

MIDD 2017 Annual Report - Technical Supplement



King County Department of Community and Human Services

Performance Measurement & Evaluation

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MIDD Evaluation Overview

King County Ordinance 18407 required an evaluation of the county’s Mental Illness and Drug Dependency (MIDD) sales tax-funded services and programs. The evaluation’s primary purpose is to determine the progress of MIDD-supported programs toward meeting the five adopted policy goals shown in the table below.

| MIDD 2 Adopted Policy Goals from Ordinance 18407 |
|---|
| 1. Divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals. |
| 2. Reduce the number, length, and frequency of behavioral health crisis events. |
| 3. Increase culturally appropriate, trauma-informed behavioral health services. |
| 4. Improve health and wellness of individuals living with behavioral health conditions. |
| 5. Explicit linkage with, and furthering the work of, King County and community initiatives. |

The approach to evaluating MIDD 2 aims to increase collaboration, transparency, and accountability. Enhanced evaluation and reporting involves an ongoing process for updating performance measures in partnership with providers and stakeholders. An annual report must be submitted to the King County Council each August. As a companion to the summary report, this technical supplement provides details about analytical methods that support high-level conclusions drawn about patterns observed in the data collected from MIDD-funded service providers and other sources, such as jails. Evaluating increases in culturally specific, trauma-informed behavioral health services constitutes a broader assessment of service access and quality. An approach for determining change in the types of services available is currently in development and no detailed findings are presented herein. Similarly, narrative examples of the interconnectedness of various MIDD initiatives with a variety of King County’s major policy platforms are included in the main summary report.

It is important to note that, as stated in the MIDD 2 Evaluation Plan, many of the outcomes expected from MIDD interventions – as articulated in the policy goals and framework – can be boosted by each other, meaning an improvement in one area can lead to improvement in other areas. For example, improved health and wellness can lead to a decrease in crisis episodes, which can lead to a decrease in incarcerations or hospitalizations, which can lead to an increase in housing stability, ultimately improving health and wellness. Results must always be interpreted with caution, because without benefit of a control or comparison group, it is difficult to tease out the impact of often overlapping interventions delivered through dozens of community-based providers and county agencies and departments in multiple locations across the county. Due to ethical and cost considerations of employing a control group evaluation methodology, the MIDD evaluation in general will not attempt to show causality, or attribute observed outcomes to the MIDD interventions.

In addition to answering the question “is anyone better off” by analyzing the outcomes of individual clients served by MIDD-funded services and programs, MIDD 2 has adopted a Results-Based Accountability (RBA) framework that also seeks to measure how much (quantity) and how well (quality) for each program or services. Current measures for each initiative begin on Page 25. Beyond program performance measures, population-based indicators will also track the contributory role of MIDD to improving the overall health and well-being of King County residents. Baseline population data are provided on Page 34.

Policy Goal 1: Reduce Costly System Use

Methods

Changes in the use of costly systems such as jails, psychiatric inpatient hospitals, and emergency departments (ED) are analyzed using a longitudinal methodology. Data were collected from MIDD service providers and system partners for the same group of individuals over time and then compared within individuals between various time periods, such as before vs. after services.¹ Data are reported as both **averages** (per person with any use in a given period) and **sums** (the total number of bookings, hospitalizations, admissions, or days in a given period). **Percent change** reflects the amount of increase or decrease over time. It is calculated by subtracting the measure in the earlier time period from the measure in the later time period, then dividing that result by the measure in the earlier time period. For example, a 50 percent reduction means that use was cut in half.

Eligible Participants (Sample) and Individual State Dates

Participants from the programs that began prior to renewal of the MIDD and carried over to MIDD 2 without significant redesign were included in the MIDD 2 analysis of system use outcomes. Outcomes for participants with relevant program starts or index events will be tracked for up to three years. Because of normal data delays, outcomes up to the end of 2016 were analyzed. This means that people with who started MIDD services between 2014 and 2016 were eligible to be included in system use outcome analysis.

For some people, the date they started receiving a MIDD-funded service serves as their start date for the purpose of evaluating their outcomes. For others, who began MIDD services *as a result of* being admitted to a jail or a hospital emergency department (ED) facility (i.e., experienced an “**index event**”), their start date was “**buffered**” to exclude jail or ED days during which they would not have had the opportunity to experience additional outcome events (e.g., once a person is jailed they cannot be jailed again until they are released). For these individuals, their start date for the purpose of the evaluation is the date they were released from the facility. For records with the buffer applied, the pre period (see below) includes all jail or ED episodes in the year prior to the index booking or admission. The first post period then begins on the day after release from the index event, rather than the actual MIDD services start date. Subsequent analysis periods begin on the anniversary of release from index events.

Time Periods

The following definitions for outcomes evaluation time periods are used throughout this technical report:

Pre Period - The one-year span of time leading up to (*before*) a person’s individual MIDD start date or index event.

Post 1 – The *first year after* a person’s individual start date or index event. This is referred to as the **short term** in the summary report.

Post 2 – The *second year after* a person’s individual start date or index event. The current summary report does not refer to this period.

¹ Note that services may be delivered in a single encounter (service visit) or ongoing for an extended time, such as months or even years. Service delivery varies widely.

Post 3 – The *third year after* a person’s individual start date or index event. This is referred to as the **long term** in the summary report.

For the current report, outcomes data are available for all three years for those who began services in 2014, for two years for those who began services in 2015, and only for one year for those who began in 2016.

The table below shows two different scenarios of when system use gets counted, depending on how MIDD participation begins. For regular service starts (Example 1), a single day separates the before and after periods. For indexed events (Example 2), the whole episode separates the before and after periods.

| | Pre Period | Start or Index Event | Post 1 | Post 2 | Post 3 |
|------------------------|--------------------|--|--------------------|--------------------|--------------------|
| Example 1: Start Date | 4/1/2013-3/31/2014 | 4/1/2014 | 4/1/2014-3/31/2015 | 4/1/2015-3/31/2016 | 4/1/2016-3/31/2017 |
| Example 2: Index Event | 8/3/2014-8/2/2015 | 8/3/2015-8/7/2015 (Jailed for 4 days) | 8/7/2015-8/6/2016 | 8/7/2016-8/6/2017 | 8/7/2017-8/6/2018 |

Outcomes data through the end of 2017 were provided based on the available data as of March 2018. It should be noted that while the person in Example 1 has data for all post periods, the person in Example 2 has data for only the first and second post periods until the data for the third post period become available for analysis in 2019.

As shown in tables on Pages 8 to 17, people served in relevant initiatives are included in outcome analyses when sufficient time has passed since the service started and when they use the systems. In other words, at least one year must pass from the start date or the index event to be able to measure outcomes.

Eligible Sample: Number of people served by a relevant MIDD initiative

Number with Use: Number of people with *any* use of the system over the time periods (pre and/or post) examined.

Use Rate in Sample: The percentage of people utilizing the system out of all people served. For example, a jail use rate of 50 percent means that half of the people had jail use and half of them did not.

Relevant System Use Events and Data Sources

Jail Use - Patterns and trends in jail utilization for the MIDD population are based on the number of cases where matches could be found within criminal justice data sources. In general, jail utilization is defined by bookings into any of the following:

- King County Correctional Facility in Seattle
- King County’s Norm Maleng Regional Justice Center in Kent
- Juvenile Detention Center in Seattle²

² Youth detention data were not available at the time of analysis for 2017 reporting.

- South Correctional Entity Multijurisdictional Misdemeanor Jail (SCORE) ³
- Jails in these municipalities: Enumclaw, Kent, Kirkland and Issaquah

For the purposes of MIDD evaluation, jail/detention use does not include counts for time spent in Washington State Department of Corrections facilities.

Psychiatric Inpatient Hospital Use - The MIDD evaluation tracks hospitalizations at Western State Hospital, a large psychiatric facility administered by the State of Washington's Department of Social and Health Services, as well as those at community psychiatric inpatient facilities throughout the region.

Emergency Department Use - For the current report, a data-sharing agreement with Harborview Medical Center (HMC) in Seattle provided the outcomes information used to assess changes in ED utilization over time. The HMC is owned by King County, governed by a county-appointed board of trustees and managed by the University of Washington. Use of this particular ED serves as a proxy for more general ED use by MIDD service recipients.



Initiatives that Contribute to Each System Use Outcome

To organize the complex work of MIDD, a framework was developed that organizes the 53 MIDD 2 initiatives, or programs, into five strategy areas that reflect a continuum from prevention to crisis services to reentry, as well as system improvements and the County's therapeutic courts. Individual initiatives within these strategy areas link to policy-related outcomes analyzed by MIDD evaluators to support quality improvements and make revisions to MIDD initiatives over time.

³ This facility is a cooperative effort by the cities of: Auburn, Burien, Des Moines, Federal Way, Renton, SeaTac, and Tukwila.

The MIDD 2 overarching strategy areas are:

- Prevention and Early Intervention (PRI) - *People get the help they need to stay healthy and keep problems from escalating.*
- Crisis Diversion (CD) - *People who are in crisis get the help they need to avoid unnecessary hospitalization or incarceration.*
- Recovery and Reentry (RR) - *People become healthy and safely reintegrate into community after crisis.*
- System Improvements (SI) - *Strengthen the behavioral health system to become more accessible and deliver on outcomes.*
- Therapeutic Courts (TX) - *People experiencing behavioral health conditions who are involved in the justice system are supported to achieve stability and avoid further justice system involvement.*

With the exception of System Improvements, each MIDD 2 strategy area has five initiatives that are aligned with diverting individuals from or reducing use of at least one costly system, such as jail, psychiatric inpatient hospitalizations, or emergency department use. In the table below, the number of people in each relevant MIDD initiative who were eligible for outcomes analysis is shown at left. To the right, an “X” indicates that the outcomes of the individuals served in that initiative’s programs contributed to the assessment of use within the various systems. It should be noted that analysis in MIDD 2 focuses on individuals with start dates since January 2014. All available outcomes data through December 2017 is included. Initiatives with index buffering are highlighted in blue below.

| MIDD 2 Initiative Number and Name | | Eligible Samples Based on Time Alone | | | Relevant System Use Outcomes | | |
|-----------------------------------|---|--------------------------------------|------------------------------------|-------------------------------|------------------------------|--------------------------|-------------------------|
| | | Post 1 2014-2016 start dates | Post 2 2014-2015 start dates | Post 3 2014 start dates | Adult Jail | Psychiatric Inpatient | Emergency Department |
| PRI-01 | Screening, Brief Intervention and Referral To Treatment (SBIRT) | 4,977 | 3,423 | 1,602 | | | X |
| PRI-02 | Juvenile Justice Youth Behavioral Health Assessments | 722 | 535 | 245 | X | | |
| PRI-03 | Prevention and Early Intervention Behavioral Health for Adults Over 50 | 1,633 | 1,260 | 740 | | | X |
| PRI-04 | Older Adult Crisis Intervention/ Geriatric Regional Assessment Team (GRAT) | 865 | 571 | 322 | | X | X |
| PRI-11a | Community Behavioral Health Treatment (Mental Health) | 2,851 | 1,674 | 627 | X | X | X |
| PRI-11b | Community Behavioral Health Treatment (Substance Use Disorder) | 2,235 | 1,776 | 973 | X | X | X |
| CD-03 | Outreach & Inreach System of Care | 838 | 613 | 226 | X | | |
| CD-05 | High Utilizer Care Teams | 149 | 96 | 44 | | X | X |
| CD-06 | Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis | 5,639 | 3,731 | 1,700 | X | X | X |
| CD-07 | Multipronged Opioid Strategies (Needle Exchange) | 1,109 | 619 | 191 | X | X | |
| CD-10 | Next Day Crisis Appointments | 854 | 601 | 268 | | X | X |
| RR-01 | Housing Supportive Services | 428 | 347 | 216 | X | X | X |
| RR-02 | Behavior Modification Classes at CCAP(DV-MRT) | 182 | 137 | 105 | X | | |
| RR-03 | Housing Capital and Rental | 49 | 41 | 22 | X | X | X |
| RR-06 | Jail Reentry System of Care | 2,249 | 1,645 | 914 | X | | |
| RR-08 | Hospital Re-Entry Respite Beds | 853 | 521 | 279 | | | X |
| TX-ADC | Adult Drug Court | 923 | 605 | 261 | X | | |
| TX-FTC | Family Treatment Court | 94 | 56 | 31 | X | | |
| TX-JDC | Juvenile Drug Court | 193 | 141 | 48 | X | | |
| TX-RMHC | Regional Mental Health Court | 414 | 276 | 148 | X | | |
| TX-SMHC | Seattle Mental Health Municipal Court | 471 | 471 | 240 | X | | |

Overall System Use Changes Over Time

The results below combine contributions of all relevant MIDD initiatives under each system measure in all time periods of interest. Overall increases in system use were common in the first year after service start, with use reductions showing in subsequent years and becoming greater over time. Patterns in change over time differed for new events vs. the number of days associated with those events. For example, in the second year after service start, it was not uncommon for jail bookings and hospitalizations to decrease at the same time that the days jailed or hospitalized increased. As more cases become qualified for the longer outcomes intervals with the passage of time, reported reductions are expected to improve in 2018 and 2019, more closely approximating those previously reported during MIDD 1. As noted on Page 6, emergency department (ED) information is provided by Harborview as a proxy for wider ED use.

| | | | Adult Jail Bookings | | | | | | | Adult Jail Days | | | | | |
|---------------------------------|-----------------|----------------------------|---|-----|------|--------|----------|--------------------------|---------------------|-----------------|------|---------|---------|--------------------------|---------------------|
| | | | Average* | | Sum | | % Change | | | Average* | | Sum | | % Change | |
| | Eligible Sample | Number with Adult Jail Use | Rate of Adult Jail Use in Eligible Sample | Pre | Post | Pre | Post | Current Reporting Period | Previously Reported | Pre | Post | Pre | Post | Current Reporting Period | Previously Reported |
| First Year after Service Start | 18,397 | 7,183 | 39% | 2.0 | 2.0 | 14,402 | 14,250 | -1% | -11% | 30.0 | 42.0 | 215,135 | 303,399 | 41% | 9% |
| Second Year after Service Start | 12,667 | 4,950 | 39% | 2.1 | 1.6 | 10,206 | 7,871 | -23% | -30% | 30.9 | 35.7 | 152,979 | 176,482 | 15% | -10% |
| Third Year after Service Start | 5,947 | 2,399 | 40% | 2.1 | 1.4 | 5,008 | 3,262 | -35% | -41% | 31.6 | 27.9 | 75,874 | 67,142 | -12% | -27% |

| | | | Psychiatric Inpatient Hospitalizations | | | | | | | Psychiatric Inpatient Days | | | | | |
|---------------------------------|-----------------|---------------------------------------|--|-----|------|-------|----------|--------------------------|---------------------|----------------------------|------|--------|--------|--------------------------|---------------------|
| | | | Average* | | Sum | | % Change | | | Average* | | Sum | | % Change | |
| | Eligible Sample | Number with Psychiatric Inpatient Use | Rate of Psychiatric Inpatient Use in Eligible Sample | Pre | Post | Pre | Post | Current Reporting Period | Previously Reported | Pre | Post | Pre | Post | Current Reporting Period | Previously Reported |
| First Year after Service Start | 14,178 | 2,017 | 14% | 0.9 | 1.3 | 1,813 | 2,597 | 43% | 19% | 19.3 | 26.9 | 38,945 | 54,391 | 40% | 14% |
| Second Year after Service Start | 9,456 | 1,060 | 11% | 1.2 | 0.9 | 1,263 | 1,011 | -20% | -32% | 25.5 | 32.7 | 27,163 | 34,085 | 25% | -16% |
| Third Year after Service Start | 4,363 | 467 | 11% | 1.3 | 0.9 | 602 | 427 | -29% | -40% | 31.2 | 30.5 | 14,871 | 14,413 | -3% | -20% |

| | | | Harborview Emergency Department (ED) | | | | | | |
|---------------------------------|-----------------|-------------------------------|--|-----|------|--------|----------|--------------------------|---------------------|
| | | | Average* | | Sum | | % Change | | |
| | Eligible Sample | Number with Harborview ED Use | Rate of Harborview ED Use in Eligible Sample | Pre | Post | Pre | Post | Current Reporting Period | Previously Reported |
| First Year after Service Start | 20,532 | 8,152 | 40% | 2.4 | 2.5 | 19,157 | 20,053 | 5% | -5% |
| Second Year after Service Start | 14,041 | 5,099 | 36% | 2.7 | 1.6 | 13,551 | 8,168 | -40% | -19% |
| Third Year after Service Start | 6,793 | 2,445 | 36% | 2.8 | 1.3 | 6,800 | 3,225 | -53% | -32% |

Note: (Previously Reported % Change) = As Reported in February 2017 with Service Starts Between 10/1/2008 and 9/31/2015

* Average per person with any use in period

Significant increase (p < .05) with paired-samples T-testing

Significant decrease (p < .05) with paired-samples T-testing

Adult Jail Use in the First Year after Service Start

The results below show changes in adult jail use from the pre period to the first year after service start for all relevant MIDD initiatives. Results are reported separately for mental health vs. substance use disorder treatment, although they actually belong to the same initiative. Note that for two initiatives with a primary focus on serving youth, the percent change is marked N/A, as youth detention data were unavailable at the time of analysis. The average age at MIDD service start for youth who had any adult jail use was 17 years.

| MIDD 2 Initiative Number and Name | | | | | Adult Jail Bookings | | | | | Adult Jail Days | | | | |
|-----------------------------------|--|--------------------|-------|-----|---------------------|--------|--------|--------|----------|-----------------|--------|---------|---------|----------|
| | | | | | Average* | | Sum | | % Change | Average* | | Sum | | % Change |
| | | | | | Pre | Post 1 | Pre | Post 1 | | Pre | Post 1 | Pre | Post 1 | |
| Eligible Sample | Number with Use | Use Rate in Sample | | | | | | | | | | | | |
| PRI-02 | Juvenile Justice Youth Behavioral Health Assessments | 722 | 78 | 11% | 0.2 | 2.0 | 14 | 155 | N/A | 0.5 | 30.2 | 41 | 2,358 | N/A |
| PRI-11a | Community Behavioral Health Treatment (Mental Health) | 2,851 | 293 | 10% | 1.7 | 1.5 | 496 | 436 | -12% | 36.6 | 22.8 | 10,714 | 6,683 | -38% |
| PRI-11b | Community Behavioral Health Treatment (Substance Use Disorder) | 2,235 | 910 | 41% | 1.9 | 1.2 | 1,729 | 1,134 | -34% | 34.9 | 25.0 | 31,762 | 22,726 | -28% |
| CD-03 | Outreach & Inreach System of Care | 838 | 305 | 36% | 2.1 | 1.9 | 640 | 591 | -8% | 30.9 | 30.2 | 9,415 | 9,218 | -2% |
| CD-06 | Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team | 5,639 | 1,669 | 30% | 1.5 | 2.2 | 2,582 | 3,715 | 44% | 24.4 | 37.4 | 40,705 | 62,362 | 53% |
| CD-07 | Multipronged Opioid Strategies (Needle Exchange) | 1,108 | 448 | 40% | 1.8 | 2.0 | 810 | 909 | 12% | 22.4 | 26.5 | 10,055 | 11,875 | 18% |
| RR-01 | Housing Supportive Services | 428 | 214 | 50% | 2.1 | 1.1 | 457 | 235 | -49% | 40.8 | 22.1 | 8,735 | 4,733 | -46% |
| RR-02 | Behavior Modification Classes at CCAP (DV-MRT) | 182 | 154 | 85% | 1.9 | 2.0 | 301 | 308 | 2% | 29.8 | 57.7 | 4,590 | 8,880 | 93% |
| RR-03 | Housing Capital and Rental | 49 | 15 | 31% | 0.9 | 0.7 | 14 | 11 | -21% | 14.5 | 32.5 | 217 | 487 | 124% |
| RR-06 | Jail Reentry System of Care | 2,249 | 1,568 | 70% | 2.5 | 2.3 | 3,940 | 3,543 | -10% | 35.3 | 53.3 | 55,306 | 83,646 | 51% |
| TX-ADC | Adult Drug Court | 923 | 754 | 82% | 2.5 | 2.3 | 1,860 | 1,747 | -6% | 25.8 | 71.0 | 19,420 | 53,510 | 176% |
| TX-FTC | Family Treatment Court | 94 | 52 | 55% | 1.7 | 1.3 | 89 | 68 | -24% | 16.5 | 16.0 | 859 | 834 | -3% |
| TX-JDC | Juvenile Drug Court | 193 | 36 | 19% | 0.5 | 2.4 | 18 | 85 | N/A | 5.9 | 38.1 | 213 | 1,373 | N/A |
| TX-RMHC | Regional Mental Health Court | 414 | 320 | 77% | 2.0 | 1.6 | 651 | 521 | -20% | 31.8 | 47.4 | 10,188 | 15,152 | 49% |
| TX-SMHC | Seattle Mental Health Municipal Court | 471 | 367 | 78% | 2.2 | 2.1 | 801 | 792 | -1% | 35.2 | 53.3 | 12,915 | 19,562 | 51% |
| All Cases Where Jail is Relevant | | 18,396 | 7,183 | 39% | 2.0 | 2.0 | 14,402 | 14,250 | -1% | 30.0 | 42.0 | 215,135 | 303,399 | 41% |

* Average per person with any use in period

Significant increase (p < .05) with paired-samples T-testing

Significant decrease (p < .05) with paired-samples T-testing

Adult Jail Use in the Second Year after Service Start

The results below show changes in adult jail use from the pre period to the second year after service start for all relevant MIDD initiatives. Nine of the 13 groupings with applicable information showed statistically significant decreases in adult jail bookings by the second year after service start.

| MIDD 2 Initiative Number and Name | | | | | Adult Jail Bookings | | | | | Adult Jail Days | | | | |
|-----------------------------------|--|--------|-------|-----|---------------------|--------|--------|--------|----------|-----------------|--------|---------|---------|----------|
| | | | | | Average* | | Sum | | % Change | Average* | | Sum | | % Change |
| | | | | | Pre | Post 2 | Pre | Post 2 | | Pre | Post 2 | Pre | Post 2 | |
| PRI-02 | Juvenile Justice Youth Behavioral Health Assessments | 535 | 100 | 19% | 0.1 | 2.2 | 11 | 217 | N/A | 0.2 | 40.3 | 16 | 4,031 | N/A |
| PRI-11a | Community Behavioral Health Treatment (Mental Health) | 1,674 | 169 | 10% | 1.7 | 1.2 | 287 | 198 | -31% | 37.1 | 28.7 | 6,265 | 4,848 | -23% |
| PRI-11b | Community Behavioral Health Treatment (Substance Use Disorder) | 1,776 | 744 | 42% | 1.9 | 1.0 | 1,402 | 747 | -47% | 34.6 | 19.8 | 25,728 | 14,708 | -43% |
| CD-03 | Outreach & Inreach System of Care | 613 | 187 | 31% | 2.0 | 1.5 | 374 | 271 | -28% | 29.7 | 24.1 | 5,551 | 4,510 | -19% |
| CD-06 | Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team | 3,731 | 1,005 | 27% | 1.7 | 1.8 | 1,757 | 1,783 | 1% | 28.1 | 36.8 | 28,217 | 36,999 | 31% |
| CD-07 | Multipronged Opioid Strategies (Needle Exchange) | 619 | 260 | 42% | 1.7 | 1.6 | 429 | 417 | -3% | 18.4 | 21.8 | 4,789 | 5,674 | 18% |
| RR-01 | Housing Supportive Services | 347 | 177 | 51% | 2.1 | 1.1 | 365 | 201 | -45% | 39.6 | 27.7 | 7,005 | 4,896 | -30% |
| RR-02 | Behavior Modification Classes at CCAP (DV-MRT) | 137 | 110 | 80% | 2.0 | 1.3 | 224 | 143 | -36% | 33.6 | 31.9 | 3,697 | 3,503 | -5% |
| RR-03 | Housing Capital and Rental | 41 | 13 | 32% | 1.1 | 1.2 | 14 | 15 | 7% | 16.7 | 35.5 | 217 | 462 | 113% |
| RR-06 | Jail Reentry System of Care | 1,645 | 1,110 | 67% | 2.6 | 1.8 | 2,843 | 1,945 | -32% | 34.9 | 44.4 | 38,710 | 49,297 | 27% |
| TX-ADC | Adult Drug Court | 605 | 461 | 76% | 2.6 | 1.7 | 1,206 | 762 | -37% | 26.8 | 35.3 | 12,319 | 16,249 | 32% |
| TX-FTC | Family Treatment Court | 56 | 25 | 45% | 2.0 | 0.8 | 50 | 20 | -60% | 20.0 | 20.2 | 501 | 506 | 1% |
| TX-JDC | Juvenile Drug Court | 141 | 45 | 32% | 0.3 | 2.4 | 14 | 110 | N/A | 3.0 | 41.6 | 136 | 1,870 | N/A |
| TX-RMHC | Regional Mental Health Court | 276 | 210 | 76% | 2.0 | 1.5 | 429 | 304 | -29% | 32.9 | 54.0 | 6,913 | 11,342 | 64% |
| TX-SMHC | Seattle Mental Health Municipal Court | 471 | 334 | 71% | 2.4 | 2.2 | 801 | 738 | -8% | 38.7 | 52.7 | 12,915 | 17,587 | 36% |
| All Cases Where Jail is Relevant | | 12,667 | 4,950 | 39% | 2.1 | 1.6 | 10,206 | 7,871 | -23% | 30.9 | 35.7 | 152,979 | 176,482 | 15% |

* Average per person with any use in period

Significant increase (p < .05) with paired-samples T-testing

Significant decrease (p < .05) with paired-samples T-testing

Adult Jail Use in the Third Year after Service Start

The results below show changes in adult jail use from the pre period to the third year after service start for all relevant MIDD initiatives. In addition to the nine groupings with statistically significant reductions in jail bookings, three groups also showed significant reductions in days. Results for RR-03 Housing Capital and Rental have been suppressed because fewer than ten people had data contributing to the findings, but with larger samples, historical results mirrored those for RR-01 Housing Supportive Services.

| MIDD 2 Initiative Number and Name | | | | | Adult Jail Bookings | | | | | Adult Jail Days | | | | |
|-----------------------------------|--|--------------------|-------|--------|---------------------|--------|----------|--------|----------|-----------------|--------|----------|--------|----------|
| | | | | | Average* | | Sum | | % Change | Average* | | Sum | | % Change |
| | | | | | Pre | Post 3 | Pre | Post 3 | | Pre | Post 3 | Pre | Post 3 | |
| Eligible Sample | Number with Use | Use Rate in Sample | Pre | Post 3 | Pre | Post 3 | % Change | Pre | Post 3 | Pre | Post 3 | % Change | | |
| PRI-02 | Juvenile Justice Youth Behavioral Health Assessments | 245 | 56 | 23% | 0.0 | 1.9 | <10 | 107 | N/A | 0.0 | 25.9 | <10 | 1,449 | N/A |
| PRI-11a | Community Behavioral Health Treatment (Mental Health) | 627 | 79 | 13% | 1.7 | 1.1 | 133 | 86 | -35% | 48.7 | 27.8 | 3,845 | 2,194 | -43% |
| PRI-11b | Community Behavioral Health Treatment (Substance Use Disorder) | 973 | 395 | 41% | 1.8 | 0.9 | 716 | 370 | -48% | 33.8 | 14.1 | 13,367 | 5,563 | -58% |
| CD-03 | Outreach & Inreach System of Care | 226 | 78 | 35% | 2.2 | 1.1 | 171 | 89 | -48% | 30.7 | 20.5 | 2,394 | 1,600 | -33% |
| CD-06 | Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team | 1,700 | 444 | 26% | 2.0 | 1.6 | 868 | 720 | -17% | 29.8 | 33.5 | 13,244 | 14,885 | 12% |
| CD-07 | Multipronged Opioid Strategies (Needle Exchange) | 191 | 75 | 39% | 1.5 | 1.3 | 113 | 95 | -16% | 19.3 | 21.2 | 1,450 | 1,586 | 9% |
| RR-01 | Housing Supportive Services | 216 | 102 | 47% | 2.0 | 1.2 | 206 | 126 | -39% | 32.6 | 31.0 | 3,321 | 3,161 | -5% |
| RR-02 | Behavior Modification Classes at CCAP (DV-MRT) | 105 | 79 | 75% | 2.1 | 0.9 | 167 | 74 | -56% | 35.4 | 25.7 | 2,794 | 2,026 | -27% |
| RR-03 | Housing Capital and Rental | 22 | <10 | | | | | | | | | | | |
| RR-06 | Jail Reentry System of Care | 914 | 596 | 65% | 2.6 | 1.4 | 1,545 | 831 | -46% | 32.8 | 30.7 | 19,568 | 18,299 | -6% |
| TX-ADC | Adult Drug Court | 261 | 194 | 74% | 2.6 | 1.3 | 495 | 251 | -49% | 26.4 | 22.0 | 5,129 | 4,264 | -17% |
| TX-FTC | Family Treatment Court | 31 | 14 | 45% | 1.7 | 1.2 | 24 | 17 | -29% | 23.3 | 22.9 | 326 | 321 | -2% |
| TX-JDC | Juvenile Drug Court | 48 | 19 | 40% | 0.0 | 3.6 | <10 | 68 | N/A | 0.0 | 85.4 | <10 | 1,623 | N/A |
| TX-RMHC | Regional Mental Health Court | 148 | 112 | 76% | 2.0 | 1.3 | 218 | 149 | -32% | 35.9 | 32.1 | 4,020 | 3,592 | -11% |
| TX-SMHC | Seattle Mental Health Municipal Court | 240 | 156 | 65% | 2.2 | 1.8 | 346 | 276 | -20% | 40.7 | 41.7 | 6,345 | 6,507 | 3% |
| All Cases Where Jail is Relevant | | 5,947 | 2,399 | 40% | 2.1 | 1.4 | 5,008 | 3,262 | -35% | 31.6 | 27.9 | 75,874 | 67,142 | -12% |

* Average per person with any use in period

■ Significant increase (p < .05) with paired-samples T-testing

■ Significant decrease (p < .05) with paired-samples T-testing

Psychiatric Inpatient Hospitalizations in the First Year after Service Start

The results below show changes in community psychiatric inpatient hospital and Western State Hospital use from the pre period to the first after service start for all relevant MIDD initiatives. Over the short term, statistically significant reductions in hospitalizations were found for PRI-11a Community Mental Health Treatment, RR-01 Housing Supportive Services, and RR-03 Housing Capital and Rental.

| MIDD 2 Initiative Number and Name | | Eligible Sample | Number with Use | Use Rate in Sample | Psychiatric Inpatient Hospitalizations | | | | | Psychiatric Inpatient Days | | | | |
|---|--|-----------------|-----------------|--------------------|--|--------|-------|--------|----------|----------------------------|--------|--------|--------|----------|
| | | | | | Average* | | Sum | | % Change | Average* | | Sum | | % Change |
| | | | | | Pre | Post 1 | Pre | Post 1 | | Pre | Post 1 | Pre | Post 1 | |
| PRI-04 | Older Adult Crisis Intervention/ Geriatric Regional Assessment Team (GRAT) | 865 | 31 | 4% | 0.1 | 1.5 | 2 | 45 | >200% | 0.3 | 46.9 | 10 | 1,455 | >200% |
| PRI-11a | Community Behavioral Health Treatment (Mental Health) | 2,851 | 277 | 10% | 1.3 | 1.0 | 351 | 264 | -25% | 42.9 | 24.1 | 11,893 | 6,671 | -44% |
| PRI-11b | Community Behavioral Health Treatment (Substance Use Disorder) | 2,235 | 72 | 3% | 1.0 | 0.9 | 71 | 62 | -13% | 17.1 | 14.4 | 1,230 | 1,034 | -16% |
| CD-05 | High Utilizer Care Teams | 149 | 45 | 30% | 1.4 | 1.6 | 61 | 71 | 16% | 15.1 | 27.8 | 681 | 1,250 | 84% |
| CD-06 | Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team | 5,639 | 1,289 | 23% | 0.8 | 1.4 | 973 | 1,850 | 90% | 12.2 | 30.2 | 15,753 | 38,983 | 147% |
| CD-07 | Multipronged Opioid Strategies (Needle Exchange) | 1,108 | 39 | 4% | 0.9 | 0.9 | 35 | 35 | 0% | 7.4 | 13.8 | 289 | 537 | 86% |
| CD-10 | Next Day Crisis Appointments | 854 | 121 | 14% | 0.3 | 1.2 | 36 | 149 | >200% | 2.9 | 14.1 | 353 | 1,700 | >200% |
| RR-01 | Housing Supportive Services | 428 | 106 | 25% | 2.0 | 1.0 | 207 | 102 | -51% | 52.9 | 19.9 | 5,603 | 2,111 | -62% |
| RR-03 | Housing Capital and Rental | 49 | 37 | 76% | 2.1 | 0.5 | 77 | 19 | -75% | 84.7 | 17.6 | 3,133 | 650 | -79% |
| All Cases Where Inpatient Psychiatric is Relevant | | 14,178 | 2,017 | 14% | 0.9 | 1.3 | 1,813 | 2,597 | 43% | 19.3 | 26.9 | 38,945 | 54,391 | 40% |

* Average per person with any use in period

Significant increase (p <.05) with paired-samples T-testing

Significant decrease (p <.05) with paired-samples T-testing

Psychiatric Inpatient Hospitalizations in the Second Year after Service Start

The results below show changes in community psychiatric inpatient hospital and Western State Hospital use from the pre period to the second year after service start for all relevant MIDD initiatives. Over the longer term, three initiatives posted statistically significant reductions in hospitalizations and two initiatives served individuals who significantly reduced their psychiatric inpatient days. Results for the one initiative with fewer than ten people contributing data to the findings have been suppressed.

| MIDD 2 Initiative Number and Name | | | | | Psychiatric Inpatient Hospitalizations | | | | | Psychiatric Inpatient Days | | | | |
|---|--|-------|-------|-----|--|--------|-------|--------|----------|----------------------------|--------|--------|--------|----------|
| | | | | | Average* | | Sum | | % Change | Average* | | Sum | | % Change |
| | | | | | Pre | Post 2 | Pre | Post 2 | | Pre | Post 2 | Pre | Post 2 | |
| PRI-04 | Older Adult Crisis Intervention/ Geriatric Regional Assessment Team (GRAT) | 571 | <10 | | | | | | | | | | | |
| PRI-11a | Community Behavioral Health Treatment (Mental Health) | 1,674 | 159 | 9% | 1.4 | 0.7 | 220 | 107 | -51% | 47.6 | 30.0 | 7,568 | 4,768 | -37% |
| PRI-11b | Community Behavioral Health Treatment (Substance Use Disorder) | 1,776 | 52 | 3% | 1.0 | 0.9 | 52 | 45 | -13% | 15.9 | 27.2 | 826 | 1,415 | 71% |
| CD-05 | High Utilizer Care Teams | 96 | 24 | 25% | 1.6 | 1.5 | 38 | 36 | -5% | 15.8 | 25.0 | 378 | 601 | 59% |
| CD-06 | Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team | 3,731 | 627 | 17% | 1.1 | 1.0 | 669 | 657 | -2% | 17.1 | 37.7 | 10,699 | 23,621 | 121% |
| CD-07 | Multipronged Opioid Strategies (Needle Exchange) | 619 | 33 | 5% | 0.6 | 1.2 | 20 | 40 | 100% | 5.6 | 25.2 | 185 | 831 | >200% |
| CD-10 | Next Day Crisis Appointments | 601 | 49 | 8% | 0.6 | 0.8 | 29 | 38 | 31% | 6.3 | 14.2 | 308 | 698 | 127% |
| RR-01 | Housing Supportive Services | 347 | 86 | 25% | 1.9 | 0.9 | 165 | 76 | -54% | 54.5 | 20.5 | 4,685 | 1,761 | -62% |
| RR-03 | Housing Capital and Rental | 41 | 30 | 73% | 2.3 | 0.4 | 70 | 12 | -83% | 83.8 | 13.00 | 2,514 | 390 | -84% |
| All Cases Where Inpatient Psychiatric is Relevant | | 9,456 | 1,060 | 11% | 1.2 | 0.9 | 1,263 | 1,011 | -20% | 25.5 | 32.7 | 27,163 | 34,085 | 25% |

* Average per person with any use in period

Significant increase (p < .05) with paired-samples T-testing

Significant decrease (p < .05) with paired-samples T-testing

Psychiatric Inpatient Hospitalizations in the Third Year after Service Start

The results below show changes in community psychiatric inpatient hospital and Western State Hospital use from the pre period to the third year after service start for all relevant MIDD initiatives. Over the long term, three of six groupings with enough data had statistically significant reductions in hospitalizations. Only one initiative had a significant reduction in inpatient days. Results for initiatives with fewer than ten people contributing data to the findings have been suppressed. Reportable results will be available in 2019 or 2020.

| MIDD 2 Initiative Number and Name | | | | | Psychiatric Inpatient Hospitalizations | | | | | Psychiatric Inpatient Days | | | | |
|---|--|-------|-----|-----|--|--------|-----|--------|----------|----------------------------|--------|--------|--------|----------|
| | | | | | Average* | | Sum | | % Change | Average* | | Sum | | % Change |
| | | | | | Pre | Post 3 | Pre | Post 3 | | Pre | Post 3 | Pre | Post 3 | |
| PRI-04 | Older Adult Crisis Intervention/ Geriatric Regional Assessment Team (GRAT) | 322 | <10 | | | | | | | | | | | |
| PRI-11a | Community Behavioral Health Treatment (Mental Health) | 627 | 82 | 13% | 1.5 | 0.8 | 123 | 65 | -47% | 51.6 | 26.0 | 4,231 | 2,133 | -50% |
| PRI-11b | Community Behavioral Health Treatment (Substance Use Disorder) | 973 | 28 | 3% | 1.0 | 1.3 | 27 | 36 | 33% | 9.8 | 17.8 | 275 | 497 | 81% |
| CD-05 | High Utilizer Care Teams | 44 | <10 | | | | | | | | | | | |
| CD-06 | Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team | 1,700 | 266 | 16% | 1.1 | 1.0 | 304 | 265 | -13% | 20.7 | 36.9 | 5,505 | 9,807 | 78% |
| CD-07 | Multipronged Opioid Strategies (Needle Exchange) | 191 | <10 | | | | | | | | | | | |
| CD-10 | Next Day Crisis Appointments | 268 | 21 | 8% | 0.5 | 1.0 | 11 | 20 | 82% | 7.1 | 15.7 | 149 | 330 | 121% |
| RR-01 | Housing Supportive Services | 216 | 52 | 24% | 1.9 | 0.6 | 101 | 29 | -71% | 69.0 | 23.7 | 3,590 | 1,230 | -66% |
| RR-03 | Housing Capital and Rental | 22 | 18 | 82% | 2.0 | 0.7 | 36 | 12 | -67% | 62.3 | 23.1 | 1,121 | 416 | -63% |
| All Cases Where Inpatient Psychiatric is Relevant | | 4,363 | 467 | 11% | 1.3 | 0.9 | 602 | 427 | -29% | 31.2 | 30.5 | 14,871 | 14,413 | -3% |

* Average per person with any use in period

Significant increase (p < .05) with paired-samples T-testing

Significant decrease (p < .05) with paired-samples T-testing

Emergency Department Admissions in the First Year after Service Start

The results below show changes in emergency department admissions from the pre period to the first year after service start for all relevant MIDD initiatives. Three initiatives showed reductions in Harborview⁴ ED use over the short term, but this finding was offset overall by the significant increase posted by the one initiative that had the most individuals using this costly system, CD-06 Adult Crisis Diversion.

| MIDD 2 Initiative Number and Name | | Eligible Sample | Number with Use | Use Rate in Sample | Harborview Emergency Department (ED) Admissions | | | | |
|-----------------------------------|--|-----------------|-----------------|--------------------|---|--------|--------|--------|----------|
| | | | | | Average* | | Sum | | % Change |
| | | | | | Pre | Post 1 | Pre | Post 1 | |
| PRI-01 | Screening, Brief Intervention and Referral To Treatment (SBIRT) | 4,976 | 2,593 | 52% | 2.0 | 2.0 | 5,049 | 5,243 | 4% |
| PRI-03 | Prevention and Early Intervention Behavioral Health for Adults Over 50 | 1,633 | 339 | 21% | 1.6 | 1.5 | 547 | 514 | -6% |
| PRI-04 | Older Adult Crisis Intervention/ Geriatric Regional Assessment Team (GRAT) | 865 | 125 | 14% | 1.7 | 1.5 | 215 | 187 | -13% |
| PRI-11a | Community Behavioral Health Treatment (Mental Health) | 2,851 | 563 | 20% | 1.9 | 2.0 | 1,076 | 1,106 | 3% |
| PRI-11b | Community Behavioral Health Treatment (Substance Use Disorder) | 2,235 | 466 | 21% | 1.8 | 1.5 | 851 | 715 | -16% |
| CD-05 | High Utilizer Care Teams | 149 | 141 | 95% | 15.1 | 9.1 | 2,123 | 1,278 | -40% |
| CD-06 | Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team | 5,639 | 2,635 | 47% | 1.9 | 2.8 | 4,969 | 7,337 | 48% |
| CD-10 | Next Day Crisis Appointments | 854 | 237 | 28% | 1.2 | 1.5 | 285 | 352 | 24% |
| RR-01 | Housing Supportive Services | 428 | 319 | 75% | 5.4 | 3.0 | 1,722 | 960 | -44% |
| RR-03 | Housing Capital and Rental | 49 | 27 | 55% | 2.1 | 0.8 | 57 | 22 | -61% |
| RR-08 | Hospital Re-Entry Respite Beds | 853 | 707 | 83% | 3.2 | 3.3 | 2,263 | 2,339 | 3% |
| All Cases Where ED is Relevant | | 20,532 | 8,152 | 40% | 2.4 | 2.5 | 19,157 | 20,053 | 5% |

* Average per person with any use in period

Significant increase (p <.05) with paired-samples T-testing

Significant decrease (p <.05) with paired-samples T-testing

⁴ As stated on Page 6, ED use data was available from Harborview Medical Center in Seattle and serves as a proxy for more general ED use.

Emergency Department Admissions in the Second Year after Service Start

The results below show changes in emergency department admissions from the pre period to the second year after service start for all relevant MIDD initiatives. All groupings showed reductions in Harborview ED use over the longer term, the majority of which were statistically significant.

| MIDD 2 Initiative Number and Name | | Eligible Sample | Number with Use | Use Rate in Sample | Harborview Emergency Department (ED) Admissions | | | | |
|-----------------------------------|--|-----------------|-----------------|--------------------|---|--------|--------|--------|----------|
| | | | | | Average* | | Sum | | % Change |
| | | | | | Pre | Post 2 | Pre | Post 2 | |
| PRI-01 | Screening, Brief Intervention and Referral To Treatment (SBIRT) | 3,423 | 1,702 | 50% | 2.2 | 1.4 | 3,652 | 2,364 | -35% |
| PRI-03 | Prevention and Early Intervention Behavioral Health for Adults Over 50 | 1,260 | 230 | 18% | 1.7 | 1.4 | 380 | 310 | -18% |
| PRI-04 | Older Adult Crisis Intervention/ Geriatric Regional Assessment Team (GRAT) | 571 | 63 | 11% | 2.4 | 1.4 | 148 | 87 | -41% |
| PRI-11a | Community Behavioral Health Treatment (Mental Health) | 1,674 | 312 | 19% | 2.0 | 1.3 | 638 | 416 | -35% |
| PRI-11b | Community Behavioral Health Treatment (Substance Use Disorder) | 1,776 | 396 | 22% | 1.8 | 1.4 | 718 | 558 | -22% |
| CD-05 | High Utilizer Care Teams | 96 | 88 | 92% | 15.1 | 3.8 | 1,332 | 333 | -75% |
| CD-06 | Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team | 3,731 | 1,460 | 39% | 2.4 | 1.8 | 3,511 | 2,619 | -25% |
| CD-10 | Next Day Crisis Appointments | 601 | 151 | 25% | 1.5 | 0.8 | 229 | 117 | -49% |
| RR-01 | Housing Supportive Services | 347 | 263 | 76% | 5.5 | 2.1 | 1,453 | 554 | -62% |
| RR-03 | Housing Capital and Rental | 41 | 22 | 54% | 2.5 | 1.0 | 55 | 22 | -60% |
| RR-08 | Hospital Re-Entry Respite Beds | 521 | 412 | 79% | 3.5 | 1.9 | 1,435 | 788 | -45% |
| All Cases Where ED is Relevant | | 14,041 | 5,099 | 36% | 2.7 | 1.6 | 13,551 | 8,168 | -40% |

* Average per person with any use in period

Significant increase (p < .05) with paired-samples T-testing


Significant decrease (p < .05) with paired-samples T-testing

Emergency Department Admissions in the Third Year after Service Start

The results below show changes in emergency department admissions from the pre period to the third year after service start for all relevant MIDD initiatives. The combined reductions in Harborview ED use over the long term exceeded 50 percent, meaning admissions there were more than cut in half.

| MIDD 2 Initiative Number and Name | | Eligible Sample | Number with Use | Use Rate in Sample | Harborview Emergency Department (ED) Admissions | | | | |
|-----------------------------------|--|-----------------|-----------------|--------------------|---|--------|-------|--------|----------|
| | | | | | Average* | | Sum | | % Change |
| | | | | | Pre | Post 3 | Pre | Post 3 | |
| PRI-01 | Screening, Brief Intervention and Referral To Treatment (SBIRT) | 1,602 | 767 | 48% | 2.1 | 1.1 | 1,645 | 803 | -51% |
| PRI-03 | Prevention and Early Intervention Behavioral Health for Adults Over 50 | 740 | 129 | 17% | 1.7 | 1.2 | 225 | 155 | -31% |
| PRI-04 | Older Adult Crisis Intervention/ Geriatric Regional Assessment Team (GRAT) | 322 | 28 | 9% | 3.4 | 1.2 | 96 | 34 | -65% |
| PRI-11a | Community Behavioral Health Treatment (Mental Health) | 627 | 132 | 21% | 1.9 | 1.1 | 244 | 143 | -41% |
| PRI-11b | Community Behavioral Health Treatment (Substance Use Disorder) | 973 | 201 | 21% | 1.9 | 1.2 | 374 | 241 | -36% |
| CD-05 | High Utilizer Care Teams | 44 | 38 | 86% | 14.8 | 2.6 | 562 | 98 | -83% |
| CD-06 | Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team | 1,700 | 673 | 40% | 2.5 | 1.4 | 1,707 | 968 | -43% |
| CD-10 | Next Day Crisis Appointments | 268 | 79 | 29% | 1.8 | 0.8 | 141 | 64 | -55% |
| RR-01 | Housing Supportive Services | 216 | 157 | 73% | 5.8 | 1.5 | 913 | 240 | -74% |
| RR-03 | Housing Capital and Rental | 22 | 13 | 59% | 2.0 | 1.0 | 26 | 13 | -50% |
| RR-08 | Hospital Re-Entry Respite Beds | 279 | 228 | 82% | 3.8 | 2.0 | 867 | 466 | -46% |
| All Cases Where ED is Relevant | | 6,793 | 2,445 | 36% | 2.8 | 1.3 | 6,800 | 3,225 | -53% |

* Average per person with any use in period

 Significant increase (p < .05) with paired-samples T-testing

 Significant decrease (p < .05) with paired-samples T-testing

Diversion Statistics for Individuals with 2014 MIDD Service Starts

Diversion⁵ analyses were conducted only for individuals with data over all time periods studied (pre period through the third year after service start) in order to identify patterns sustained over the longest term. This means that people who began services in relevant MIDD initiatives during 2014 were eligible for both long term use-reduction outcomes and diversion analysis at the end of 2017. Counts for the pre period of individuals who began services on 1/1/2014 go back as far as 1/1/2013.

Adult Jail Diversion

A person was considered diverted from adult jail if they either 1) had **no use** in the year prior to their MIDD service start or index event and no use in the subsequent three years, or 2) **stopped use** for all three years after their MIDD service start or index event. The initiatives with the highest overall diversion rates were Mental Health Treatment under PRI-11 (88%) and RR-03 Housing Capital and Rental (82%). Initiatives with the highest rates of use stoppage were TX-RMHC Regional Mental Health Court (23%) and RR-01 Housing Supportive Services (17%). These findings are highlighted in gold below.

| MIDD 2 Initiative Number and Name | | Eligible Sample | Adult Jail Bookings from 2013 through 2017 | | | | Total | Diverted from Jail | |
|-----------------------------------|--|-----------------|---|-------------|--------------|-----------------|-------|--------------------|-----|
| | | | Diverted | | Not Diverted | | | Yes | No |
| | | | No Use | Stopped Use | Started Use | Use Not Stopped | | | |
| PRI-02 | Juvenile Justice Youth Behavioral Health Assessments | | | | | | | | |
| PRI-11a | Community Behavioral Health Treatment (Mental Health) | 627 | 84% | 4% | 6% | 6% | 100% | 88% | 12% |
| PRI-11b | Community Behavioral Health Treatment (Substance Use Disorder) | 973 | 52% | 13% | 14% | 21% | 100% | 66% | 34% |
| CD-03 | Outreach & Inreach System of Care | 226 | 58% | 7% | 16% | 19% | 100% | 65% | 35% |
| CD-06 | Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team | 1,700 | 63% | 4% | 18% | 15% | 100% | 67% | 33% |
| CD-07 | Multipronged Opioid Strategies (Needle Exchange) | 191 | 50% | 7% | 21% | 22% | 100% | 57% | 43% |
| RR-01 | Housing Supportive Services | 216 | 44% | 17% | 19% | 21% | 100% | 61% | 39% |
| RR-02 | Behavior Modification Classes at CCAP (DV-MRT) | 105 | 7% | 12% | 30% | 50% | 100% | 19% | 81% |
| RR-03 | Housing Capital and Rental | 22 | 73% | 9% | 9% | 9% | 100% | 82% | 18% |
| RR-06 | Jail Reentry System of Care | 914 | 25% | 7% | 17% | 52% | 100% | 32% | 68% |
| TX-ADC | Adult Drug Court | 261 | 14% | 10% | 17% | 59% | 100% | 24% | 76% |
| TX-FTC | Family Treatment Court | 31 | 48% | 6% | 13% | 32% | 100% | 55% | 45% |
| TX-JDC | Juvenile Drug Court | | | | | | | | |
| TX-RMHC | Regional Mental Health Court | 148 | 18% | 23% | 16% | 43% | 100% | 41% | 59% |
| TX-SMHC | Seattle Mental Health Municipal Court | 240 | 16% | 10% | 30% | 44% | 100% | 27% | 73% |
| All Cases Where Jail is Relevant | | 5,654 | 50% | 8% | 17% | 25% | 100% | 58% | 42% |

⁵ For MIDD 2 evaluation, diversion refers to individuals who avoid all use of each costly system or stop using each system for three full years after services begin.

Psychiatric Inpatient Diversion

People were considered diverted from psychiatric inpatient use if they either 1) had **no use** in the year prior to their 2014 MIDD service start and no use in the subsequent three years, or 2) **stopped use** for all three years after their MIDD service start. Initiatives with only minimal use of psychiatric inpatient resources were Substance Use Disorder Treatment under PRI-11, GRAT under PRI-04, and Needle Exchange clients under CD-07, as highlighted in gold below. The initiatives with the highest percentage of clients who avoided psychiatric hospitalization for three full years after beginning MIDD services were the two offering housing and housing support, plus PRI-11a Community Mental Health Treatment.

| | | | Psychiatric Inpatient (PI) Hospitalizations from 2013 through 2017 | | | | | | | |
|---|--|--|--|--------|--------------|-------------|-----------------|-------|------------------|-----|
| | | | Diverted | | Not Diverted | | | | | |
| MIDD 2 Initiative Number and Name | | | Eligible Sample | No Use | Stopped Use | Started Use | Use Not Stopped | Total | Diverted from PI | |
| | | | | | | | | | Yes | No |
| PRI-04 | Older Adult Crisis Intervention/ Geriatric Regional Assessment Team (GRAT) | | 322 | 96% | 0% | 4% | 0% | 100% | 96% | 4% |
| PRI-11a | Community Behavioral Health Treatment (Mental Health) | | 627 | 84% | 6% | 5% | 5% | 100% | 90% | 10% |
| PRI-11b | Community Behavioral Health Treatment (Substance Use Disorder) | | 973 | 96% | 1% | 2% | 1% | 100% | 97% | 3% |
| CD-05 | High Utilizer Care Teams | | 44 | 64% | 0% | 23% | 14% | 100% | 64% | 36% |
| CD-06 | Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team | | 1,700 | 71% | 4% | 19% | 6% | 100% | 75% | 25% |
| CD-07 | Multipronged Opioid Strategies (Needle Exchange) | | 191 | 93% | 3% | 4% | 0% | 100% | 96% | 4% |
| CD-10 | Next Day Crisis Appointments | | 268 | 80% | 3% | 16% | 1% | 100% | 83% | 17% |
| RR-01 | Housing Supportive Services | | 216 | 71% | 9% | 11% | 9% | 100% | 80% | 20% |
| RR-03 | Housing Capital and Rental | | 22 | 9% | 55% | 9% | 27% | 100% | 64% | 36% |
| All Cases Where Inpatient Psychiatric is Relevant | | | 4,363 | 81% | 4% | 11% | 4% | 100% | 85% | 15% |

Emergency Department Diversion

Diversion from emergency department (ED) use was coded for individuals who either 1) had **no Harborview⁶ ED use** in the year prior to their 2014 MIDD service start or index event and no use in the subsequent three years, or 2) **stopped Harborview ED use** for all three years after their MIDD service start or index event. Initiatives with the highest overall diversion rates (greater than 80%) were those focused specifically on serving older adults. For use stoppage, PRI-01 Screening, Brief Intervention and Referral to Treatment (19%) and RR-03 Housing Capital and Rental (18%) recorded the highest percentages. These findings are highlighted in gold below.

| MIDD 2 Initiative Number and Name | | | Harborview Emergency Department (ED) Admissions from 2013 through 2017 | | | | | Diverted from ED | |
|-----------------------------------|--|-------|--|--------|----------------|----------------|--------------------|------------------|-----|
| | | | Diverted | | Not Diverted | | | | |
| | | | Eligible Sample | No Use | Stopped Use | Started Use | Use Not Stopped | | |
| PRI-01 | Screening, Brief Intervention and Referral To Treatment (SBIRT) | 1,602 | 43% | 19% | 14% | 24% | 100% | 63% | 37% |
| PRI-03 | Prevention and Early Intervention Behavioral Health for Adults Over 50 | 740 | 76% | 5% | 11% | 8% | 100% | 81% | 19% |
| PRI-04 | Older Adult Crisis Intervention/ Geriatric Regional Assessment Team (GRAT) | 322 | 86% | 2% | 7% | 5% | 100% | 88% | 12% |
| PRI-11a | Community Behavioral Health Treatment (Mental Health) | 627 | 72% | 5% | 10% | 12% | 100% | 78% | 22% |
| PRI-11b | Community Behavioral Health Treatment (Substance Use Disorder) | 973 | 72% | 6% | 13% | 9% | 100% | 78% | 22% |
| CD-05 | High Utilizer Care Teams | 44 | 14% | 9% | 0% | 77% | 100% | 23% | 77% |
| CD-06 | Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team | 1,700 | 45% | 7% | 22% | 26% | 100% | 52% | 48% |
| CD-10 | Next Day Crisis Appointments | 268 | 62% | 13% | 13% | 13% | 100% | 75% | 25% |
| RR-01 | Housing Supportive Services | 216 | 19% | 11% | 15% | 56% | 100% | 29% | 71% |
| RR-03 | Housing Capital and Rental | 22 | 36% | 18% | 9% | 36% | 100% | 55% | 45% |
| RR-08 | Hospital Re-Entry Respite Beds | 279 | 12% | 12% | 11% | 65% | 100% | 24% | 76% |
| All Cases Where ED is Relevant | | 6,793 | 54% | 10% | 15% | 21% | 100% | 64% | 36% |

⁶ As stated on Page 6, ED use data was available from Harborview Medical Center in Seattle and serves as a proxy for more general ED use.

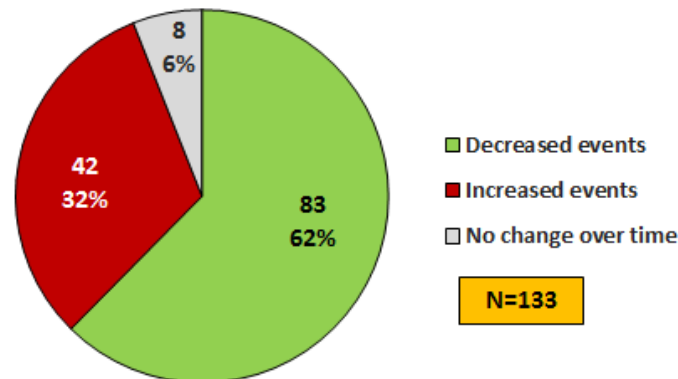
Policy Goal 2: Reduce Crisis Events

Measuring changes in the number, length and frequency of behavioral health crisis events is a new outcome for MIDD 2. Only one initiative that aligned with this outcome as its primary policy goal was fully implemented in 2017. The methodology for assessing crisis event reduction involved counting the number of crisis events, as measured by services counts in a particular crisis response initiative, for participating individuals in 2017. Those counts were then compared with service counts from 2015 and 2016 for those same individuals.

Evaluation strategies to assess reductions in crisis events for other relevant MIDD initiatives are still under development. Data collected by King County's Crisis and Commitment Services (CCS) and/or contracted Mobile Crisis Teams (MCT) may be analyzed in much the same manner as systems use outcomes, as described above. Exploratory analyses in 2018 will consider the incidence of CCS and MCT events in the MIDD population in order to confirm the evaluation methodology.

The only implemented initiative with the primary intent of reducing crisis events in 2017 was **CD-11 Children's Crisis Outreach and Response System (CCORS)**. For the 1,062 youth with 2017 CCORS services, a total of 133 (13%) had also been served by CCORS in 2015 or 2016. Total annual service counts were examined side-by-side within individuals and patterns were characterized as decreased, increased or no change. Over half of the sample with services in multiple years had decreased crisis events, as shown below.

Change in CCORS Crisis Events per Individual over Time



For the 133 youth with data at two time points, statistically significant reductions in service counts were found within individuals. The average number of events/contacts in 2017 was 8.9, a reduction of 27 percent from the 12.2 average found in earlier comparison years.

Policy Goal 4: Improve Health and Wellness

The original MIDD policy goal of reducing behavioral health disorders and symptoms was replaced in MIDD 2 with the concept of improving health and wellness. The table below briefly outlines five approaches used for determining the proportion of relevant MIDD participants who likely experienced improved wellness due to reduced behavioral risk factors or stressors, goal attainment, and/or skill acquisition. For some analyses, in addition to how many people showed improvement, the amount of observed change was calculated.

| Measure | Methodology |
|---|---|
| Reduced Depression and Anxiety | Sampling of individuals engaged in certain services during 2017 who had symptom scores at two or more time points allowed for comparison of the first measure vs. last (within individuals). Both statistical testing (paired samples t-tests) and clinical thresholds (mild/moderate/severe based on scoring) were considered in determining the portion of each analysis sample showing improvements. |
| Increased Employment | The number of people who attained and kept jobs was divided by the number of people actively engaged in employment or other relevant services in order to determine the portion experiencing success. Milestone dates for job acquisition and retention were utilized to calculate goal attainment. |
| Reduced Substance Use | Frequency of substance use in the 30 days prior to each assessment period was analyzed for change within individuals who began services after 2013 and had data at two or more time points. The first measure was compared with the average of all subsequent measures to characterize trends in use reduction. The percentage of people who reduced their use to zero (no use) for all measures after baseline was also calculated. |
| Self-Directed Goals Met | Treatment goals can be highly individualized and customized depending on individual needs and objectives. When possible, programs reported which people met their goals vs. those who did not. |
| Strengthened and Empowered Families and Individuals | Reductions in caregiver strain provided evidence of increased health and wellness for one MIDD initiative. Total scores at various time points were calculated and compared across time. For other initiatives, graduation from programs, case dismissals, and successful completions were used as indicators to determine the portion of individuals who likely experienced improved wellness. Where increased skills served as a proxy for family empowerment, the number of service encounters addressing such skills was unduplicated for unique individuals. |

Reduced Depression and Anxiety

Among the 1,033 older adults with 2017 clinical assessments through **PRI-03 Prevention and Early Intervention Behavioral Health for Adults over 50**, 346 (33%) had depression scores at two different times and 280 (27%) had anxiety scores at two different times.

Using the Patient Health Questionnaire (PHQ-9), 228 people (67% of the 346 with available data) showed statistically significant clinical improvement in depression, with a change in average score from 15.0, or moderate depressive symptoms at first measure, to 8.8, or minimal symptoms or depression at last measure. The average time between improved scores was about three months.

Using the Generalized Anxiety Disorder (GAD-7) instrument, 172 people (61% of the 280 with available data) demonstrated similar improvements in anxiety symptoms, with an average score change from 12.7, or moderate anxiety symptoms at first measure, to 6.9, or mild anxiety at last measure. On average, the clinical change over time from moderate to mild anxiety was realized in just three months.

These findings closely mirrored those found in MIDD 1 with much larger analysis samples. For example, as reported on Page 15 of the MIDD Year Eight Progress Report (August 2016), over 64 percent of individuals with moderate or severe depression and over 57 percent of individuals with moderate or severe anxiety showed improvement over time. All results with small sample sizes should be interpreted cautiously as they may not be representative of larger groups.

PRI-10 Domestic Violence and Behavioral Health Services also used the PHQ-9 and GAD-7 to measure health and wellness outcomes. Among 51 people (11% of the 446 clients served in 2017) with scores at two different times, 59 percent showed statistically significant clinical improvement in depression and 75 percent showed similar improvements in their anxiety symptoms. Changes from earlier scores of moderate symptoms to later scores of mild symptoms were common.

Increased Employment

One in three people who were actively engaged⁷ in **RR-10 Behavioral Health Employment Services and Supported Employment** attained new jobs in 2017. Among the 224 fidelity-based Supported Employment Program (SEP) participants who became employed prior to October 2017, 157 (70%) retained their jobs for at least 90 days. Those who found jobs averaged 7.3 months in services vs. only 3.7 months for those who did not.

Reduced Substance Use

In 2017, **CD-07 Multipronged Opioid Strategies** served individuals at the Public Health - Seattle & King County Needle Exchange program. Historical information was analyzed from 161 people who were served by the needle exchange social worker and engaged in substance use disorder treatment in 2014, 2015, or 2016. A total of 147 (91%) listed heroin or opiates as their primary substance at one or more points in time. Reduced substance use was evident for 60 people (37%) when comparing their use in the 30 days before treatment began with the average of all subsequent measures. Prior to treatment, 45 of the 60 people who reduced their substance use (75%) were daily users, so anything less than daily use supports improved wellness under a harm reduction model. Substance use was reduced to zero in all measurement periods after baseline for 35 (22%) of the 161 people with available outcomes data.

Self-Directed Goals Met

For unduplicated youth (N=22) and adults (N=65) with reported outcomes from **PRI-09 Sexual Assault Behavioral Health Services**, 82 percent achieved individualized outcomes or met their treatment goals. Youth success was characterized by gains in emotional stability, positive engagement in treatment, or

⁷ Active engagement was defined as having both enrollment and job outcomes information. By this definition, 661 people were actively engaged, with 522 from SEP and 139 from intensive employment services for individuals enrolled in substance use disorder treatment. Collectively, 208 people (31%) acquired one or more jobs in 2017.

meeting treatment goals. For adults, criteria for success included increased understanding of the experience affecting him/her, increased coping skills, and/or reduced symptoms of trauma. These findings were consistent with goal achievement results reported throughout MIDD 1.

Strengthened and Empowered Families and Individuals

Reduced Caregiver Strain

The caregiver strain inventory has 21 items, scored from 1 “Not at all” to 5 “Very much”. Total caregiver strain scores were calculated for youth served in **CD-15 Wraparound Services for Youth**, with a maximum possible score of 105. Higher scores are indicative of considerable stress across life domains such as personal time, work, and family routines. At baseline, the average total score was 71.7 (N=524) and at the 6-month mark, the average score was 64.8 (N= 255). The between-groups difference supports a statistically significant improvement in caregiver strain of 10 percent over time. Of the 181 youth who had valid scores at baseline and at a later time point, 123 (68%) had caregivers with reduced stressors. The average of their final scores was 64.5, a statistically significant improvement of 11 percent over the baseline average of 72.8.

Positive Exit Dispositions

For families engaged in **TX-FTC Family Treatment Court**, improved health and wellness was determined by examining exit data. Of the 30 parents who exited during 2017, 19 (63%) had either graduated or had their child welfare dependency cases resolved or dismissed by the courts. A total of 36 children were associated with families exiting FTC in 2017; 19 of them (53%) were returned home from foster or kinship care placements. Among the parents with positive exit dispositions, all (100%) had been admitted to inpatient, outpatient, or both types of substance use disorder treatment during their enrollment in FTC.

Increased Skills and Self Care

Of the 271 people working individually with **CD-12 Parent Partners Family Assistance**, 137 (51%) had help increasing life skills such as parenting skills, budgeting, time management and coping skills, 122 (45%) increased their advocacy skills, and 120 (44%) improved their self-care.

Updated Initiative Performance Measures

As stated in the MIDD 2017 Annual Report, implementation and evaluation of MIDD-funded programs requires occasional modifications to plans as more and/or better information becomes available over time. Work to enhance and improve the MIDD evaluation and reporting continued in 2017. Stakeholders were oriented to the Results-Based Accountability approach, the MIDD 2 Framework, and performance measurement alignment across DCHS levies (MIDD, Best Starts for Kids, and Veterans, Seniors and Human Services Levy). Several of the preliminary performance measures standardized in the MIDD 2 Evaluation Plan were examined and settled collaboratively.

The tables below and on the following pages show performance measurements considered in 2017, along with an explanation of any changes that were made. Targets confirmed during 2017 reflect the unique number of individuals receiving at least one relevant program service, unless otherwise specified.

Notes:

- The acronym ED in the following tables refers to available emergency department data.⁸
- The acronym PI refers to psychiatric inpatient data gathered from community inpatient psychiatric hospitals utilized by King County, plus Western State Hospital.

| Prevention and Early Intervention | | | | |
|--|--|---|---|---|
| Initiative | How much was done? | How well was it done? | Is anyone better off? | Changes in 2017 |
| PRI-01: Screening, Brief Intervention and Referral to Treatment (SBIRT) | # of clients screened # referred for follow-up # engaged in services Target: 2,500 screened | % linked to publicly-funded behavioral health treatment | % with reduced substance use % with clinically-improved depression and anxiety % diverted from ED % with reduced ED use | |
| PRI-02: Juvenile Justice Youth Behavioral Health Assessments | # of clients screened # referred for follow-up # engaged in services Target: To be determined 300 served | % linked to publicly-funded behavioral health treatment | % with reduced substance use % with clinically-improved depression and anxiety % diverted from detention % with reduced detentions | Previously, MIDD had multiple types of service targets (for example – # of SUD assessments). A target of unique youth served was developed with stakeholders. |
| PRI-03: Prevention and Early Intervention Behavioral Health for Adults Over 50 | # of clients screened # referred for follow-up # engaged in services Target: 4,000 screened 1,200 engaged | % linked to needed treatment or services within program | % with clinically-improved depression and anxiety % diverted from ED % with reduced ED use | In meetings with stakeholders, the decision was made to track individuals engaged in services as a more appropriate measure rather than screenings, which will be tracked at the aggregate level. |

⁸ Although efforts are ongoing to explore other potential ED data sources for the MIDD evaluation, data is currently available from Harborview Medical Center in Seattle.

| Prevention and Early Intervention | | | | |
|---|---|---|--|--|
| Initiative | How much was done? | How well was it done? | Is anyone better off? | Changes in 2017 |
| PRI-04: Older Adults Crisis Intervention / Geriatric Regional Assessment Team | # of referrals staffed within one day and documented diversions (by provider) # of clients served Target: 340 served | % of referrals with provider documented diversions | % diverted from ED/PI % with reduced ED/PI use % with reduced crisis events | |
| PRI-05: Collaborative School Based Behavioral Health Services: Middle and High School Students ⁹ | # of youth screened # referred for follow-up # engaged in services Target: 1,000 screened # of suicide prevention trainings and attendees | % linked to needed treatment or services within program % linked to publicly-funded behavioral health treatment | % with reduced substance use % with clinically-improved depression and anxiety Protective/risk factors in participating schools compared to whole county and statewide | |
| PRI-06: Zero Suicide Initiative | # of trainings # of attendees Target: To be determined | % rating courses relevant and useful | Agency-level markers indicating suicide risk reduction | |
| PRI-07: Mental Health First Aid | # of trainings # of attendees Target: 2,000 trained | % rating courses relevant and useful | Emotional health and daily functioning comparing King County to WA state | |
| PRI-08: Crisis Intervention Training - First Responders | # of trainings # of attendees Target: 600 trained | % rating courses relevant and useful | Use-of-force and crisis response statistics | |
| PRI-09: Sexual Assault Behavioral Health Services | # of clients screened # referred for follow-up # engaged in services Target: To be determined 222 served | % linked to needed treatment or services within program | % positively engaged in treatment or met treatment goals | A target of unduplicated people was developed with providers based on capacity changes starting in 2017. |
| PRI-10: Domestic Violence Behavioral Health Services and System Coordination | # of clients screened # referred for follow-up # engaged in services Target: 560 served # of coordination activities # of coordination contacts Target: 160 contacted | % linked to needed treatment or services within program % of agency staff who are trained across disciplines | % with clinically-improved depression or anxiety % positively engaged in treatment or met treatment goals Narrative reports demonstrating value of system coordination | |

⁹ The Best Starts for Kids (BSK) evaluation will consider system-level measures for this blended initiative.

| Prevention and Early Intervention | | | | |
|---|---|---|--|-----------------|
| Initiative | How much was done? | How well was it done? | Is anyone better off? | Changes in 2017 |
| PRI-11: Community Behavioral Health Treatment | # of clients engaged in services Target: 3,500 served | % completing or successful in ongoing treatment | % with reduced substance use % with clinically-improved depression and anxiety % positively engaged in treatment or met treatment goals % diverted from jail/ED/PI % with reduced jail/ED/PI use | |

| Crisis Diversion | | | | |
|--|--|--|---|--|
| Initiative | How much was done? | How well was it done? | Is anyone better off? | Changes in 2017 |
| CD-01: Law Enforcement Assisted Diversion | # of clients engaged in services Target: 500 350 served | % linked to publicly-funded behavioral health treatment % linked referred to needed social services | % with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use | The target was changed to reflect a delay in geographic expansion of the program. Language was clarified on another measure. |
| CD-02: Youth and Young Adult Homelessness Services | # of clients engaged in services Target: To be determined | % linked to needed treatment or services within program % housed at exit | % with clinically-improved depression and anxiety % diverted from ED/PI % with reduced ED/PI use % with reduced crisis events | |
| CD-03: Outreach and Inreach System of Care | # of clients engaged in services Target: 450 served | % linked to publicly-funded behavioral health treatment % with increased self-management skills % housed at exit | % diverted from jail % with reduced jail use % with reduced crisis events | |
| CD-04: South County Crisis Diversion Services/Center | # of clients engaged in services Target: 1,500 served | % linked to publicly-funded behavioral health treatment % linked to needed social services | % diverted from jail/ED/PI % with reduced jail/ED/PI use % with reduced crisis events | |

Crisis Diversion

| Initiative | How much was done? | How well was it done? | Is anyone better off? | Changes in 2017 |
|---|--|---|--|--|
| CD-05: High Utilizer Care Teams | # of clients engaged in services Target: 100 served | % linked to publicly-funded behavioral health treatment | % with clinically-improved depression and anxiety % diverted from ED/PI % with reduced ED/PI use % with reduced crisis events | |
| CD-06: Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team | # of clients engaged in services Target: 3,000 1,875 served | % linked to publicly-funded behavioral health treatment % linked to needed social services | % diverted from jail/ED/PI % with reduced jail/ED/PI use % with reduced crisis events | The previous target included duplicate counts. A target for an unduplicated count of individuals served was identified. |
| CD-07: Multipronged Opioid Strategies | # of clients engaged in services Target: 700 served + more to be determined | % linked to publicly-funded behavioral health treatment % with increased self-management skills | % positively engaged in treatment or met treatment goals % diverted from jail/ED/PI % with reduced jail/ED/PI use % with reduced crisis events | |
| CD-08: Children's Domestic Violence Response Team | # of clients engaged in services # of unique families served Target: 85 families | % of survey respondents indicating improvement | % positively engaged in treatment or met treatment goals | |
| CD-09: Behavioral Health Urgent Care - Walk-in Clinic Pilot | # of clients engaged in services Target: To be determined | % linked to publicly-funded behavioral health treatment | % diverted from ED/PI % with reduced ED/PI use % with reduced crisis events | |
| CD-10: Next Day Crisis Appointments | # of clients engaged in services Target: 1,800 800 served with blended funds | % linked to publicly-funded behavioral health treatment | % diverted from ED/PI % with reduced ED/PI use % with reduced crisis events | The previous target was based on agency capacity to provide Next Day Crisis Appointment slots, rather than expected service utilization. |
| CD-11: Children's Crisis Outreach and Response System | # of referrals staffed # of clients engaged in services Target: 1,000 served with blended funds | % linked to needed treatment or services within program % of referrals with provider documented diversions | % with improved markers (harm to self/others) over time % with positive exit dispositions % with reduced crisis events | |
| CD-12: Parent Partners Family Assistance | # of clients engaged in services Target: 400 300 served | % linked to needed treatment or services within program % with increased self-management skills | % with knowledge of systems and how to access resources % with family empowerment and advocacy skills % positively engaged in treatment or met goals | A target aligned with expected program capacity and utilization was developed with the provider. |

Crisis Diversion

| Initiative | How much was done? | How well was it done? | Is anyone better off? | Changes in 2017 |
|---|---|--|---|-----------------|
| CD-13: Family Intervention Restorative Services | # of referrals staffed # of clients engaged in services Target: 300 served | % linked to needed treatment or services within program | % with reduced substance use % positively engaged in treatment or met treatment goals % with positive exit dispositions % diverted from detention % with reduced detentions | |
| CD-14: Involuntary Treatment Triage | # of clients engaged in services Target: 200 served | % linked to publicly-funded behavioral health treatment | % diverted from ED/PI % with reduced ED/PI use % with reduced crisis events | |
| CD-15: Wraparound Services for Youth | # of clients engaged in services Target: 650 served | % linked to needed treatment or services within program % with improved education markers (suspensions, grades) over time | % with improved markers (harm to self/others) over time % with reduced caregiver strain % with reduced crisis events | |
| CD-16: Youth Behavioral Health Alternatives to Secure Detention | # of clients engaged in services Target: To be determined | % linked to publicly-funded behavioral health treatment % linked to needed social services % housed at exit | % positively engaged in treatment or met treatment goals % diverted from detention/ED/PI % with reduced detentions/ED/PI use % with reduced crisis events | |
| CD-17: Young Adult Crisis Facility | # of clients engaged in services Target: To be determined | % linked to publicly-funded behavioral health treatment % linked to needed social services % housed at exit | % positively engaged in treatment or met treatment goals % diverted from ED/PI % with reduced ED/PI use % with reduced crisis events | |

Recovery and Reentry

| Initiative | How much was done? | How well was it done? | Is anyone better off? | Changes in 2017 |
|------------------------------------|---|--|---|-----------------|
| RR-01: Housing Supportive Services | # of clients engaged in services Target: 690 served | % linked to publicly-funded behavioral health treatment % with increased self-management skills Housing retentions | % diverted from jail/ED/PI % with reduced jail/ED/PI use % with reduced crisis events | |

Recovery and Reentry

| Initiative | How much was done? | How well was it done? | Is anyone better off? | Changes in 2017 |
|---|--|---|---|-----------------|
| RR-02: Behavior Modification Classes at CCAP | # of clients engaged in services Target: 40 served | % completing or successful in ongoing treatment | % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use | |
| RR-03: Housing Capital and Rental | # of clients engaged in services Target: To be determined | % with increased self-management skills Housing retentions | % diverted from jail/ED/PI % with reduced jail/ED/PI use | |
| RR-04: Rapid Rehousing - Oxford House Model | # of clients engaged in services Target: 333 served | Housing retentions | % with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail/ED/PI % with reduced jail/ED/PI use | |
| RR-05: Housing Vouchers for Adult Drug Court | # of clients engaged in services Target: 30 served | % housed at exit % who graduate ADC by housing status at entry | % with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use | |
| RR-06: Jail Reentry System of Care | # of clients engaged in services Target: 350 served | % linked to publicly-funded behavioral health treatment % linked to needed social services % housed at exit | % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use | |
| RR-07: Behavioral Health Risk Assessment Tool for Adult Detention | # of clients screened # referred for follow-up # of clients engaged in services Target: 2,460 screened | % linked to publicly-funded behavioral health treatment | % with reduced substance use % with clinically-improved depression and anxiety % diverted from jail % with reduced jail use | |
| RR-08: Hospital Reentry Respite Beds (Medical Respite) | # of clients engaged in services Target: 350 served | % linked to needed treatment or services within program % housed at exit | % positively engaged in treatment or met treatment goals % diverted from ED % with reduced ED use | |

Recovery and Reentry

| Initiative | How much was done? | How well was it done? | Is anyone better off? | Changes in 2017 |
|---|--|---|---|---|
| RR-09: Recovery Café | # of clients engaged in services Target: 300 served | % linked to publicly-funded behavioral health treatment % with increased self-management skills | % positively engaged in treatment or met treatment goals % with reduced crisis events | |
| RR-10: Behavioral Health Employment Services and Supported Employment | # of clients engaged in services Target: 800 served | % employed and retaining jobs | % positively engaged in treatment or met treatment goals % diverted from jail/PI % with reduced jail/PI use | |
| RR-11: a) Peer Bridgers | # of clients engaged in services Target: 200 served | % linked to publicly-funded behavioral health treatment | % diverted from jail/ED/PI % with reduced jail/ED/PI use % enrolled in health insurance programs | |
| RR-11: b) SUD Peer Support Pilot | # of clients engaged in services Target: To be determined 1,000 served | % with increased self-management skills | % with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail/ED % with reduced jail/ED use | A target aligned with expected program capacity and utilization was developed with providers. |
| RR-12: Jail-Based Substance Abuse Treatment | # of clients engaged in services Target: 200 served | % linked to publicly-funded behavioral health treatment % administered risk, need, responsivity tool | % with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use | |
| RR-13: Deputy Prosecuting Attorney for Familiar Faces | # of clients engaged in services Target: To be determined | % housed at exit | % diverted from jail/ED/PI % with reduced jail/ED/PI use | |
| RR-14: Shelter Navigation Services | # of clients engaged in services Target: 200 homeless households | % linked to publicly-funded behavioral health treatment % housed at exit | % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use | |

System Improvement

| Initiative | How much was done? | How well was it done? | Is anyone better off? | Changes in 2017 |
|--|---|---|--|-----------------|
| SI-01: Community Driven Behavioral Health Grants | # of participating agencies/programs # of clients engaged in services Target: To be determined | % rating activities or programs relevant and useful | Agency-level markers indicating improved behavioral health Protective/risk factors (local vs. county vs. state) | |
| SI-02: Behavioral Health Services in Rural King County | # of participating agencies/programs # of clients engaged in services Target: To be determined | % rating activities or programs relevant and useful | Agency-level markers indicating improved behavioral health Protective/risk factors (local vs. county vs. state) | |
| SI-03: Quality Coordinated Outpatient Care | To be determined Target: To be determined | To be determined | To be determined | |
| SI-04: Workforce Development | To be determined Target: To be determined | To be determined | To be determined | |

Therapeutic Courts

| Initiative | How much was done? | How well was it done? | Is anyone better off? | Changes in 2017 |
|--------------------------------|--|---|--|-----------------|
| TX-ADC: Adult Drug Court | # of clients engaged in services Target: 700 served | % graduating and with positive exits % housed at exit | % with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use | |
| TX-FTC: Family Treatment Court | # of children in families served Target: 140 children | % linked to publicly-funded behavioral health treatment % graduating and with positive exits % with positive child placements at exit | % with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use | |
| TX-JDC: Juvenile Drug Court | # of clients engaged in services Target: 50 new served | % linked to publicly-funded behavioral health treatment | % with reduced substance use % positively engaged in treatment or met treatment goals % diverted from detention % with reduced detentions | |

Therapeutic Courts

| Initiative | How much was done? | How well was it done? | Is anyone better off? | Changes in 2017 |
|---|---|---|--|-----------------|
| TX-RMHC: Regional Mental Health and Veterans' Court | # of clients engaged in services Target: 130 served | % linked to publicly-funded behavioral health treatment % housed at exit | % with clinically-improved depression and anxiety % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use | |
| TX-SMHC: Seattle Municipal Mental Health Court | # of clients engaged in services Target: 130 served | % linked to publicly-funded behavioral health treatment | % with clinically-improved depression and anxiety % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use | |
| TX-CPPL: Community Court Planning | Not Applicable | Not Applicable | Not Applicable | |

Special Allocation

| Initiative | How much was done? | How well was it done? | Is anyone better off? | Changes in 2017 |
|------------------------------------|--------------------|-----------------------|-----------------------|-----------------|
| SP-01: Special Allocation: Consejo | Not Applicable | Not Applicable | Not Applicable | |

MIDD Population-Based Indicators

Population-based indicators are proxy measures to help quantify the result – conditions MIDD services aim to change to improve health and well-being of residents in King County. Over time, MIDD seeks to **contribute** to turning the curves of population-level indicators, as defined through Results-Based Accountability. The population-based indicators will track how various King County efforts and initiatives are collectively making an impact on the larger community of people in King County (KC).

As discussed in the MIDD 2 Evaluation Plan, review of population-based indicators is a new component of the evaluation of MIDD beginning with MIDD 2. The first year of this review uses most recent available data to establish a baseline level for each indicator, as shown below:

| Population-level Indicator | As Measured By | Baseline Data |
|---|--|---|
| Improved emotional health | <ul style="list-style-type: none"> • Average number of days adults in King County spent coping with stress, depression, and problems with emotions in the past 30 days, as measured by the Behavioral Risk Factor Surveillance System (BRFSS); available for adults only • Percent of students in grades 8, 10, and 12 who report feeling depressed or having suicidal thoughts, as measured by the Healthy Youth Survey | <p>Adults: 3.2 days (2016)</p> <p>Youth: Depression 31% (2016) Suicidal Thoughts 17% (2016)</p> |
| Reduced suicide attempts and deaths | <ul style="list-style-type: none"> • Rate per 100,000 people aged 20+ living in King County with non-fatal self-inflicted injury (suicide attempts) and suicide fatalities, as reported by the Washington State Department of Health | <p>Adult Attempts: 45/100,000 (2011-2015 average)</p> <p>Adult Fatalities: 15/100,000 (2016)</p> |
| Reduced opioid, alcohol, and other drug deaths | <ul style="list-style-type: none"> • Number of times drug identified deaths occurred, as reported annually by the King County Medical Examiner | <p>All-Age Overdose Deaths: 360 (2016)</p> |
| Increase in daily functioning | <ul style="list-style-type: none"> • Percent of adults who report an average of 14 or more days with limitations due to physical and/or mental health in the past 30 days, as measured by BRFSS | <p>Mental distress: 9% Physical distress: 8% (2016)</p> |

| | | |
|--|--|---|
| Reduced incarceration rate | <ul style="list-style-type: none"> • Number of people admitted and released from jail, based on data from Washington Association of Sheriffs and Police Chiefs and the Washington State Department of Corrections | <p>Average Daily KC Jail Population* 2,775 (2016)</p> <p>Prison Admissions from KC: 1,310** Prison Releases to KC: 1,441 (Fiscal Year 2017)</p> |
| Reduced or eliminated alcohol and substance use | <ul style="list-style-type: none"> • Percent of adults who report binge drinking alcohol in the past 30 days, as measured by BRFSS • Percent of adults who report using marijuana in the past 30 days as measured by BRFSS • Percent of students in grades 8, 10, and 12 who report having at least one drink in the last 30 days, as measured by the 2016 Healthy Youth Survey • Percent of students in grades 8, 10, and 12 who report marijuana, painkiller, or any illicit drug use in the past 30 days, as measured by the Healthy Youth Survey | <p>Adults: Binge Drinking 19% Marijuana 15% (2016) Youth: Alcohol Use 18% Illicit Drugs 15% (2016)</p> |

* King County, SCORE, Enumclaw, Issaquah, Kent and Kirkland jails from <http://www.waspc.org/crime-statistics-reports> Annual Jail Statistics

** Source: <http://www.doc.wa.gov/docs/publications/reports/200-RE001.pdf>