD

As of 3/31/2012

Attachment B: Full Listing of MIDD Strategies

Strategy Number	Strategy Description	Strategy "Nickname"
1a-1	Increase Access to Community Mental Health Treatment	MH Treatment
1a-2	Increase Access to Community Substance Abuse Treatment	CD Treatment
1b	Outreach and Engagement to Individuals Leaving Hospitals, Jails, or Crisis Facilities	Outreach & Engagement
1c	Emergency Room Substance Abuse Early Intervention Program	SA Emergency Room Intervention
1d	Mental Health Crisis Next Day Appointments and Stabilization Services	MH Crisis Next Day Appts
1e	Chemical Dependency Professional Education and Training	CD Professionals Training
1f	Parent Partner and Youth Peer Support Assistance Program	Parent Partners Family Assistance
1g	Prevention and Early Intervention Mental Health and Substance Abuse Services for Adults Age 50+	Older Adults Prevention MH & SA
1h	Expand Availability of Crisis Intervention and Linkage to On-Going Services for Older Adults	Older Adults Crisis & Service Linkage
2a	Workload Reduction for Mental Health	MH Workload Reduction
2b	Employment Services for Individuals with Mental Illness and Chemical Dependency	Employment Services MH & CD
3a	Supportive Services for Housing Projects	Supportive Housing
4a	Services for Parents in Substance Abuse Outpatient Treatment	Parents in Recovery SA Services
4b	Prevention Services to Children of Substance Abusers	Prevention - Children of SA
4c	Collaborative School-Based Mental Health and Substance Abuse Services	School-Based MH & SA Services
4d	School-Based Suicide Prevention	Suicide Prevention Training
5a	Expand Assessments for Youth in the Juvenile Justice System	Juvenile Justice Youth Assessments
6a	Wraparound Services for Emotionally Disturbed Youth	Wraparound
7a	Reception Centers for Youth in Crisis	Youth Reception Centers
7b	Expansion of Children's Crisis Outreach Response Service System	Expand Youth Crisis Services
8a	Expand Family Treatment Court Services and Support to Parents	Family Treatment Court Expansion
9a	Expand Juvenile Drug Court Treatment	Juvenile Drug Court Expansion
10a	Crisis Intervention Team Training for Law Enforcement & Other First Responders	Crisis Intervention Team Training
10b	Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team	Adult Crisis Diversion
11a	Increase Jail Liaison Capacity	Increase Jail Liaison Capacity
11b	Increase Services for New or Existing Mental Health Court Programs	MH Court Expansion
12a	Jail Re-Entry Program Capacity Increase	Jail Re-Entry Capacity Increase
	Education Classes at Community Center for Alternative Programs	CCAP Education Classes
12b	Hospital Re-Entry Respite Beds	Hospital Re-Entry Respite Beds
12c	Increase Harborview's Psychiatric Emergency Services Capacity to Link Individuals to Community Services upon ER Discharge	PES Link to Community Services
12d	Behavior Modification Classes for CCAP Clients	Behavior Modification for CCAP
13a	Domestic Violence and Mental Health Services	Domestic Violence & MH Services
13b	Domestic Violence Prevention	Domestic Violence Prevention
14a	Sexual Assault, Mental Health, and Chemical Dependency Services	Sexual Assault, MH & CD Services
15a	Drug Court: Expansion of Recovery Support Services	Adult Drug Court Expansion
16a	New Housing Units and Rental Subsidies	New Housing and Rental Subsidies
17a	Crisis Intervention Team/Mental Health Partnership Pilot	Crisis Intervention/MH Partnership
17b	Safe Housing and Treatment for Children in Prostitution Pilot	Safe Housing - Child Prostitution

Attachment C:

Current MIDD Evaluation Plan Matrices

for All Strategies

Strategy 1 – Increase Access to Community Mental Health and Substance Abuse Treatment				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
1a-1 – Increase Access to Mental Health (MH) Outpatient Services for People Not On Medicaid Target Population: Individuals who have received MH services but have lost Medicaid eligibility or those who meet clinical and financial criteria for MH services but are not Medicaid eligible	1. Provide expanded access to outpatient MH services for 2,400 additional persons not eligible for or who lose Medicaid coverage, yet meet income standards for public MH services.	Short-term measure: 1. Increase # of non-Medicaid eligible clients served in MH outpatient treatment Longer-term measures: 2. Reduce severity of MH symptoms for those served 3. Reduce # of jail bookings and days for those served 4. Reduce # of psychiatric hospital admissions and days for those served 5. Reduce # of emergency room (ER) visits for those served	1. Output 2. Outcome 3. Outcome 4. Outcome 5. Outcome	Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) Management Information System (MIS) (php96) MIS (php96) Jail data Western State data and MIS (php96) ER data❶
1a-2 – Increase Access to Chemical Dependency (CD) Outpatient Services for People Not On Medicaid Target Population: Low-income individuals who are not Medicaid, ADATSA, or GAU eligible who need CD services	1. Provide expanded access to chemical dependency treatment to individuals not eligible or covered by Medicaid, ADATSA, or GAU benefits but who are low-income (have 80% of state median income or less, adjusted for family size). Services to include 70,000 units of opiate substitution treatment (OST), 50,000 units of adult outpatient treatment and 4,000 units of youth outpatient treatment per year.*	Short-term measure: 1. Increase # of non-Medicaid eligible clients admitted to outpatient substance abuse treatment and OST Longer-term measures: 2. Reduce severity of CD symptoms for those served 3. Reduce # of jail bookings and days for those served 4. Reduce # of ER visits for those served	1. Output 2. Outcome 3. Outcome 4. Outcome	TARGET TARGET❷ Jail data ER data❶

❶ Data sharing agreement(s) needed

❷ Database revisions completed in January 2011

* Outpatient service units include hours for assessments, individual therapy, group therapy, case management, and urinalysis testing for youth. OST units are days when individuals receive medications such as methadone.

Strategy 1 – Increase Access to Community Mental Health and Substance Abuse Treatment				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
1b – Outreach and Engagement to Individuals Leaving Hospitals, Jails, or Crisis Facilities Target Population: Homeless adults being discharged from jails, hospital ERs, crisis facilities and in-patient psychiatric and chemical dependency facilities	1. Provide mental health and substance abuse stabilization, engagement, screening, and assessment services to homeless individuals. 2. Provide referrals and confirm linkages for 675 homeless individuals per year. 3. Provide mental health, substance abuse, and/or case management services to 350 homeless individuals per year.	Short-term measures: 1. Hire 5.6 FTEs to provide outreach services 2. Increase # of mental health, substance abuse, and/or case management services provided to homeless individuals per year 3. Increase # of referrals for homeless individuals to needed outpatient MH and substance abuse treatment and housing Longer-term measures: 4. Increase # of linkages to outpatient MH treatment for those referred 5. Increase # of linkages to outpatient substance abuse treatment for those referred 6. Increase # of linkages to permanent housing placements for those referred 7. Reduce # of jail bookings and days for those served 8. Reduce # of psychiatric hospital admissions and days for those served 9. Reduce # of days in Sobering Center for those served 10. Reduce # of ER visits for those served	1. Output 2. Output 3. Output 4.Outcome 5.Outcome 6.Outcome 7. Outcome 8. Outcome 9. Outcome 10.Outcome	Contract report MIDD Tools MIDD Tools MIS (php96) TARGET Integrated DB or Safe Harbors❶ Jail data Western State data and MIS (php96) Sobering data ER data❶

❶ Data sharing agreement(s) needed

Strategy 1 – Increase Access to Community Mental Health and Substance Abuse Treatment				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
1c - Emergency Room Substance Abuse Early Intervention Program Target Population: At-risk substance abusers, including high utilizers of hospital ERs	1. Continue lapsed federal grant funding for SBIRT✪ program at Harborview with 5 current FTE substance abuse (SA) professionals. 2. Create 1 new program in South King County with chemical dependency professionals (CDPs) at Auburn General Hospital (on hold), Highline Medical Center, St. Francis Hospital, and Valley Medical Center. 3. Conduct 6,400 screens and 4,340 brief interventions per year with 8 FTE.	Short-term measures: 1. Fund existing program at Harborview 2. Hire 4 FTE CDPs for new program in South King County 3. Increase # of screening, brief intervention, referrals, and/or brief therapy services for patients presenting in emergency rooms throughout King County Longer-term measures: 4. Increase # of linkages to outpatient substance abuse treatment for those referred 5. Reduce # of jail bookings and days for those served 6. Reduce # of days in Sobering Center for those served 7. Reduce # of ER visits for those served	1. Output 2. Output 3. Output 4.Outcome 5. Outcome 6. Outcome 7. Outcome	Contract report Contract report MIDD Tools MIDD Tools and TARGET Jail data Sobering data ER data❶

✪SBIRT (Screening, Brief Intervention, Referral and Treatment) is an evidence-based practice.
❶ Data sharing agreement(s) needed

Strategy 1 – Increase Access to Community Mental Health and Substance Abuse Treatment				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
1d - Mental Health Crisis Next Day Appointments (NDAs) and Stabilization Services Target Population: Adults in crisis and at risk for inpatient psychiatric admission	1. Increase NDA capacity to provide enhanced services for 750 of the approximate 1,300 clients receiving NDAs annually. Enhanced crisis stabilization services may include any of the following: a. Benefits counseling to help clients gain entitlements that will enable them to qualify for ongoing mental health and medical services; b. Brief, intensive, short term treatment to resolve crises, including motivational interviewing to promote treatment engagement for individuals who are in need of substance use treatment; c. Psychiatric medication evaluations that includes access to medications; d. Consultation with clients' primary care physicians regarding ongoing access to needed psychiatric medications for individuals who are not eligible for ongoing public mental health services; and e. Linkage to on-going care.	Short-term measure: 1. Provide enhanced NDA services as measured by mix of services provided to clients Longer-term measures: 2. Increase # of linkages to outpatient MH treatment for those referred 3. Reduce # of psychiatric hospital admissions and days for those served 4. Reduce # of ER visits for those served 5. Reduce # of jail bookings and days for those served	1. Output 2. Outcome 3. Outcome 4. Outcome 5. Outcome	MIS (php96) MIS (php96) Western State data and MIS (php96) ER data❶ Jail data

❶ Data sharing agreement(s) needed

Strategy 1 – Increase Access to Community Mental Health and Substance Abuse Treatment				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
1e – Chemical Dependency Professional (CDP) Education and Workforce Development Target Population: Staff (CDPTs)❶ at King County contracted treatment and prevention agencies training to become CDPs❷ and/or CPPs❸ or seeking recertification	1. Provide tuition, book stipends, and test reimbursement to agency staff in training to become certified chemical dependency professionals. Reimburse recertification fees, clinical supervision, and cultural competency consultation. 2. Increase # of trainees participating in this program by 125 annually. 3. Provide support to deliver evidenced-based treatment and prevention practices and assure these practices are delivered with fidelity by offering training, technical assistance, or other workforce development activities to 250 individuals per year.	Short-term measures: 1. Hire 1 FTE science-to-service/ workforce development coordinator 2. Increase # of certified CDPs and CPPs in the King County substance abuse treatment and prevention delivery system 3. Develop workforce development training plan for CD service providers Longer-term measures: 4. Increase # of county-sponsored clinical supervisions and cultural competency consultations 5. Increase # of evidence-based treatment and prevention trainings provided 6. Increase # of CDPs and CPPs trained in evidence-based practices 7. Assess wider impacts for individuals and agencies (including increased staff recruitment/retention and increased job satisfaction)	1. Output 2. Output 3. Output 4. Output 5. Output 6. Output 7. Outcome	MHCADSD Contract report Contract report Contract report Contract report Contract report Agency semi-annual narrative report

❶ Chemical dependency professional trainees
❷ Chemical dependency professionals
❸ Certified prevention professionals

Strategy 1 – Increase Access to Community Mental Health and Substance Abuse Treatment				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
1f - Parent Partner and Youth Peer Support Assistance Program ⌖ Target Populations: 1) Families whose children receive services from the public mental health or substance abuse treatment systems, the child welfare system, the juvenile justice system, and/or special education programs, and who need assistance to successfully access services and supports for their children/youth 2) Youth who receive services from the public mental health and substance abuse treatment systems, the child welfare system, the juvenile justice system, and/or special education programs, and who need assistance to successfully access services and supports	1. Provide parent partners/youth peer counselors that will empower families and youth by assisting them to 1) increase their knowledge and expertise about services, systems and supports for families, 2) utilize effective coping skills and strategies to support children/youth, and 3) effectively navigate the complex child-serving systems, including juvenile justice, child welfare, and mental health and substance abuse treatment. 2. Provide education, training and advocacy to 4,000 parents and youth involved in the different child-serving systems ~~in an amount to be determined (TBD) in contract~~ per year. 3. Provide information and resources to families and youth regarding services and supports available throughout King County.	Short-term measures: 1. Hire 1.0 FTE parent partner specialist 2. Fund a free-standing Family Support Organization (FSO) in King County 3. Hire parent partners and youth peer mentors to operate and staff the FSO 4. Increase # of families and youth receiving parent partner/peer counseling services 5. Increase # of parent partner/peer counseling service hours provided 6. Increase # of parents/youth engaged in support groups and other activities of the FSO 7. Increase # of education and training events held annually Longer-term measures: 8. Increase parent/caregiver knowledge of service systems and how to access resources 9. Increase family empowerment and advocacy skills for parents/caregivers and youth 10. Increase protective factors for families and youth served 11. Decrease risk factors for families and youth served 12. Increase family connections to natural supports	1. Output 2. Output 3. Output 4. Output 5. Output 6. Output 7. Output 8. Outcome 9. Outcome 10.Outcome 11.Outcome 12.Outcome	MHCADSD MHCADSD MHCADSD MIS (php96)❶ MIS (php96)❶ Contract report Contract report MIDD Tools MIDD Tools MIDD Tools MIDD Tools MIDD Tools

⌖ The Parent Partner and Youth Peer Support Assistance Program is based upon a "promising" practice model.
❶ Database revisions needed

Strategy 1 – Increase Access to Community Mental Health and Substance Abuse Treatment				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
1g - Prevention and Early Intervention Mental Health and Substance Abuse Services for Adults Age 50+ Target Population: Adults age 50 years and older who are low-income, have limited or no medical insurance, and are at risk of mental health problems and/or alcohol or drug abuse	1. Increase capacity to provide integrated behavioral health care to at least 2,500 individuals at 21 safety net primary care clinics. 2. Provide on-site prevention and early intervention services that include screening clients for depression, anxiety, and/ or alcohol/drug abuse, identifying treatment needs, and connecting those in need to appropriate interventions.	Short-term measures: 1. Hire 7.4 FTE behavioral health specialists/staff 2. Increase access to MH and substance abuse screening and services 3. Provide MH and substance abuse prevention and early intervention services in primary care clinics Longer-term measures: 4. Increase # of individuals screened for MH and substance abuse issues using the GAIN-SS 5. Reduce severity of MH symptoms* for those served 6. Increase # of linkages to outpatient MH treatment for those referred 7. Increase # of linkages to outpatient substance abuse treatment for those referred 8. Reduce # of ER visits for those served	 1. Output 2. Output 3. Output 4. Outcome 5. Outcome 6. Outcome 7. Outcome 8. Outcome	 Contract report Contract report MIDD Tools MIDD Tools MIDD Tools MIS (php96) TARGET ER data❶

* Depression measured by PHQ-9 and anxiety measured by GAD-7 at two different time periods.
❶ Data sharing agreement(s) needed

Strategy 1 – Increase Access to Community Mental Health and Substance Abuse Treatment				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
1h - Expand the Availability of Crisis Intervention and Linkages to On-going Services for Older Adults Target Population: Adults age ~~55~~ 60 and older experiencing a crisis in which MH or substance abuse is a contributing factor	1. Expand the capacity of the Geriatric Regional Assessment Team (GRAT)⌖ to provide services to 340 total clients per year. 2. In response to requests from police and other first responders, provide crisis intervention, ~~functional~~ mental health and chemical dependency assessments, referrals, and linkages to services.	Short-term measures: 1. Hire 1 FTE geriatric MH specialist, 1 FTE geriatric CD specialist, 1 geriatric CD trainee, and 1.6 FTE nurse 2. Increase # of older adults receiving crisis intervention services 3. Increase # of older adults receiving ~~functional~~ mental health and chemical dependency assessments ~~4. Increase # of older adults receiving referrals to outpatient MH and substance abuse treatment~~ Longer-term measures: ~~5. Increase # of linkages to outpatient MH treatment for those referred~~ ~~6. Increase # of linkages to outpatient substance abuse treatment for those referred~~ 4.~~7~~. Reduce # of psychiatric hospital admissions and days for those served 5.~~8.~~ Reduce # of ER visits for those served 6. Divert those served from homelessness and other costly dispositions	1. Output 2. Output 3. Output ~~4. Output~~ ~~5. Outcome~~ ~~6. Outcome~~ 4.~~7~~.Outcome 5.~~8.~~Outcome 6. Outcome	Contract report MIS (php96) MIS (php96) ~~MIS (php96)~~ ~~MIS (php96)~~ ~~TARGET~~ Western State data and MIS (php96) ER data❶ Contract report

⌖GRAT is recognized by Substance Abuse & Mental Health Services Administration (SAMHSA) as a "promising" practice model.
❶ Data sharing agreement(s) needed

Strategy 2 - Improve Quality of Care				
Sub-Strategy	**Intervention(s)/Objectives – including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
2a – Workload Reduction for Mental Health Target Populations: 1) Contracted MH agencies and MH case managers 2) Consumers receiving outpatient services through King County Regional Support Network (KCRSN)	1. Develop and implement agency-specific plans for reducing workloads that address variations in agency size, case mix, and workload allocation among agency staff. 2. Increase payment rates for MH providers in order to increase number of direct services staff, reduce caseloads, and increase frequency and quantity of services to consumers.	Short-term measures: 1. Develop and implement plans that address variation between agencies in size, case mix, and workload allocation among agency staff 2. Increase # of approved individual agency Workload Reduction Plans 3. Increase # of direct services staff as specified in above plans 4. Decrease case management and direct services staff workload by amount specified in plans Longer-term measures: 5. Increase services provided as specified in plans 6. Increase % of clients served within seven days of hospital discharge or jail release 7. Increase case manager job satisfaction as a result of reduced workload 8. Reduce case manager turnover rates	1. Output 2. Output 3. Output 4. Output 5. Outcome 6. Outcome 7.Outcome 8.Outcome	MHCADSD MHCADSD Contract report Contract report MIS (php96) MIS (php96) Survey Contract report

Strategy 2 - Improve Quality of Care				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
2b - Employment Services✪ for Individuals with Mental Illness and Chemical Dependency Target Population: Individuals receiving public mental health and/or chemical dependency services who need supported employment to obtain competitive employment	1. Provide supported employment services such as trial work experience, job placement, and on-the-job retention support to 920 clients per year. 2. Provide training in vocational services to MH providers and CD providers (on hold).	Short-term measure: 1. Hire 23 vocational specialists (each serving ~40 clients per year) 2. Increase # of community providers trained in supported employment services Longer-term measures: 3. Increase # of enrolled MH and CD clients who receive vocational assessments 4. Increase # of enrolled MH and CD clients who receive job placements 5. Increase # or rate of employed clients who are retained in employment for at least 90 days	1. Output 2. Output 3. Outcome 4. Outcome 5. Outcome	Contract report MHCADSD Contract report Contract report Contract report

✪ Supported employment services adhere to an evidence-based service model.

Strategy 3 – Increase Access to Housing				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
3a – Supportive Services for Housing Projects⌖ Target Populations: 1) People in the public MH and CD treatment system who are homeless or have not been able to attain housing stability 2) People who are exiting jails, hospitals, sobering services or have been seen at a crisis diversion facility and who are homeless or have not been able to attain housing stability	1. Expand on-site supportive housing services by adding housing support specialists to serve ~~400~~ a number of individuals ~~in addition to~~ not less than current capacity of units with support services*. 2. Supportive housing services shall include housing case management, group activities, and/or general support (such as life skills assistance) hours, depending on the provider agency.	Short-term measures: 1. Increase # of housing providers accepting this target population 2. Increase # of individuals receiving supportive housing services 3. Increase # of supportive housing service hours provided Longer-term measures: 4. Increase # of individuals served who remain in housing for at least one year 5. Increase # of linkages to outpatient MH treatment for those served 6. Increase # of linkages to outpatient substance abuse treatment for those served 7. Reduce # of jail bookings and days for those served 8. Reduce # of psychiatric hospital admissions and days for those served 9. Reduce # of days in Sobering Center for those served 10. Reduce # of ER visits for those served	 1. Output 2. Output 3. Output 4. Outcome 5. Outcome 6. Outcome 7. Outcome 8. Outcome 9. Outcome 10.Outcome	 MHCADSD MIDD Tools MIDD Tools MIDD Tools MIS (php96) TARGET Jail data Western State data and MIS (php96) Sobering data ER data❶

⌖ Supportive Housing Services are based upon a "promising" practice model.
❶ Data sharing agreement(s) needed
* Target numbers to be amended annually to align with implemented capacity

Strategy 4 – Invest in Prevention and Early Intervention				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
4a –Services for Parents in Substance Abuse Outpatient Treatment Target Population: Custodial parents (and their children) participating in outpatient substance abuse treatment	1. Implement two evidence-based programs (such as "Families Facing the Future"✪) to help parents in recovery become more effective parents by using relapse prevention and refusal skills in drug use situations and reduce the risk that their children will abuse drugs or alcohol. 2. Serve 400 parents per year.	Short-term measures: 1. Contract with service provider to hire program staff 2. Increase parent prevention services at outpatient substance abuse treatment programs Longer-term measures: 3. Reduce severity of CD symptoms for parents served 4. Reduce reported problem behaviors in children of parents served 5. Reduce reported substance use in children of parents served 6. Improve school attendance and performance in children of parents served	 1. Output 2. Output 3. Outcome 4. Outcome 5. Outcome 6. Outcome	 Contract report MIDD Tools TARGET MIDD Tools MIDD Tools School data❶

✪"Families Facing the Future" is an evidence-based program.
❶ Data sharing agreement(s) needed

Strategy 4 – Invest in Prevention and Early Intervention				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
4b – Prevention Services to Children of Substance Abusers Target Population: Children of substance abusers and their parents, guardians, or kinship caregivers	1. Implement evidence-based educational/support programming✪ for children of substance abusers to reduce risk of future substance abuse and increase protective factors. 2. Serve 400 children per year.	Short-term measures: 1. Contract with service provider to hire program staff 2. Increase services for children of substance abusers Longer-term measures: 3. Improve school attendance and performance in children served 4. Reduce # of detention admissions for children served 5. Reduce reported substance abuse in children served 6. Reduce risk factors for children served 7. Increase protective factors for children served	 1. Output 2. Output 3.Outcome 4.Outcome 5.Outcome 6. Outcome 7. Outcome	 Contract report MIDD Tools School data❶ Juvenile Justice data MIDD Tools MIDD Tools MIDD Tools

✪ Programs implemented will be evidence-based.
❶ Data sharing agreement(s) needed

Strategy 4 – Invest in Prevention and Early Intervention				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
4c – Collaborative School-Based Mental Health and Substance Abuse Services Target Pop: Children and youth enrolled in King County schools identified by the school as at-risk for or experiencing early indicators of MH and/or substance abuse concerns.	1. Fund up to19 school-based health programs in partnership with mental health, chemical dependency and youth service providers to provide a continuum of mental health and substance abuse prevention services in schools for 2,268 individuals per year. 2. Review and/or develop or modify school policies and procedures to address appropriate steps for intervening with students who are at risk for suicide, including MH and/or substance abuse issues, as follows: - # of schools with current safety plans - # of schools with effective suicide prevention policies (see Strategy 4d) - List of schools and total hours spent in consultation to help schools develop or modify their policies to be more effective.	Short-term measures: 1. Fund programs in school districts throughout King County 2. Hire clinicians/credentialed professionals for each program 3. Increase # of youth and their families receiving MH and/or CD screening, early intervention, and referral to treatment services through on-site school-based programs Longer-term measures: 4. Increase protective factors for youth served 5. Reduce risk factors for youth served 6. Reduce # of truancy petitions filed for youth served 7. Reduce # of detention admissions for those served 8. Reduce severity of CD and MH symptoms in youth served	 1. Output 2. Output 3. Output 4. Outcome 5. Outcome 6. Outcome 7. Outcome 8. Outcome	 MHCADSD Contract report Contract report MIDD Tools MIDD Tools School❶ and Juvenile Justice data Juvenile Justice data GAIN Tools

❶ Data sharing agreement(s) needed

Strategy 4 – Invest in Prevention and Early Intervention				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
4d – School-Based Suicide Prevention Target Population: King County public, private and alternative school students, age 12-19 years, school staff and administrators, and the students' parents and guardians	1. Fund staff to provide suicide awareness and prevention training to youth, school administrators, teachers and parents to include: • 130 suicide awareness presentations for 3,250 students per year • 40 adult presentations with 1,500 participants per year including: - Teacher training - Parent education 2. Review and/or develop or modify school district policies and procedures to address appropriate steps for intervening with students who are at risk for suicide as follows: - # of school~~s~~ districts with current suicide prevention policies ~~TBD~~ - # of school~~s~~ districts with effective suicide prevention policies (as noted by the Crisis Response Plan Document Review) ~~TBD~~ - List of school~~s~~ districts and total hours spent in consultation to help schools develop or modify their policies to be more effective ~~TBD~~	Short-term measures: 1. Hire 3 FTE educators to provide suicide awareness and prevention trainings 2. Increase # of suicide awareness trainings for students 3. Increase # of adult trainings 4. Increase # of schools with current suicide prevention policies 5. Increase # of schools with effective suicide prevention policies 6. Increase hours of consultation to help schools develop or modify policies to be more effective Longer-term measures: 7. Demonstrate effectiveness of youth and adult curriculum delivery for increasing knowledge and/or awareness of youth suicide prevention resources and issues	1. Output 2. Output 3. Output 4. Output 5. Output 6. Output 7. Outcome	Contract report Contract report Contract report Contract report Contract report Contract report Training evaluations

Strategy 5 - Expand Assessments for Youth in the Juvenile Justice System				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
5a – Increase Capacity for Social and Psychological Assessments for Juvenile Justice Youth Target Population: Youth aged 12 years or older who have become involved with the juvenile justice (JJ) system (including non-offender youth involved with the Becca truancy process)	1. Hire administrative and clinical staff to enhance and expand the capacity for social and psychological assessments, substance abuse assessment, and other specialty evaluations (e.g., psychiatric, forensic, neurological, etc.) for juvenile justice involved youth. 2. Screening and assessment of youth including the following: a. Coordinate/triage 500 assessment referrals per year; b. Provide 200 psychological services per year; c. Conduct 140 mental health assessments per year; d. Conduct 165 chemical dependency evaluations (Global Appraisal of Individual Needs – Initial or GAIN-I) per year; and e. Provide up to 10 psychiatric evaluations per year (as needed).	Short-term measures: 1. Hire 1 FTE program coordinator 2. Hire up to 3 assessment professionals (i.e., psychologist, mental health professional and chemical dependency professional) Longer-term measures: 3. Increase # of youth involved in JJ completing a GAIN assessment 4. Increase # of youth involved in JJ completing a MH assessment or specialty evaluation 5. Increase # of linkages to outpatient MH treatment for those referred 6. Increase # of linkages to outpatient substance abuse treatment for those referred 7. Reduce # of detention admissions for youth linked to CD and/or MH treatment	1. Output 2. Output 3. Outcome 4. Outcome 5. Outcome 6. Outcome 7.Outcome	Contract report Contract report Assessments.com MIDD Tools MIS (php96) TARGET Juvenile Justice data

Strategy 6 - Expand Wraparound Services for Youth				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
6a - Wraparound Family, Professional, and Natural Support Services for Emotionally Disturbed Youth Target Population: Emotionally and/or behaviorally disturbed children and/or youth (up to the age of 21) and their families who receive services from two or more of the public mental health and substance abuse treatment systems, the child welfare system, the juvenile justice system, developmental disabilities and/or special education programs, and who would benefit from high fidelity wraparound	1. Expand wraparound services by developing five new wraparound teams consisting of 1 coach, 6 facilitators, and 2 parent partners each. 2. Provide wraparound services to an additional ~~920 youth and families per year~~ ~~(including siblings of "identified" youth and/or other young members of families served).~~ 450 enrolled youth per year.	Short-term measures: 1. Hire 1 FTE wraparound coordinator 2. Increase wraparound service delivery Longer-term measures: 3. Improve school attendance and performance among youth served 4. Reduce reported substance use for youth served 5. Improve functioning at home, school, and community for youth served 6. Increase community connections and utilization of natural supports by youth and families served 7. Maintain stability of living situation for youth served 8. Reduce # of detention admissions for youth served	1. Output 2. Output 3. Outcome 4. Outcome 5. Outcome 6. Outcome 7.Outcome 8.Outcome	MHCADSD Contract report MIDD Tools MIDD Tools MIDD Tools Fidelity monitoring MIDD Tools Juvenile Justice data

Strategy 7 - Expand Services for Youth in Crisis				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
7a - Reception Centers for Youth in Crisis Target Population: Youth who have been arrested, are ineligible for detention, and do not have a readily available parent or guardian and are experiencing a MH and/or substance abuse crisis	1. Conduct a comprehensive needs assessment to identify alternatives to arrest for runaways and minor youth who are experiencing mental health and/or substance abuse problems and who come to the attention of law enforcement personnel. 2. Create a coordinated response/entry system for the target population that allows law enforcement and other first responders to link youth to the appropriate services in a timely manner. 3. Develop an enhanced array of services for the target population as deemed appropriate by the needs assessment.	Short-term measures: 1. Complete a needs assessment in conjunction with Strategy 7b to determine appropriate strategies to meet goals 2. Implement strategies as identified through needs assessment Longer-term measures: 3. Reduce # of detention admissions for those served 4. Reduce # of psychiatric hospital admissions and days for those served 5. Reduce # of ER visits for those served	1. Output 2. Output 3. Outcome 4. Outcome 5. Outcome	MHCADSD MHCADSD Juvenile Justice data CLIP data and MIS (php96) ER data❶

❶ Data sharing agreement(s) needed

Strategy 7 - Expand Services for Youth in Crisis				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
7b - Expanded Crisis Outreach and Stabilization for Children, Youth, and Families Target Populations: 1) Children and youth aged 3-17 who are currently in King County and who are experiencing a mental health crisis and where the current living situation is at imminent risk of disruption 2) Children and youth being discharged from a psychiatric hospital or juvenile detention center without an appropriate living arrangement	1. Conduct a needs assessment ~~in conjunction with the needs assessment for sub-strategy 7a~~ to determine additional capacity and resources needed to develop the full continuum of crisis options within the Children's Crisis Outreach Response System (CCORS) program. 2. Expand current CCORS program to provide crisis outreach and stabilization to 300 additional youth and families, including those involved in the JJ system and/or at risk for placement in juvenile detention due to emotional and behavioral problems. 3. Develop a marketing/communication plan targeted at reaching child/youth and families who may need to access CCORS.	Short-term measures: 1. Complete a needs assessment in conjunction with strategy 7a to determine appropriate strategies to meet goals 2. Increase # of youth in King County receiving crisis stabilization within the home environment 3. Maintain # of youth who remain in current living placement for those served Longer-term measures: 4. Reduce # of detention admissions for youth served 5. Reduce # of psychiatric hospital admissions and days for youth served 6. Reduce # of requests for placement in child welfare system for youth served 7. Reduce # of ER visits for youth served	1. Output 2. Output 3. Outcome 4. Outcome 5. Outcome 6. Outcome 7. Outcome	MHCADSD MIS (php96) MIDD Tools Juvenile Justice data CLIP data and MIS (php96) MIDD Tools ER data❶

❶ Data sharing agreement(s) needed

Strategy 8 - Expand Family Treatment Court				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
8a - Expand Family Treatment Court (FTC) Services and Support to Parents Target Population: Parents in the child welfare system who are identified as being chemically dependent and who have had their child(ren) removed due to their substance use	1. Sustain and expand capacity of the FTC model to serve no more than 60 children at any given time and no more than 90 children per year. 2. Enroll up to 15 FTC families at any given time in FTC wraparound services.	Short-term measure: 1. Hire 3.5 FTE staff to expand family treatment court capacity Longer-term measures: 2. Increase positive child placements at parent exit from FTC 3. Increase # of FTC parents who are enrolled in CD services 4. Increase # of FTC parents who complete CD treatment 5. Maintain # of FTC families enrolled in FTC wraparound services 6. Reduce severity of CD symptoms for parents served 7. Reduce # of jail bookings and days for parents served	1. Output 2. Outcome 3. Outcome 4. Outcome 5. Outcome 6. Outcome 7. Outcome	Contract report MIDD Tools MIDD Tools TARGET MIDD Tools TARGET❶ Jail data

❶ Database revisions completed January 2011

Note: Evaluation plan eliminated numerous performance measures in an unpublished draft revision dated 3/26/2009.

Strategy 9 - Expand Juvenile Drug Court				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
9a - Expand Juvenile Drug Court (JDC) Treatment Target Population: Youth involved in the juvenile justice system who are identified as having substance abuse issues or are diagnosed chemically dependent	1. Maintain and expand capacity of the Juvenile Drug Court model to enroll up to 36 additional youth per year.	Short-term measures: 1. Hire 5.5 FTE staff to expand juvenile drug court capacity Longer-term measures: 2. Increase # of JDC youth linked to substance abuse treatment 3. Increase # of JDC youth completing substance abuse treatment 4. Reduce # of detention admissions for youth completing juvenile drug court 5. Reduce substance abuse and severity of CD symptoms for JDC youth served	1. Output 2. Outcome 3. Outcome 4. Outcome 5. Outcome	Contract report MIDD Tools TARGET Juvenile Justice data Assessments.com and MIDD Tools

Strategy 10 - Pre-Booking Diversion				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
10a - Crisis Intervention Team Training Program for King County Sheriff, Police, Jail Staff, and Other First Responders Target Population: King County (KC) Sheriff, police, firefighters, emergency medical technicians, ambulance drivers, jail staff, and other first responders *and* clients	1. Crisis intervention team (CIT) training for KC Sheriff, police, firefighters, emergency medical technicians, ambulance drivers, jail staff, and other first responders including the following: a. 40-hour CIT training to ~~375~~ 180 police and other first responders per year; ~~and~~ b. One-day CIT training to ~~1,000~~ 300 other officers and other first responders per year; and c. 150 trainees per year in other training opportunities developed and conducted in response to identified need.	Short-term measures: 1. Contract with the Washington State Criminal Justice Training Commission (WSCJTC) to provide trainings 2. Hire 1 FTE police sergeant 3. Hire 1 FTE administrative/fiscal specialist 4. Increase # of KC Sheriff, police, jail staff, and other first responders attending training Longer-term measures: 5. Self-report of training effectiveness/ skills learned 6. Increase support for treatment services for individuals with MH and/or CD needs among CIT trainees 7. Increase CIT trainee knowledge of MH and/or CD illnesses 8. Reduce CIT trainee stigma toward individuals with MH and/or CD illnesses	1. Output 2. Output 3. Output 4. Output 5. Outcome 6. Outcome 7. Outcome 8. Outcome	MHCADSD Contract report Contract report Contract report Training evaluations Pre/post survey Pre/post survey Pre/post survey

Strategy 10 - Pre-Booking Diversion				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
10b- Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team Target Populations: 1) Adults in crisis in the community who might otherwise be arrested for minor crimes and taken to jail or to a hospital emergency department 2) Individuals who have been seen in emergency departments or at jail booking and who are ready for discharge but still in crisis and in need of services Note: Exclusionary criteria for admission will include criminal charge or criminal history criteria and medical/behavioral criteria, as recommended by target population workgroups	1. Create a Crisis Diversion Facility (CDF) where police and crisis responders may divert adults in crisis. 2. Create a Crisis Diversion Interim Services (CDIS), a respite program for consumers to transfer to after a crisis has resolved at the CDF and their shelter situation may be dangerous or have the potential to send him/her into crisis again. 3. Create a Mobile Crisis Team (MCT) of MH and CD specialists to evaluate, refer and link clients to services. 4. Serve at least 3,000 adults per year when all strategy components are implemented.	Short-term measures: 1. Contract with community agencies to provide: a CDF, a CDIS program, and a MCT 2. Increase # of respite beds available to adults in crisis 3. Increase # of referrals for individuals to needed outpatient MH and substance abuse treatment services 4. Increase diversions from jails and/or hospitals by various types of first responders Longer-term measures: 5. Increase # of linkages to outpatient MH treatment for those referred 6. Increase # of linkages to outpatient substance abuse treatment for those referred 7. Reduce # of jail bookings and days for those served 8. Reduce # of psychiatric hospital admissions and days for those served 9. Reduce # of ER visits for those served	1. Output 2. Output 3. Output 4. Output 5. Outcome 6. Outcome 7. Outcome 8. Outcome 9.Outcome	MHCADSD Contract reports ~~MIDD Tools~~ MIS (php96) MIS (php96) MIS (php96) TARGET Jail data Western State data and MIS (php96) ER data❶

❶ Data sharing agreement(s) needed

Strategy 11 - Expand Access to Diversion Options and Therapeutic Courts and Improve Jail Services Provided to Individuals with Mental Illness and Chemical Dependency				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
11a - Increase Capacity of Jail Liaison Program Target Pop: King County Work Release (WER) inmates who are residents of King County or likely to be homeless within King County upon release from custody, and who are assessed as needing mental health services, chemical dependency treatment, other human services, or housing upon release	1. Increase jail liaison capacity to handle increased mental health caseloads. 2. Provide liaison services to 200 additional inmates per year who are within 10-45 days from release. Liaison services to include referrals to: community-based MH, CD, housing, legal, education or employment, and Veteran's programs.	Short-term measures: 1. Hire 1 FTE jail liaison at WER 2. Increase # of referrals to needed outpatient MH and substance abuse treatment, housing, and community resources for those served Longer-term measures: 3. Increase # of linkages to outpatient MH treatment for those referred 4. Increase # of linkages to outpatient substance abuse treatment for those referred 5. Increase # of linkages to permanent housing placements for those referred 6. Reduce # of jail bookings and days for those served	1. Output 2. Output 3. Outcome 4. Outcome 5. Outcome 6. Outcome	Contract report MIDD Tools MIS (php96) TARGET Integrated DB or Safe Harbors❶ Jail data

❶ Data sharing agreement(s) needed

Strategy 11 - Expand Access to Diversion Options and Therapeutic Courts and Improve Jail Services Provided to Individuals with Mental Illness and Chemical Dependency				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
11b - Increase Services Available for New or Existing Mental Health Court (MHC) Programs Target Population: 1) Adult misdemeanants with serious mental illness who opt-in to the mental health court and those who are unable to opt-in because of their lack of legal competency 2) Access to participate will be developed for individuals in court jurisdictions in all parts of King County	1. Expand MHC programs to serve 115 additional clients per year (over 200 per year current capacity) in Regional Mental Health Court (RMHC). 2. Make MHC services available to any misdemeanor offender in King County who is mentally ill, regardless of where the offense is committed. 3. Provide forensic peer support services to individuals "opting in" to RMHC. 4. Pilot a Veterans Track within the existing RMHC for one year only. 5. Provide MHC liaison services to 50 clients per year, including assessment of competency cases in the City of Seattle Municipal Court (SMC) and cases found through outreach with the broader SMC system.	Short-term measures: 1. Hire RMHC staff and 1 FTE court liaison for the SMC MHC 2. Increase # of MHC clients referred from King County municipalities for screening 3. Increase # of referrals to needed outpatient MH treatment Longer-term measures: 4. Increase # of linkages to outpatient MH treatment for those referred 5. Reduce severity of MH symptoms for those linked to outpatient MH treatment 6. Increase # of clients with housing at exit 7. Increase # of clients with employment at exit 8. Reduce # of jail bookings and days for those served	1. Output 2. Output 3. Output 4. Outcome 5. Outcome 6. Outcome 7. Outcome 8. Outcome	Contract report Contract report MIS (php96) or MIDD Tools MIS (php96) MIS (php96) and MIDD Tools MIDD Tools MIDD Tools Jail data

Strategy 12 - Expand Re-entry Programs				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
12a1 - Increase Jail Re-Entry Program Capacity Target Population: King County jail inmates who are residents of King County or likely to be homeless within King County upon release from custody, and who are assessed as needing mental health services, chemical dependency treatment, other human services, or housing upon release	1. Increase jail re-entry capacity to handle increased mental health caseloads. 2. Provide re-entry case management services to 300 additional clients per year. Case management services to include referrals to: community-based MH, CD, housing, legal, education or employment, and Veteran's programs.	Short-term measures: 1. Hire 3 re-entry case managers 2. Increase # of referrals to needed outpatient MH and substance abuse treatment, housing, and community resources for those served Longer-term measures: 3. Increase # of linkages to outpatient MH treatment for those referred 4. Increase # of linkages to outpatient substance abuse treatment for those referred 5. Increase # of linkages to permanent housing placements for those referred 6. Reduce # of jail bookings and days for those served by liaison	1. Output 2. Output 3. Outcome 4. Outcome 5. Outcome 6. Outcome	Contract report MIS (php96) MIS (php96) TARGET Integrated DB or Safe Harbors❶ Jail data
12a2 - Increase Community Corrections Re-Entry Program Capacity Target Population: Adult defendants and offenders participating in Community Corrections Department (CCD) programs who are in need of life skills training, domestic violence education, and/or other education services	1. Provide classes to 600 CCD participants per year. Classes to include: Life-Skills-to-Work, General Educational Development (GED) preparation, and domestic violence education at Community Center for Alternative Programs (CCAP) facilities.	Short-term measure: 1. Subcontract to provide classes for CCD participants Longer-term measures: 2. Increase # of CCD participants taking classes 3. Reduce # of jail bookings and days for those served by liaison	1. Output 2. Outcome 3. Outcome	Contract report MIDD Tools Jail data

❶ Data sharing agreement(s) needed

Strategy 12 - Expand Re-entry Programs				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
12b - Hospital Re-Entry Respite Beds Target Population: Homeless persons with mental illness and/or chemical dependency who require short-term medical care upon discharge from hospitals	1. Create hospital re-entry respite beds. 2. Serve 350-500 clients per year.	Short-term measures: 1. Increase # of re-entry respite beds available to King County residents Longer-term measures: 2. Reduce # of jail bookings and days for those served 3. Reduce # of psychiatric hospital admissions and days for those served 4. Reduce # of ER visits for those served	1. Output 2. Outcome 3. Outcome 4. Outcome	MHCADSD Jail data Western State data and MIS (php96) ER data❶

❶ Data sharing agreement(s) needed

Strategy 12 - Expand Re-entry Programs				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
12c - Increase Capacity for Harborview's Psychiatric Emergency Services (PES) to Link Individuals to Community-Based Services upon Discharge from the Emergency Room Target pop: Adults who are frequent users of the Harborview Medical Center's PES	1. Increase Harborview's capacity to link individuals to community-based services upon discharge from the ER. 2. Serve 75-100 clients per year through intensive case management program.	Short-term measures: 1. Hire 2 MH/CD staff and 1 program assistant 2. Increase # of referrals to needed outpatient MH and substance abuse treatment, housing, and community resources for those served Longer-term measures: 3. Increase # of linkages to outpatient MH treatment for those referred 4. Increase # of linkages to outpatient substance abuse treatment for those referred 5. Increase # of linkages to permanent housing placements for those referred 6. Reduce # of jail bookings and days for those served 7. Reduce # of psychiatric hospital admissions and days for those served 8. Reduce # of ER visits for those served	 1. Output 2. Output 3. Output 4. Outcome 5. Outcome 6. Outcome 7. Outcome 8. Outcome	 Contract report MIS (php96) MIS (php96) TARGET Integrated DB or Safe Harbors❶ Jail data Western State data and MIS (php96) ER data❶

❶ Data sharing agreement(s) needed

Strategy 12 - Expand Re-entry Programs				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
12d – Behavior Modification Classes for Community Center for Alternative Programs (CCAP) Clients Target Population: CCAP clients who have been mandated by Superior Court or District Court to report daily to CCAP and participate in treatment or general population classes	1. Provide behavior modification outpatient treatment✪ to CCAP clients, including: a. Rational emotive behavioral therapy; b. Moral reconation therapy; c. Cognitive behavioral therapy; and d. Dialectical behavioral therapy. 2. Serve 100 participants per year.	Short-term measures: 1. Subcontract to provide behavior modification classes at CCAP 2. Increase # of clients participating in behavior modification classes Longer-term measures: 3. Reduce severity of MH symptoms for those served 4. Reduce severity of CD symptoms for those served 5. Reduce # of jail bookings and days for those served	1. Output 2. Output 3. Outcome 4. Outcome 5. Outcome	Contract report MIS (php96) MIS (php96) ~~MIS (php96)~~ TARGET Jail data

✪All behavior modification therapies provided are evidence-based practices.

Strategy 13 – Domestic Violence Prevention				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
13a – Domestic Violence (DV)/Mental Health Services and System Coordination Target Populations: 1) DV survivors who are experiencing mental health and substance abuse concerns but have been unable to access mental health or substance abuse services due to barriers 2) Providers at sexual assault, mental health, substance abuse, and DV agencies who work with DV survivors and participate in cross program coordination and training	1. Provide mental health services, including culturally-specific services, at community-based DV agencies. 2. Provide assessment and MH treatment to ~~700-800~~ 560-640 DV survivors per year. Treatment includes brief therapy and MH support through group and/or individual sessions. 3. Provide assessment and referrals to community MH and CD agencies for those DV survivors who need more intensive services. 4. Offer cross-issue consultation to DV advocacy staff and staff of community MH and CD agencies. 5. Coordinate ongoing cross training, policy development, and consultation on DV issues between MH, CD, and DV county agencies, training up to ~~200~~ 160 counselors/advocates per year.	Short-term measures: 1. Hire 3 mental health professionals (MHPs) within community-based DV agencies 2. Hire .5 FTE MHP housed at culturally-specific provider of DV advocacy services 3. Hire .5 FTE Systems Coordinator/Trainer 4. Increase # of DV survivors screened for, provided, and referred to MH/CD treatment services 5. Increase # of DV survivors from immigrant and refugee communities provided culturally-relevant MH services in their own language Long-term measures: 6. Increase # of policies in DV agencies that are responsive to survivors' MH and substance abuse concerns and increase coordination and collaboration between MH, substance abuse, DV, and sexual assault service providers 7. Increase # of cross-agency trainings 8. Decrease depression for those served 9. Increase coping skills for those served	1. Output 2. Output 3. Output 4. Output 5. Output 6. Output 7. Outcome 8. Outcome 9. Outcome	Contract reports Contract reports Contract reports Contract reports and MIDD Tools MIDD Tools Contract report Contract report MIDD Tools MIDD Tools

Strategy 13 – Domestic Violence Prevention				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
13b – Provide Early Intervention for Children Experiencing Domestic Violence (DV) and for their Supportive Parent Target Population: Children who have experienced DV and their supportive parents	1. Provide MH and advocacy services to children (ages 0-12) in 85 families who have experienced DV. 2. Staff a DV response team to provide support, advocacy, and parent education to the non-violent parent. 3. Provide children's MH services✪ that include trauma-focused cognitive behavioral therapy, intensive in-home services, and Kids Club, a group therapy intervention for children experiencing DV. 4. Serve families referred through the DV Protection Order Advocacy program, as well as through partner agencies.	Short-term measures: 1. Hire 1 lead clinician at Sound Mental Health 2. Hire 2 FTE DV Advocates at subcontractor agencies 3. Increase # of DV early intervention service hours delivered to families Longer-term measures: 5. Reduce severity of MH symptoms* for children served 6. Increase # of children/families successfully completing MH treatment 7. Increase protective/resiliency factors available to children and their supportive parents 8. Reduce children's negative beliefs related to DV, including that the violence is their fault, and/or that violence is an appropriate way to solve problems 9. Improve social and relationship skills so that children may access needed social supports in the future 10. Support and strengthen the relationship between children and their supportive parents 11. Increase supportive parents' understanding of the impact of DV on their children and ways to help	1. Output 2. Output 3. Output 5. Outcome 6. Outcome 7. Outcome 8. Outcome 9. Outcome 10.Outcome 11.Outcome	Contract report Contract report MIDD Tools MIDD Tools MIDD Tools TBD (e.g., survey) TBD (e.g., survey) TBD (e.g., survey) TBD (e.g., survey) TBD (e.g., survey)

✪Components of this intervention are based upon evidence-based practices.
* Changes in internalizing and externalizing behaviors are measured by PSC-17 at two different time periods.

Strategy 14 – Expand Access to Mental Health Services for Survivors of Sexual Assault				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
14a – Sexual Assault Services Target Populations: 1) Adult, youth, and child survivors of sexual assault who are experiencing mental health and substance abuse concerns 2) Providers at sexual assault, mental health, substance abuse, and domestic violence (DV) agencies who work with sexual assault survivors and participate in cross program coordination and training	1. Expand the capacity of Community Sexual Assault programs (CSAPs) and culturally specific providers of sexual assault advocacy services to provide evidenced-based MH services to 170 adult, youth, and child survivors per year. 2. Provide services to women and children from immigrant and refugee communities by housing a MH provider specializing in evidenced-based trauma-focused therapy at an agency serving these communities. 3. Offer consultation and cross-systems coordination as specified under Strategy 13a.	Short-term measures: 1. Hire 4 mental health professionals (MHPs) within CSAP provider agencies 2. Hire .5 FTE MHP housed at a culturally-specific provider of sexual assault services 3. Hire .5 FTE Systems Coordinator/ Trainer 4. Increase # of sexual abuse survivors screened for, provided, and referred to MH/CD treatment services 5. Increase # of sexual assault survivors from immigrant and refugee communities provided culturally-relevant MH services in their own language Longer-term measures: 6. Increase coordination between CSAPs, culturally specific providers of sexual assault advocacy services, public MH, substance abuse, and DV service providers 7. Decrease negative symptoms for adults served 8. Increase coping skills for those served	1. Output 2. Output 3. Output 4. Output 5. Output 6. Output 7. Outcome 8. Outcome	Contract reports Contract report Contract report Contract reports and MIDD Tools MIDD Tools Contract report MIDD Tools MIDD Tools

Strategy 15 Adult Drug Court				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
15a – Adult Drug Court (ADC) Expansion of Recovery Support Services Target Population: King County Adult Drug Court participants	1. Expand and enhance services to 250* ADC clients per year, which may include providing any of the following: a. Employment services per strategy 2b b. Access to CHOICES classes for individuals with learning or attention disabilities c. ~~Expanded evidence-based treatment~~ Eight recovery-oriented transitional housing units with on-site case management services for transition age youth (ages 18-24), and ~~d. Expanded services for women with co-occurring disorder (COD) and/or trauma, including suboxone if needed, and~~ d. Housing case management.	Short-term measures: 1. Hire 1.5 FTE housing case management positions and secure contracts for other service delivery 2. Increase # of clients with learning or attention disabilities accessing the CHOICES program 3. Increase # of transition age youth ~~receiving evidence-based treatment services~~ with access to housing with case management services ~~4. Increase # of women receiving services for COD and/or trauma~~ ~~5. Increase # of women receiving suboxone treatment~~ 4. Increase # of clients participating in housing case management Long-term measures 5. Reduce substance use for those served 6. Increase # of clients with housing at exit 7. Increase # of clients with employment at exit 8. Reduce # of jail bookings and days for those served**	1. Output 2. Output 3. Output ~~4. Output~~ ~~5. Output~~ 4. Output 5. Outcome 6. Outcome 7. Outcome 8.Outcome	Contract report MIDD Tools MIDD Tools ~~MIDD Tools~~ ~~MIDD Tools~~ MIDD Tools TARGET❶ MIDD Tools MIDD Tools Jail data

* New target of 250 (reduced from 450) was set in contracts dated 5/11/2010.

**Because drug and mental health courts employ incarceration as a programmatic sanction, reductions in jail utilization are expected to be modest during the first year (prior to participants' court "graduation") with more pronounced reductions occurring in the second year.

❶ Database revisions completed in January 2011

Strategy 16 – Increase Housing Available for Individuals with Mental Illness and/or Chemical Dependency				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
16a – Housing Development Target Population: Individuals with mental illness and/or chemical dependency who are homeless or being discharged from hospitals, jails, prisons, crisis diversion facilities, or residential chemical dependency treatment	1. Provide supplemental funding to expedite construction of new housing projects for MIDD target population. 2. Create 250 new housing units dedicated for the MIDD target population. 3. Provide 5-year rental subsidies to serve 40 clients per year.	Short-term measures: 1. Increase # of residential units created 2. Increase # of rental subsidies disbursed Longer-term measures: 3. Increase # of people in target population housed 4. Increase # of individuals in target population who are able to remain in housing for at least one year 5. Reduce # of jail bookings and days for those served 6. Reduce # of psychiatric hospital admissions and days for those served 7. Reduce # of ER visits for those served	 1. Output 2. Output 3. Outcome 4. Outcome 5. Outcome 6. Outcome 7. Outcome	 MHCADSD MHCADSD MHCADSD Contract report Jail data Western State data and MIS (php96) ER data❶

❶ Data sharing agreement(s) needed

Strategy 17 – City of Seattle Pilot Projects (24 months)				
Sub-Strategy	**Intervention(s)/Objectives - including Target Numbers**	**Performance Measures**	**Type of Measure**	**Data Sources**
17a – Seattle Police Crisis Intervention Response Team (CIRT)	Pilot project is proceeding through funding from a federal justice grant received by the Seattle Police Department ~~received~~. Strategy will not be included in the MIDD Evaluation.	N/A	1. Updates only	Seattle Police Department
17b – Safe Housing and Mental Health and Chemical Dependency Treatment for Children in Prostitution Pilot (24 months)	Pilot project is proceeding through funding the City of Seattle received from local, MIDD, state and private resources. The City of Seattle is conducting the evaluation for the project.	N/A	1. Updates only	City of Seattle