A man with a beard, wearing a red t-shirt and a black baseball cap with white stitching, is shown in profile from the chest up. He is looking upwards and to the right, towards a bright blue sky filled with soft, white clouds. The lighting is warm, suggesting a sunny day.

2020 MIDD Annual Report

**Investing in
communities,
strengthening
resilience**



MIDD Supporting behavioral
health and recovery

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PRIVACY

King County respects the dignity and choices of people who participate in MIDD-funded services. The MIDD service participants whose stories are told in this report have consented to have their stories shared. Names have been changed to maintain confidentiality. Images throughout this report are stock photos, used solely for illustrative purposes.

FOR MORE INFORMATION

www.kingcounty.gov/MIDD

ALTERNATE FORMATS

call 206-263-9100 or TTY Relay 711

THANKS TO OUR PARTNERS

Many organizations in our region partner with King County's Department of Community and Human Services to implement MIDD programs and services. These partners are recognized by name on page 71.

FOR BEST VIEWING EXPERIENCE

This report is intended to be read on screen and offers navigational links at the top of each page. For the best experience, we recommend using a PDF viewer rather than a web browser to navigate the report.

FROM THE KING COUNTY EXECUTIVE

To our King County community,

I am proud to present the 2020 MIDD Annual Report and to share with you the many ways in which King County's Behavioral Health Sales Tax Fund serves our region by providing critical resources and connections to community for people living with behavioral health conditions.

2020 proved to be a year like no other, as we faced both a global pandemic and an economic crisis that affected the health and well-being of residents throughout King County. With its reliance on sales tax revenues, the MIDD fund was directly affected by the long months of the economic downturn.

Facing those challenges boldly, MIDD service providers, including members of the King County Integrated Care Network, stepped up with creativity, commitment and compassion. Together, they moved in-person services to virtual platforms and sought other innovations and adaptations that made it possible for both clients and providers to persevere through difficult and uncertain times.

The past year also brought forward the stark reality of the impacts of racism and generational inequities in health, wealth and opportunity among Black, Indigenous and communities of color. With our MIDD providers and the entire behavioral health network, King County is committed to fostering programs and interventions that can work with communities to dismantle those inequities and ensure every person has the chance to thrive and achieve their full potential.

I am grateful to the many community partners who came together through our MIDD programs to keep the doors to behavioral health recovery open. Our region is healthier and stronger today because of you. Thank you.

Sincerely,



Dow Constantine
King County Executive



FROM THE KING COUNTY BEHAVIORAL HEALTH AND RECOVERY DIVISION DIRECTOR**To our community,**

It's my honor to present King County's 2020 report on the MIDD behavioral health sales tax fund.* 2020 was a year of unforeseen challenges and rising needs. It was also a year of resilience and adaptation. The COVID-19 pandemic affected how MIDD's partners provided programming and services. Because MIDD is a sales tax-driven fund, the pandemic's economic downturn also reduced the dollars available to support critical services for those living with or at risk of behavioral health conditions in our community.

MIDD's programming and service delivery systems rose to the occasion. Throughout this report, you will find examples of in-person services being adapted to a virtual environment, program participants persevering despite daunting challenges and our community coming together to meet this moment.

During this year of flux, MIDD partners, including those in the King County Integrated Care Network, continued to provide services, operate programs and treat program participants. These partners are now working to integrate learnings from COVID-19's disproportionate impact on Black, Indigenous and communities of color into their organizations' work. They have heard the demand for change that reverberated throughout our community as the Black Lives Matter movement took to the streets.

The pursuit of equity became a call to action for the MIDD Advisory Committee in 2020. When asked to prioritize key principles to guide difficult funding decisions presented by reduced sales tax revenue, Committee members overwhelmingly identified equity and social justice as imperative. Now, a new Equity Framework will center anti-racism and justice in the forefront of the Committee's work.

Together, we made it through this difficult year — learning and making progress. MIDD, through its many partners, adapted and persevered. Above all, we continued to serve our community. I offer this report with tremendous gratitude and pride.

Thank you for your collaboration.

Sincerely,



Kelli Nomura

Director, King County Behavioral Health and Recovery Division



* The MIDD behavioral health sales tax fund is also referred to as the Mental Illness and Drug Dependency fund.

Investing in community resilience

In 2020, the COVID-19 pandemic placed immense pressure on communities throughout King County, revealing their vulnerabilities — but also their strengths. It also accentuated the unequal outcomes experienced by Black, Indigenous, and people of color (BIPOC) communities. 2020 highlighted the importance of investing in an integrated behavioral health continuum of care rooted in equity and social justice, even as the events of the year put that system under strain.

In 2020 MIDD funded providers quickly adapted to meet community needs. In communities, MIDD partners adjusted their efforts to support their clients' health and well-being. These experiences highlight a conviction at the heart of this work: MIDD is more than a revenue source. MIDD is our community's investment in the wellness of our most vulnerable residents that strengthen King County's collective resilience.

MIDD overview

MIDD funding, generated by a countywide 0.1 percent sales tax, allows King County to take an integrated approach to supporting people living with or at risk of behavioral health conditions. In 2020, MIDD supported over 125 community and implementing partners and 52 initiatives to provide critical services for 20,220 people, including the communities most affected by inequities related to race, income and access to health care. Two new initiatives launched that increased the reach of MIDD across the county, including to rural areas and in BIPOC communities. These people-centered efforts are informed by community, grounded in equity and social justice, driven by outcomes and aligned with other county initiatives that support individuals with behavioral health needs. Across five strategy areas, MIDD initiatives promote wellness, improve participants' quality of life and support their recovery and reintegration into communities.



MIDD in the context of COVID-19

The COVID-19 pandemic exposed and exacerbated inequities in access to health services and supports. During the early, uncertain months of 2020, restrictions on activity reduced the availability and accessibility of services for some even as the pandemic elevated the need for assistance. MIDD concentrated on upholding King County's commitment to responsive services, equity and social justice, and minimizing reductions to service delivery.

MIDD partners adjusted by supporting their staff and clients according to individual needs. Early in the pandemic, many non-crisis in-person services were suspended, such as those held at the courts and in jails. They found new ways to communicate with clients, put safety protocols in place, managed staff absences and accommodated staff members at higher risk for illness by adjusting how services were delivered. To continue serving clients, agencies created alternatives to in-person services. Communication with clients moved to telephone, email, video conferencing services and mail. Telehealth became the primary form of communication and intervention during the COVID-19 response.

For some community members, the transition to a virtual service delivery model yielded unexpected benefits, such as increased participation and engagement and a significant decrease in no-show rates. For participants without reliable access to technology, the shift to virtual services was a significant barrier to access. Some organizations provided technology to participants. Other organizations provided on-site availability of telehealth services through designated telehealth technology, rooms and spaces.

Thanks to partners' adaptation and perseverance throughout the year, MIDD continued to support individuals, systems and community resilience.

“MIDD dollars are instrumental in addressing some of the toughest behavioral health needs in our region. MIDD funding provides support for people living with mental illness and substance use disorder. Through flexible, responsive and evidence-based intervention, MIDD serves our entire community.”

— Lynne Robinson, mayor, city of Bellevue; MIDD Advisory Committee member



COVID-19's impact on sales tax revenue and services

In 2020, restrictions on social and economic activity related to the COVID-19 pandemic led to a reduction in the sales tax revenue that MIDD relies on to fund its initiatives. The King County Department of Community and Human Services (DCHS) worked closely with the King County Executive's Office to minimize the impact of the funding loss on currently operating behavioral health programs and services. Instead, MIDD ended one-time expenditures, deferred the start date for new initiatives and the expansion of existing initiatives, and prioritized reductions to training and programming related to system improvements over making cuts to services.

To guide decision-making, DCHS used the principles developed by the community-based MIDD Advisory Committee, which emphasize prioritizing equity and social justice and impact on communities of color; providing integrated services designed for the most disenfranchised populations; and maintaining the King County behavioral health system in the face of federal and state policy changes. Recognizing the importance of MIDD funded services, the adopted biennial budget passed in late 2020 partially restored some MIDD services effective 2021.

COVID-19 impacts on services and participants¹

The COVID-19 pandemic created significant challenges for MIDD providers and program participants. MIDD participants experienced increased frequency and severity of behavioral health symptoms including depression, crisis events and substance use, as well as increased basic needs including housing, employment and medical services. Providers experienced disrupted operations, staff capacity gaps and reduced ability to provide services.

MIDD funding provided a steady resource to support agency adaptation, allowing providers to assess challenges, listen to clients and modify services. Throughout the pandemic, agency partners adapted and persisted, finding new ways to work and care for people in need.



Resilient communities and creative solutions

In 2020, MIDD providers tailored services, created new solutions and adapted program models. Participants persevered in finding help and accessing services in new ways.

Adaptation and persistence in response to disrupted operations

COVID-19 restricted MIDD's in-person services: some were paused temporarily, others became inactive and many became remote. Not all programs could shift to fully remote, including crisis services, home visits, housing services and certain types of case management. MIDD participants experienced disruptions in hospital and medical systems, the criminal legal system, and in schools and courts where COVID-19's effects on data collection, capacity and referrals hindered service provision.

Attending to physical health needs and focusing on harm reduction

Providers delivered necessary services for participants with acute needs, including primary health care and traditional mobile medical services. When needed, providers met participants outside. Providers shifted focus to an SUD harm reduction model to encourage participants to maintain isolation while addressing behavioral health needs.

Supportive transportation

Providers leveraged rideshare solutions to keep participants safe, and in certain cases followed participants in a separate vehicle to maintain a supportive connection.

Creating connection and safe spaces

Providers attended to community needs by redeploying staff to emergency relief efforts, converting existing spaces into enhanced shelters and creating resource connection opportunities.

Adapting to telehealth and remote services and providing technology access

Most providers shifted to virtual services, conducting appointments, assessments and training by phone or video calls. Providers also created telehealth centers or provided access to phones or computers. Though challenging for many, a virtual service delivery model increased participation and engagement for some, providing an example of how the behavioral health system might adapt in the future.

Expanded referral strategies

When referrals from behavioral health and criminal legal systems declined, providers adapted their program models to accept direct referrals and community referrals to maintain participant enrollment.

¹ Annually, MIDD asks staff and partners to answer a standard set of open-ended questions in addition to providing performance measurement data, which helps to understand the stories behind the numbers. This section was created from trends in the data and thematic analysis of the answers provided.

Providing crucial behavioral health services for abused women

Abuse thrives in isolation. In 2020 the Domestic Abuse Women's Network (DAWN) witnessed the increased lethality of gender-based violence and the heightened need for safety planning for survivors. This is their story about navigating restrictions due to the pandemic while responding to an increased need for services.

“During the pandemic, women facing abuse experienced an uptick in violence and in the need for mental health support. Uncertainty, unemployment, isolation and the accompanying threat of violence significantly affected those we serve. To serve clients, we continued to provide support through DAWN's MIDD-funded behavioral health staff. We faced challenges, such as the difficulty of connecting with survivors during safe windows of time, but we found ways to meet client needs. We offered telehealth using a HIPAA-compliant Zoom link, technology assistance, MIDD announcements to share community resources, virtual support groups for clients, and additional support to families with children in remote learning.

As an organization, we employed creative means to enhance staff self-care, including outlets for staff to process their experiences and flexibility in scheduling. We took advantage of the opportunity to enhance our advocacy services through increased staff cross-training to support trends, patterns and needs of survivors.

Through the ups and downs, staff and clients acutely felt the uncertainty and fatigue of the new normal, but like most agencies, we learned to adapt, provide, shelter, empower and support. Our services were crucial. Despite transitioning to a telehealth platform in March, we served more survivors of domestic violence during 2020 than we did the year before.”

— Angela Dannenbring, *Executive Director, Domestic Abuse Women's Network*

Related initiative: [PRI-10 Domestic Violence](#)



Who MIDD serves

MIDD programs and services support the health and well-being of residents throughout King County. Using a person-centered approach and seeking to provide culturally relevant services, MIDD delivers prevention and early intervention, crisis diversion, community reentry, treatment and recovery services to advance five overarching goals:

- Divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms and hospitals.
- Reduce the number, length and frequency of behavioral health crisis events.
- Increase culturally appropriate, trauma-informed behavioral health services.
- Improve health and wellness of individuals living with behavioral health conditions.
- Explicit linkage with, and furthering the work of, King County and community initiatives.

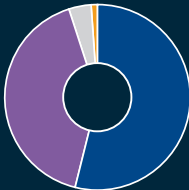


2020 MIDD DEMOGRAPHICS



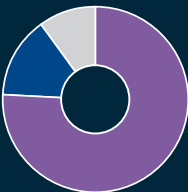
- RACE**
- American Indian/Alaska Native: **3%**
 - Asian/Asian American: **7%**
 - Black/African American/African: **16%**
 - Native Hawaiian/Pacific Islander: **2%**
 - White: **49%**
 - Multiple races: **7%**
 - Another race: **8%**
 - Unknown/prefer not to say: **9%**

Race groups are mutually exclusive. Participants who selected more than one race category were counted as "Multiple races." For more detailed information on the "Multiple races" category, please see the MIDD Results Dashboard at kingcounty.gov/midd.



- GENDER IDENTITY**
- Female: **41%**
 - Male: **54%**
 - Another gender: **1%**
 - Unknown/prefer not to say: **4%**

Individuals who selected "Another gender" indicated their gender identity was not listed in the response options. This includes but is not limited to persons identifying as transgender, nonbinary, intersex, questioning and/or gender-nonconforming. For more detailed information on gender identities not listed, including information on the "Transgender" category, please see the MIDD Results Dashboard at kingcounty.gov/midd.



- HISPANIC ETHNICITY**
- Hispanic/Latino: **14%**
 - Non-Hispanic/Latino: **76%**
 - Unknown/prefer not to say: **10%**



- AGE IN YEARS**
- 0–17: **9%**
 - 18–24: **8%**
 - 25–54: **55%**
 - 55+: **22%**
 - Unknown: **7%**

Distribution of client-level services with known demographic information. Demographic information may not be available or relevant for all programs. Demographic counts do not include housing capital funds, provider training programs and Best Starts for Kids partner programming.

Totals may not add up to 100% due to rounding.

20,220
people served by
MIDD initiatives in 2020

Equitable access to behavioral health care for aging adults

Sound Generations relaunched the Geriatric Regional Assessment Team (GRAT) program in early 2020 — right as the pandemic hit. This is their story about the experience of getting the program up and running in a year of restrictions and uncertainty.



“The Geriatric Regional Assessment Team (GRAT) is a community resource for aging adults who are escalating toward crisis. We match experienced clinicians with older adults 55 and over, providing outreach, assessment and early intervention. The heart of GRAT is connecting with elders to understand their strengths, needs and values, because when we truly understand our clients we are able to connect them with community resources for stabilization.

Despite our dedication to serve older adults, relaunching a program during COVID-19 was an immense challenge. We struggled with what would be routine in a typical year — hiring, outreach to the community, seeing clients — due to COVID-19 restrictions and the need for adaptation. Nonetheless, COVID-19 made us even more determined to serve our clients to the best of our capacity. As we shifted to working from home and confronted all of the challenges that accompanied the pandemic, we focused on the fact that our clients were dealing with all of the same difficulties as before in addition to those caused by the pandemic.

Equitable access to services was a priority for our team in 2020 and continues to be a priority as we move forward. We worked to create connections with 12 community-based organizations embedded within the communities they serve, all of which are focused on reaching those most in need to provide services that sometimes feel out of reach. These connections enabled us to reach older adults most affected by inequities in race and income and to serve clients in culturally sensitive ways. Our focus on equity also prompted the acknowledgment that America’s mental health services are rooted in a framework developed primarily for white clients, and we have expanded our definition of and response to community mental and physical health support in order to better meet the needs of ethnically, culturally and linguistically diverse clients.

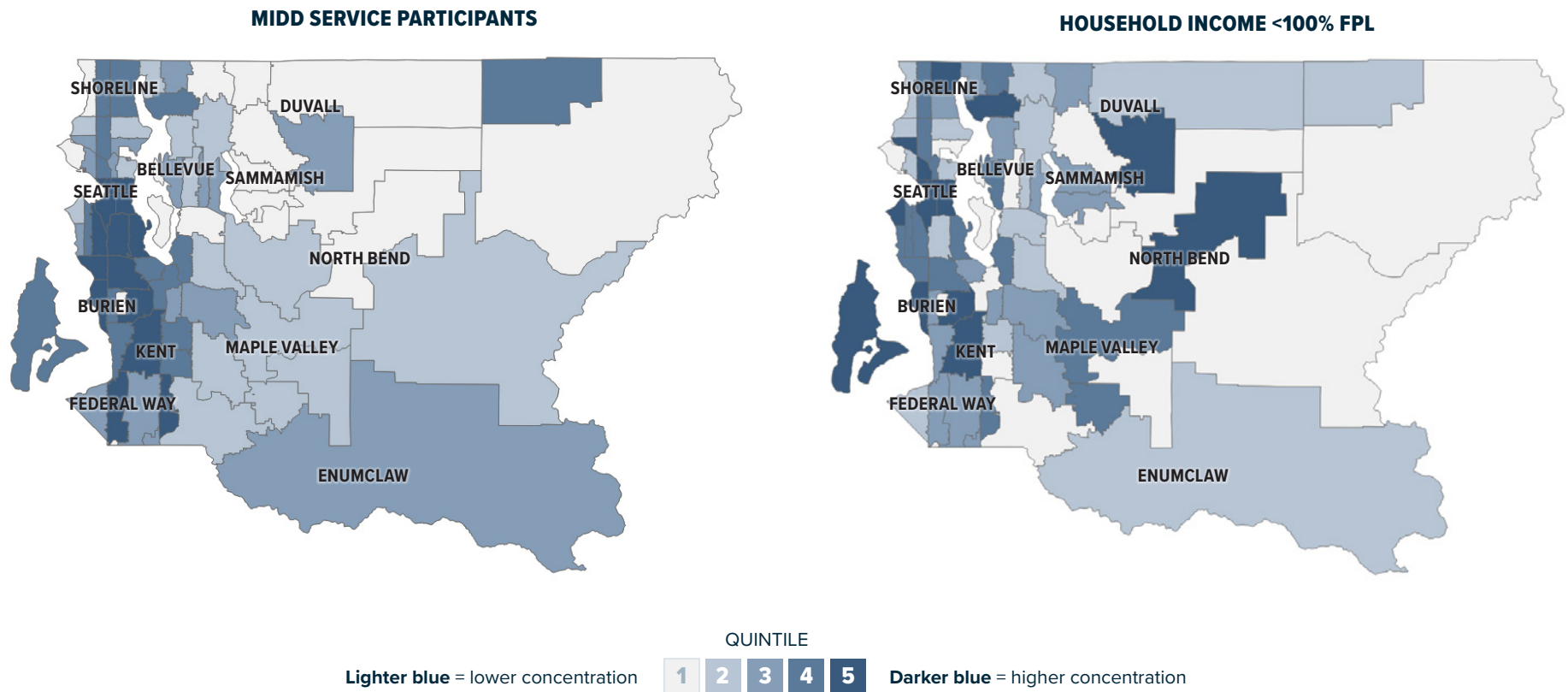
Our team responded with dedication, ingenuity, flexibility and patience to the challenges of 2020 and we ended the year feeling like we made a difference in people’s lives. As COVID-19 restrictions ease, we will continue to respond to the needs of our clients — hopefully seeing them in their homes soon. We are eager to continue to serve older adults, showing them they are not alone and that GRAT clinicians are available to connect them with services that will enrich their lives.”

— Sabrina Jones, *Director of Assistance Services, Sound Generations*

Related initiative: [PRI-04, GRAT](#)

MIDD Programming reaches across King County

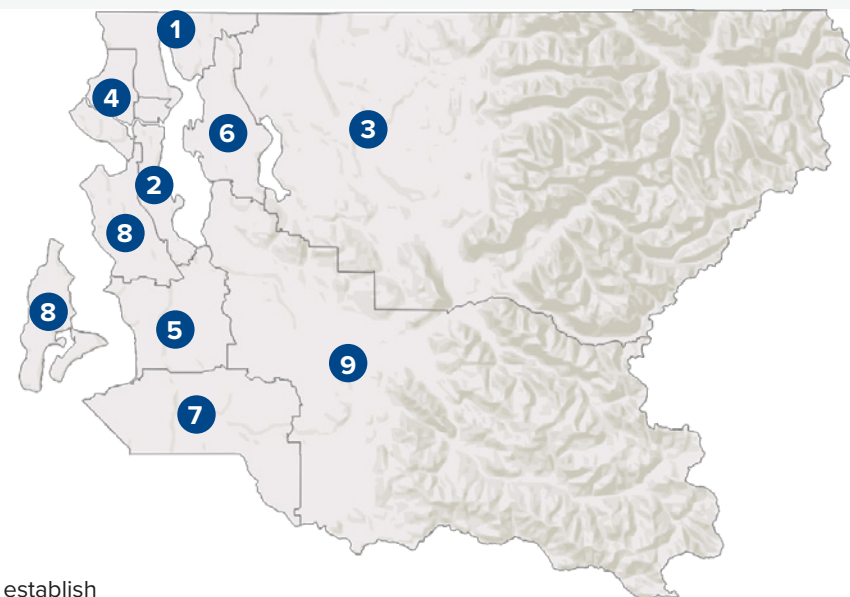
2020 Population distribution across King County by Federal Poverty Level (FPL) and participants served by zip code



People living outside of King County and those with unknown residence are not included. Individuals served by more than one program are deduplicated where data are not anonymous. Totals may not add up to 100% due to rounding. Total number of people varies across regions.

MIDD programming continues to expand

MIDD's 2020 programming extended to rural areas and partnered more deliberately with BIPOC communities, while continuing to provide critical services in other corners of the county.



COUNCIL DISTRICT 1

Cowlitz Indian Tribe

Cowlitz Indian Tribe provided substance use outreach and assessments, appropriate referrals, outpatient treatment intakes and peer counseling services at Chief Seattle Club, Seattle and Burien Municipal Courts and several local hospitals.

Response Awareness, De-escalation and Referral

The Response Awareness, De-escalation and Referral initiative supported a co-responder model in which mental health professionals partner with law enforcement to connect at-risk individuals to appropriate services.

COUNCIL DISTRICT 2

WAPI Community Services

WAPI offered the Kings Rise Up (KRU) program to male students of color through a six session series that addressed the stigma surrounding young men of color who struggle with issues of mental health, substance use and violence.

Vietnamese Health Board

The Vietnamese Health Board (VHB) sought to establish a common language related to mental health in both English and Vietnamese to increase Vietnamese community members' knowledge and understanding of behavioral health. Additionally, the VHB created tools and guides to foster intergenerational conversations on mental health in the Vietnamese community.

COUNCIL DISTRICT 3

Encompass NW

Encompass NW partnered with the Snoqualmie Valley Community Network and the Snoqualmie Valley and Riverview School Districts to train staff and community members in trauma-informed care and the Connected Caregivers curriculum.

Skykomish School District

The Skykomish School District provided School-Based Screening, Brief Intervention, and Referral to Treatment to promote social and emotional health and to prevent substance use among middle school students. Counselors offered assessments, screening, brief interventions, referrals, case management and behavioral health support groups.

COUNCIL DISTRICT 4

Sound Generations: Older Adult Crisis Intervention/Geriatric Regional Assessment Team

Older Adult Crisis Intervention/Geriatric Regional Assessment Team addressed the needs of isolated older adults who might be at risk for a crisis by deploying a home visiting team of intervention experts to provide engagement, clinical assessment and early intervention. MIDD funding is blended with funding from the Veterans, Seniors and Human Services Levy.

Recovery Café

Recovery Café is a community space where people access support, resources and a community of care to help stabilize their physical and behavioral health; receive assistance with housing, relationship and/or employment support; and participate in opportunities for volunteer service.

COUNCIL DISTRICT 5**NAMI South King County**

NAMI South King County expanded access to evidence-based National Association for Mental Illness's (NAMI) programs in the underserved, rural communities of Enumclaw, Black Diamond, Maple Valley and Covington.

Refugee Women's Alliance

Refugee Women's Alliance built community leadership through a train-the-trainer program about issues of mental health and substance use within the Somali, Eritrean and Ethiopian communities in south King County.

COUNCIL DISTRICT 6**IKRON Greater Seattle**

Behavioral Health Employment Services and Supported Employment provided evidence-based, intensive employment services to people living with mental health conditions and connected people with substance use disorders to employment services for job placement and support.

Lifewire

Lifewire provided documented and undocumented Latinx survivors of domestic violence access to culturally responsive support groups related to mental health and substance use.

COUNCIL DISTRICT 7**Hero House Northwest**

Hero House Northwest established a monthly extension of the Bellevue Clubhouse in community centers in Sammamish, North Bend, Carnation, Duvall and Snoqualmie to expand the reach of Clubhouse services to people in rural areas.

UTOPIA**(United Territories of Pacific Islanders Alliance)**

UTOPIA provided culturally responsive behavioral health education, resources, and information for LGBTQI Pacific Islanders in order to combat the multiple stigmas impacting immigrant, refugees and communities of color dealing with behavioral health issues.

COUNCIL DISTRICT 8**Khmer Health Board**

Khmer Health Board addressed intergenerational stigma, tension and lack of awareness about mental health in the Cambodian American community and worked to increase use of mental health services among Cambodian Americans in King County.

The DOVE (Dignity Opportunity Voice and Empowerment) Project

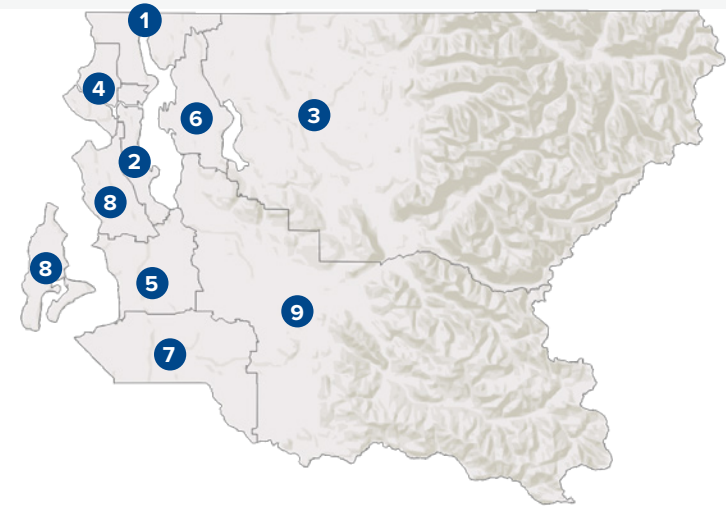
The DOVE Project supported the expansion of the Community Access to Therapy program in the Vashon/ Maury Island community to increase access to behavioral mental health services by offering mental health vouchers to local therapists.

COUNCIL DISTRICT 9**King County Sexual Assault Resource Center**

The King County Sexual Assault Resource Center collaborated with El Centro de la Raza to conduct support groups that sought to strengthen community, reduce stigma and increase awareness of behavioral health issues related to sexual assault in the Latinx community in south King County.

NAMI Eastside

NAMI Eastside provided "Ending the Silence" and "In our Own Voice" programming in Riverview, Snoqualmie Valley, Tahoma and Enumclaw school Districts.



“Parents and educators are building their capacity to understand their own trauma, thanks to MIDD funding. In turn, they can better support their children and students. MIDD rural grants are also essential in the Snoqualmie Valley, where public transportation is limited and can be a significant barrier to access, by providing services locally where participants live.”

— Laura Smith, Snoqualmie Valley Community Network

MIDD Goals

To advance equitable and culturally responsive opportunities for health, wellness and recovery, MIDD funds services that provide a network of support for individuals and communities throughout King County.

MIDD works intentionally with communities to extend the reach of services and meet people where they are, prioritizing equity and social justice. MIDD-funded programs weave local resources and local revenue to build resilient and responsive services. MIDD initiatives improve participants' quality of life and help them thrive in recovery through prevention and early intervention, crisis diversion, community reentry, treatment and recovery services.²



Divert individuals with behavioral health needs from costly interventions such as jail, emergency rooms and hospitals.

When people are struggling with behavioral health crises, they need consistent, caring and timely assistance — in the least restrictive and least expensive settings. With an emphasis on connections to community and building on community-based resources, MIDD initiatives under this goal foster participants' engagement and stability, reducing the need for costly emergency services.

System use³ **significantly decreased** among MIDD participants.

Psychiatric inpatient hospitalizations

MIDD program participants had a 47 percent decrease in psychiatric inpatient admissions over the long term.⁴



Adult jail bookings

Over the long term, results showed a 50 percent decrease in jail bookings among adults who engaged in services.



Juvenile charges and referrals

76 percent of eligible youth participants had no new juvenile legal system referrals or charges since enrollment in applicable MIDD services.



Emergency department admissions⁵

Outcomes across initiatives demonstrate long-term impact in emergency department use, with a 41 percent reduction in emergency department admissions.



Reduce the number, length and frequency of behavioral health crisis events.

During behavioral health crisis events, people need swift and appropriate support — at the right time, at the right place. MIDD initiatives under this goal aim to reduce the frequency and duration of crisis events by investing in responsive, trauma-informed services.

MIDD adult and youth participants experienced **fewer crisis events**.

Adult participants also experienced **shorter crisis events** (measure not applicable for youth).

Adult crisis

Over the long term, there was a 57 percent reduction in the total number of recorded crisis events among adults who engaged with MIDD-supported services.



The average length of crisis events among adult MIDD participants decreased from 25 days to seven days.



Youth crisis

91 percent of youth participating in crisis programming had no new crisis events in the 12 months after enrollment.



² Long term system use and crisis results are based on data from multiple years including 2020 and may have been impacted by the COVID-19 pandemic.

³ Systems use includes jails, emergency departments and psychiatric inpatient facilities.

⁴ Definitions for long- and short-term outcomes are available in the evaluation section, page 45.

⁵ Results presented on emergency department admissions are based on recorded admissions to Harborview Medical Center.

Improve health and wellness of individuals living with behavioral health conditions.

Treating the whole person by strengthening the integration of behavioral health and physical health, while also addressing the social determinants of health⁶ — including housing stability, transportation and meeting other basic needs — is key to MIDD programming. Initiatives under this goal focus on recovery and use a strengths-based approach to improve health and wellness. Signs of improvement include reduced symptoms as well as other positive outcomes such as employment and enhanced family relationships.

Reduced substance use⁷

Among people who engaged with MIDD-supported substance use disorder services and completed more than one assessment, 61 percent had reduced or consistently lower substance use. 48 percent reported no substance use at all in their later measure(s).

Increased housing stability

Among people experiencing homelessness who received behavioral health support, 91 percent of the participants who exited TX-RMHC: Regional Mental Health and Veterans Court services in 2020 were sheltered.

Reduced depression symptoms

63 percent of those who engaged with PRI-03: Prevention and Early Intervention Behavioral Health for Adults Over 50 and completed more



than one assessment showed improvement in their symptoms of depression.

Treatment goals

89 percent of participants who left the CD-13: Family Intervention and Restorative Services program in 2020 successfully met their treatment goals.

Increase culturally appropriate, trauma-informed behavioral health services.

To uphold King County's commitment to delivering more responsive services through culturally specific and trauma-informed care, programs funded by MIDD under this goal promote assessment, intervention, care and staff training that acknowledges and integrates participants' and families' cultural values and lived experience.

In-language services

Sexual Assault Behavioral Health Services (PRI-09)'s multicultural staffing and bilingual programming in the Dando Voz (Giving Voice) program, provided a safe space for Latinx sexual assault survivors to receive treatment from providers that truly can understand their life experiences.

Over 54% of individuals served identified as a person of color, 33% identified as Hispanic and 15% of all program participants received services in a language other than English through a bilingual staff person or interpreter.

Trauma-informed opioid strategies

Through CD-07 Multi-Pronged Opioid Strategies, MIDD-funded providers prescribing buprenorphine offered all participants trauma-informed behavioral health services along with

⁶ Social determinants of health (SDOH) are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes. <https://www.cdc.gov/socialdeterminants/index.htm>

⁷ 2020 substance use reduction measurement includes participants who started MIDD services between 2017-2019.

medication for opioid use disorders (MOUD). The Mobile Street Medicine Team added a bilingual public health nurse. Several providers enhanced the populations they serve and their geographic data reports to better understand who is and is not being connected to services. This data will help determine which outreach strategies and locations may need to be adjusted over time to better engage BIPOC communities.

Culturally responsive family assistance

The CD-12 Parent Partners Family Assistance initiative, Guided Pathways Support (GPS), added two bilingual Spanish/English-speaking youth peers to their staff, increasing the cultural responsiveness of the program. The new staff members bring an intersection of diversity, lived experience and cultural fluency that will resonate with the populations served by GPS.

For the community, by the community

Through its community partners, the SI-01 Community Driven Behavioral Health Grants initiative provided culturally appropriate services to African American/ Black, Somali, American Indian, Latinx, Iraqi, Cambodian American, Indian American, Chinese, East African, Asian Pacific Islander and Vietnamese community members. Additionally, this initiative provided trauma-specific behavioral health services, using trauma-informed and person-centered

principles, to Latinx survivors of domestic violence, queer and trans Pacific Islander survivors of violence, and refugees, asylees and immigrant survivors of human rights violations.

Provider agencies held a total of 94 events, engaging 789 event participants in 2020. These events included culturally and linguistically appropriate training aimed at the needs of the community, such as consent and disclosure of sexual assault, domestic violence awareness, behavioral health and substance use prevention, and mental health awareness and education. They conducted conversations within communities, broadcast radio messages and connected with high school students, young parents and other community members.

Culturally responsive child-welfare interventions

TX-FTC Family Treatment Court (FTC), a recovery-based child welfare court intervention, has had a relationship with Cowlitz Treatment Centers since 2013 to help serve Native families. Treatment specialists helped match parents to culturally appropriate treatment and FTC reached out to tribes for guidance during case reviews and court hearings. FTC contracts with trauma specialists to provide tailored assessments and evidence-based trauma treatment for participants and their families.



“We all here have the many challenges that we face as people. I am trying to focus on being positive and on small, joyful moments — my daily walks, my grandkids, my small garden, my music and my virtual connections with my friends in this group. This [virtual] group has been a great connection to help with my loneliness. We stay strong and resilient by focusing on the possibility, on the things that bring us joy, on connecting with each other and supporting each other. For too long, hardship has dominated our lives, but we must not give in to the heartache and pain.”

— An 80-year-old Vietnamese American participant in the Vietnamese Health Board, MIDD-funded project

Related initiative: SI-01 Community-Driven Behavioral Health Grant

Explicit linkage with, and furthering the work of, King County and community initiatives.

MIDD employs a strategic approach to support and advance a wide variety of other major policy initiatives through integrated and aligned programs and services. Initiatives under this goal bring King County community partners together to achieve impact on a greater scale than they could alone. MIDD is an essential contributor to regional efforts to address major community priorities and challenges.

Coordinated regional homelessness response

Initiatives RR-01: Housing Supportive Services and RR-03: Housing Capital and Rental advance the goal of significantly decreasing homelessness throughout King County using equity and social justice principles. Multiple other MIDD initiatives (including CD-05: High Utilizer Care Teams and RR-08: Hospital Reentry Respite Beds) aim to reach unhoused people with behavioral health conditions. These initiatives work to support participants to achieve housing stability as part of integrated services.

Heroin and Prescription Opiate Addiction Task Force

Initiative CD-07: Multipronged Opioid Strategies implements recommendations from the multisystem Heroin and Prescription Opiate Addiction Task Force, including programs that support prevention, treatment and overdose response.

Best Starts for Kids

Initiative PRI-05: School-Based Screening, Brief Intervention and Referral to Treatment aligns with Best Starts for Kids investments through a partnership with school districts to provide middle schools with behavioral health prevention services.

Veterans, Seniors and Human Services Levy

MIDD and the Veterans, Seniors and Human Services Levy (VSHSL) braid funding for several programs. PRI-03: Prevention and Early Intervention Behavioral Health for Adults Over 50 provides screening and brief interventions for behavioral health symptoms for different populations of people receiving primary medical care in the health safety net system. Through TX-RMHC: Regional Mental Health and Veterans

Court, MIDD funds the courts and VSHSL funds the Veterans Court clinician and a mentor coordinator. PRI-04: Older Adult Crisis Intervention/Geriatric Regional Assessment Team reestablished a home visiting team of intervention experts to provide engagement, clinical assessment and early intervention to isolated older adults to avert potential crises.

Zero Youth Detention

MIDD funds several initiatives that seek to reduce the use of juvenile detention, advancing King County's vision of Zero Youth Detention. Initiatives PRI-02: Juvenile Justice Youth Behavioral Health Assessments, CD-02: Youth Detention Prevention Behavioral Health Engagement, CD-13: Family Intervention and Restorative Services and TX-JDC: Juvenile Drug Court are advancing the vision of Zero Youth Detention in King County.



Equipping community members, addressing stigma to save lives

In 2020, the Mental Health First Aid (MHFA) initiative focused on expanding access to previously under-reached communities known to be disproportionately affected by the COVID-19 pandemic. The MHFA initiative offered an online-only version of their signature youth and adult training and supplemented MIDD funding with federal COVID-19 funds to reach BIPOC communities in King County. The MHFA initiative provided 200 training sessions and reached 3,250 community members.

This initiative also expanded access for underserved communities by training 16 new MHFA instructors from Latinx, Black, Somali, Vietnamese and other BIPOC communities and 12 new instructors using a curriculum specifically addressing the behavioral health crisis-related needs of rural communities.

Related initiative: [PRI-07 MHFA](#)



“ I host a Fathers Support group every Friday on Zoom. We are trying to find ways to eliminate stigma associated with mental health and substance use challenges in our community. As I said before, if I had this knowledge sooner, I probably could have saved my friend’s son who unfortunately died by drug overdose at the age of 18. The training changed my approach on how to identify and seek help for people living with mental illness. My Somali community living in the King County and Seattle area has been having a spike in suicides, as well as substance use problems. I can now approach and talk with individuals with confidence.”

— Certified MHFA responder and Somali community member

MIDD strategy areas

MIDD builds the strength of communities — and builds on the strength of communities — through investments in programs for King County residents who are at risk of behavioral health conditions. MIDD invests in services at the agency and system level to enhance a countywide continuum of care, seeking to replace a costly, crisis-oriented system with one that focuses on prevention, embraces recovery and reduces disparities.

MIDD's King County agency partners provide a vast array of services to those experiencing behavioral health issues, from direct treatment services to employment opportunities. MIDD's system-level partners, including the King County Integrated Care Network (KCICN) and the Behavioral Health Administrative Service Organization (BH-ASO), come together to deliver an effective network of care that focuses on the whole person through the integration of behavioral health services.

To achieve its goals, MIDD delivers programs and services across five integrated strategy areas.

PREVENTION AND EARLY INTERVENTION (PRI)

PRI initiatives ensure that people get the support they need to stay healthy and keep concerns from escalating. Programs include early assessment and brief therapies, as well as expanded access to outpatient care for those without Medicaid coverage.

CRISIS DIVERSION (CD)

CD initiatives focus on ensuring that people who are in crisis get the support they need to avoid unnecessary hospitalization or incarceration. Programs include expedited access to outpatient care, multidisciplinary community-based outreach teams, services provided through crisis facilities and alternatives to incarceration.

RECOVERY AND REENTRY (RR)

RR initiatives help people become healthy and safely reintegrate into the community after a crisis. Programs encompass housing capacity, services for people experiencing homelessness, employment, peer-based recovery supports, and community reentry services after incarceration.

SYSTEM IMPROVEMENT (SI)

SI initiatives strengthen access to the behavioral health system and equip providers to deliver on outcomes more effectively. Programs are designed to build the behavioral health workforce, improve the quality and availability of core services, and support community-initiated behavioral health projects.

THERAPEUTIC COURTS (TX)

TX initiatives serve people experiencing behavioral health conditions who are involved with the criminal legal system, supporting them to achieve stability and avoid further legal system involvement.



Brief interventions meet people where they are

As a young man, Anthony took pride in his work, his independence and his friendships — at the same time, he struggled with anxiety and the feeling that he didn't fit in. Alcohol helped at first, but as he drank more it began causing problems.

Anthony's physical dependence on alcohol grew as he aged, and he ended up in Harborview's Emergency Department. There, he met Rena, a Screening, Brief Intervention, and Referral to Treatment (SBIRT) clinician. SBIRT clinicians screen for and treat mental health and substance use disorders and guide people toward the lives they want to live according to their individual goals, values and culture. Rena helped Anthony explore his own reasons for changing his alcohol use. Through this exploration, Anthony felt comfortable sharing other problems he was having.

"After working with Rena for a while, I shared more about what was happening to me," he recalled. "I was having upsetting thoughts that people were out to get me. I was hearing voices. Drinking helped stop the voices. Rena connected me to mental health treatment where I got medication and counseling. I'm learning how my mental health symptoms and alcohol use are related." Today, Anthony is working again, and going to meetings online. As part of his recovery, he's giving back to the community that supported him. "Getting active and participating in my community are important parts of my recovery. I am grateful to everyone who supported and listened to me."

Related initiative:

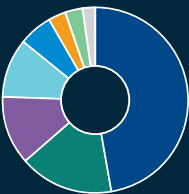
[PRI-01, Screening, Brief Intervention and Referral to Treatment](#)

Prevention and Early Intervention

Prevention and Early Intervention (PRI) initiatives are designed to help people get the support they need to stay healthy. Programs equip clinicians, first responders and community members with tools and resources to identify people who are at risk of behavioral health conditions and to respond in a culturally responsive way to those who need support for substance abuse or mental health concerns. Collectively, these programs reduce potential for harm and connect individuals with resources and services.

Initiative summaries define activities for 2020 and provide highlights of quantitative outcomes and program enhancements, adjustments and/or modifications.

2020 PRI DEMOGRAPHICS



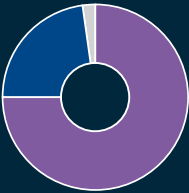
- RACE**
- American Indian/Alaska Native: 3%
 - Asian/Asian American: 10%
 - Black/African American/African: 12%
 - Native Hawaiian/Pacific Islander: 3%
 - White: 47%
 - Multiple races: 6%
 - Another race: 16%
 - Unknown/prefer not to say: 2%

Race groups are mutually exclusive. Participants who selected more than one race category were counted as "Multiple races." For more detailed information on the "Multiple races" category, please see the MIDD Results Dashboard at kingcounty.gov/midd.



- GENDER IDENTITY**
- Female: 48%
 - Male: 51%
 - Another gender: 1%
 - Unknown/prefer not to say: <1%

Individuals who selected "Another gender" indicated their gender identity was not listed in the response options. This includes but is not limited to persons identifying as transgender, nonbinary, intersex, questioning and/or gender-nonconforming. For more detailed information on gender identities not listed, including information on the "Transgender" category, please see the MIDD Results Dashboard at kingcounty.gov/midd.



- HISPANIC ETHNICITY**
- Hispanic/Latino: 23%
 - Non-Hispanic/Latino: 76%
 - Unknown/prefer not to say: 2%



- AGE IN YEARS**
- 0–17: 8%
 - 18–24: 7%
 - 25–54: 51%
 - 55+: 35%
 - Unknown: <1%

Distribution of client-level services with known demographic information. Demographic information may not be available or relevant for all programs. Individuals who are enrolled in programs in more than one strategy area are duplicated across strategy-level totals.

Totals may not add up to 100% due to rounding.

7,631

people served by
PRI initiatives in 2020

PRI-01

Screening, Brief Intervention and Referral to Treatment

Screening, Brief Intervention, and Referral to Treatment (SBIRT) provides participants with individualized feedback about their alcohol and drug use. Alongside doctors and nurses in three local emergency departments, SBIRT clinicians enhance a person's motivation to change their alcohol and drug use while respecting their individual goals, values and culture. Clinicians work with people to reduce harm from substance use, consider options for alcohol and drug treatment, and connect people to other needed services such as mental health treatment, vocational services and housing.

- In 2020, 2,356 people were engaged in SBIRT services.
- 38 percent of participants reported that their substance use decreased or was stable at a low level; 29 percent reported no substance use at all at their most recent measurement. (Short-term results were available for 912 participants.)
- Emergency department admissions decreased by 38 percent over the long term. (Results were available for 5,028 participants.)

PRI-02

Juvenile Justice Youth Behavioral Health Assessments

Juvenile Justice Youth Behavioral Health Assessments (JJYBHA) addresses the behavioral health needs of individuals who are involved with

the juvenile legal system. The initiative relies on a team approach to screening, assessment and referral with the goal of diverting youth with behavioral health needs from initial or continued legal involvement. JJYBHA teams help families connect to behavioral health and other support services, resulting in a “warm hand-off” between the legal and behavioral health systems.

- In 2020, JJYBHA served 166 youth.
- 53 percent of participants reported that their substance use decreased or was stable at a low level; 37 percent reported no substance use at all at their most recent measurement. (Short-term results were available for 59 participants.)
- 68 percent of participants had no new juvenile legal system filings in the 12 months following their enrollment; 67 percent had no new referrals. (Short-term results were available for 187 participants.)

68% of eligible clients enrolled in 2019 had no new juvenile legal system filings and **67%** had no new referrals in the 12 months following enrollment.

Related initiative: PRI-02



PRI-03

Prevention and Early Intervention Behavioral Health for Adults Over 50

Prevention and Early Intervention Behavioral Health for Adults Over 50 ensures that behavioral health services are available in primary care settings for older adults. The goal is to enable providers to prevent acute illnesses, high-risk behaviors and substance use and to address mental and emotional disorders. MIDD funding is blended with funding from the Veterans, Seniors and Human Services Levy to expand the initiative's reach in specific target populations.

- In 2020, 748 older adults received services through this initiative.
- 63 percent of participants reported experiencing fewer symptoms of depression. (Short-term results were available for 136 participants.)
- Emergency department admissions decreased by 47 percent over the long term. (Results were available for 333 participants.)

PRI-04

Older Adult Crisis Intervention/ Geriatric Regional Assessment Team

Older Adult Crisis Intervention/Geriatric Regional Assessment Team supports a home visiting team of intervention experts to provide engagement, clinical assessment and early intervention to isolated older adults who might be at risk for a crisis. With a focus on communities of color and communities likely to struggle with access to traditional health care options, this program seeks to prevent inappropriate or avoidable institutionalization and/or harm to selves or others. MIDD funding is blended with funding from the Veterans, Seniors and Human Services Levy.

- In 2020, 78 older adults received services through this initiative.
- Outcome data were not available in 2020 as the initiative is ramping up.

PRI-05

School-Based Screening, Brief Intervention, and Referral to Treatment

School-Based SBIRT promotes social and emotional health and strives to prevent substance use among middle school students. Counselors offer screening, brief interventions, referrals, case management and behavioral health support groups. These enhanced behavioral health prevention services reached 47 middle schools across 11 different school districts in King County. School-Based SBIRT uses a secure and teen-friendly survey that is tailored to include cultural

considerations and designed to provide instant, personalized feedback. The survey is translated into Spanish and will soon be translated into several other languages. MIDD funding is blended with funding from Best Starts for Kids.

- 3,859 students were screened from January to June 2020. 507 students were screened from September to December 2020. Of these, 46 percent received a brief intervention and 15 percent were referred to services or resources.
- Among students who were provided with one or more referrals, 44 percent connected to behavioral health or another type of service.

PRI-06

Zero Suicide Initiative

This initiative was not funded in the King County 2019–2020 Adopted Budget.



PRI-07

Mental Health First Aid

Mental Health First Aid (MHFA) prepares people and communities to assist individuals experiencing mental health issues or crises and reduces the stigma associated with behavioral health issues by training community-based organizations, professionals and the general public. MHFA addresses risk factors and warning signs for mental health and substance use issues and provides guidance on listening, offering support and identifying appropriate professional help.

- In 2020, 939 people across King County participated in MHFA training. 95 percent said the training was relevant or useful.

PRI-08

Crisis Intervention Training for First Responders

Crisis Intervention Training (CIT) for First Responders trains police, fire and emergency medical services personnel and other first responders across King County to safely de-escalate difficult situations, improving responses to individuals experiencing behavioral health crises. CIT prepares first responders to intervene effectively in crisis situations and to coordinate with behavioral health providers, connecting affected individuals with the services they need.

- In 2020, CIT conducted 18 training sessions, and 154 first responders and partners participated in CIT.
- MIDD used savings from underspent funds in this initiative to preserve MIDD services amid reduced sales tax revenue due to COVID-19.



PRI-09

Sexual Assault Behavioral Health Services

Sexual Assault Behavioral Health Services provides brief, early, evidence-based and trauma-informed interventions to people who have experienced sexual assault. By meeting the unique treatment and advocacy needs of this population, the initiative seeks to reduce the likelihood of longer-term mental health distress.

- In 2020, the program engaged 153 people in services.
- Trauma outcomes were not available in 2020 due to limitations with conducting trauma assessments remotely.

PRI-10

Domestic Violence Behavioral Health Services and System Coordination

Domestic Violence Behavioral Health Services and System Coordination supports co-location of mental health professionals within community-based domestic violence advocacy programs throughout King County. The mental health professionals provide intervention and treatment services and have expertise in domestic violence and substance use disorders. The initiative also supports domestic violence, sexual assault and behavioral health organizations in building and strengthening bridges between disciplines through training, relationship building and consultation so that survivors receive more holistic and responsive services.

- In 2020, 345 people received services.
- 59 percent of participants reported experiencing fewer symptoms of depression, and 64 percent reported experiencing fewer symptoms of anxiety. (Short-term results were available for 39 participants.)

PRI-11

Community Behavioral Health Treatment

Community Behavioral Health Treatment provides outpatient mental health and substance use disorder treatment services for people who have low incomes but are not eligible for Medicaid. This includes those who may not previously have needed insurance or who are undocumented, so that they can receive the same services available to Medicaid recipients. In addition, through Clubhouse, an internationally certified

psychiatric rehabilitation model, participants have access to community-based support for education, employment and housing, as well as support for socialization and community engagement.

- In 2020, the program provided 3,716 people with outpatient mental health and substance use disorder treatment services.
- 35 percent of mental health treatment participants experienced decreased emergency department admissions and 49 percent experienced decreased psychiatric inpatient hospitalizations over the long term. (Results were available for 4,288 participants). Adult jail bookings decreased by 47 percent over the long term. (Results were available for 3,472 participants.)
- 71 percent of substance use treatment participants reported that their substance use decreased or was stable at a low level; 52 percent reported no substance use at all at their most recent measurement. (Short-term results were available for 482 participants.) Emergency department admissions decreased by 40 percent over the long term. (Results were available for 1,659 participants.) Adult jail bookings decreased by 64 percent over the long term. (Results were available for 1,302 participants.)

71% of participants with repeated substance use reported reduced or stable use over time, **52%** reported no use

Related initiative: PRI-11



Youth peers uplift each other

The pandemic aggravated existing struggles for 17-year-old Amber, who had been making slow but steady progress toward her plans to graduate, move out of her childhood home and gain independence. Household financial worries and online school difficulties increased her anxiety and strained her family relationships to the breaking point. Amber felt overwhelmed and depressed, and she refused help — until she was introduced to a youth peer from Guided Pathways. Feeling supported by someone she could relate to and who looked out for her made all the difference. “Each time you call to check on me, I have to check on myself,” she explained to her peer. “I can lie to myself all week about the things I know I haven’t done but I don’t want to lie to you.”

Knowing that someone cares enough to ask what steps she’s taken toward her goals in the past week encourages her to keep going. Today, Amber is taking courses to complete her GED, working a seasonal job to meet her savings goals, and scheduling daily physical exercise for self-care and to maintain her health. While she still struggles with anxiety that can disrupt her daily routine, she keeps her weekly appointments with her peer and is making steady progress.

Related initiative:

[CD-12, Parent Partners Family Assistance](#)

Crisis Diversion

Crisis Diversion (CD) initiatives work to ensure that people in crisis get the help they need to avoid unnecessary hospitalization or incarceration. Programs help to stabilize people and connect them with community services through multiple channels, including expedited access to outpatient care, multidisciplinary community-based outreach teams, crisis facilities and alternatives to incarceration.

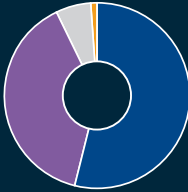
Initiative summaries define activities for 2020 and provide highlights of quantitative outcomes and program enhancements, adjustments and/or modifications.

2020 CD DEMOGRAPHICS



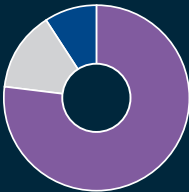
- RACE
- American Indian/Alaska Native: 3%
 - Asian/Asian American: 4%
 - Black/African American/African: 17%
 - Native Hawaiian/Pacific Islander: 1%
 - White: 50%
 - Multiple races: 8%
 - Another race: 3%
 - Unknown/prefer not to say: 15%

Race groups are mutually exclusive. Participants who selected more than one race category were counted as "Multiple races." For more detailed information on the "Multiple races" category, please see the MIDD Results Dashboard at kingcounty.gov/midd.



- GENDER IDENTITY
- Female: 39%
 - Male: 54%
 - Another gender: 1%
 - Unknown/prefer not to say: 6%

Individuals who selected "Another gender" indicated their gender identity was not listed in the response options. This includes but is not limited to persons identifying as transgender, nonbinary, intersex, questioning and/or gender-nonconforming. For more detailed information on gender identities not listed, including information on the "Transgender" category, please see the MIDD Results Dashboard at kingcounty.gov/midd.



- HISPANIC ETHNICITY
- Hispanic/Latino: 9%
 - Non-Hispanic/Latino: 77%
 - Unknown/prefer not to say: 14%



- AGE IN YEARS
- 0–17: 13%
 - 18–24: 8%
 - 25–54: 57%
 - 55+: 15%
 - Unknown: 7%

Distribution of client-level services with known demographic information. Demographic information may not be available or relevant for all programs. Individuals who are enrolled in programs in more than one strategy area are duplicated across strategy-level totals. Totals may not add up to 100% due to rounding.

10,036

people served by
CD initiatives in 2020

CD-01

Law Enforcement Assisted Diversion

Through Law Enforcement Assisted Diversion (LEAD), law enforcement officers divert adults engaged in low-level drug involvement or sex work away from the criminal legal system and toward intensive, flexible, community-based services. A collaborative community safety effort, the program includes intensive case management that promotes well-being and independence and helps connect participants to stabilizing services such as housing and employment through a low-barrier, harm reduction approach.

- In 2020, LEAD served 695 people.
- 48 percent of participants reported that their substance use decreased or was stable at a low level; 41 percent reported no substance use at all at their most recent measurement. (Short-term results were available for 98 participants.)
- Adult jail bookings decreased by 61 percent over the long term. (Results were available for 217 participants.)
- Expansion of services to additional locations was suspended due to COVID-19–related reductions in sales tax revenue.



CD-02

Youth Detention Prevention Behavioral Health Engagement

This initiative's Youth Connection Services program is part of King County's coordinated and expanding approach to supporting youth who are involved or who are at risk of being involved with the juvenile legal system. Parent and youth peers provide short-term, community-based support to youth and their families.

- In 2020, 54 people received services.
- Outcome data are not available due to low enrollment.
- A pilot project to increase access to evidence-based behavioral health services for youth and families referred through Family Court Services started in late 2019 and began actively implementing services in 2020.

CD-03

Outreach and In Reach System of Care

Outreach and In Reach System of Care delivers community-based outreach and engagement services to individuals with behavioral health conditions in downtown Seattle and south and east King County. The initiative works with contracted agencies to provide integrated physical and behavioral health care in order to reduce participants' reliance on crisis services, emergency departments, crisis facilities and psychiatric hospitals and their engagement with the criminal legal system.

- In 2020, 598 people received services.
- 32 percent of participants were linked to publicly funded behavioral health treatment within one year of engaging with the program. (Short-term results were available for 1,157 participants.)
- Crisis events decreased by 42 percent over the long term. (Results were available for 1,180 participants.)
- Adult jail bookings decreased by 53 percent over the long term. (Results were available for 1,168 participants.)

CD-04

South County Crisis Diversion Services/Center

South County Crisis Diversion Services/Center works with CD-06: Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team to expand access to and availability of in-community crisis responses for south King County first responders who engage with individuals experiencing a behavioral health crisis. The initiative supports one mobile crisis team.

- In 2020, 727 people received services to help meet basic needs such as: shelter, food, and access to medical care, if needed.
- 179 people were connected to ongoing behavioral health services.

Reductions in long-term system use included:

71% reduction in emergency department admissions, and

73% reduction in psychiatric inpatient hospitalizations.

Related initiative: CD-05

CD-05

High Utilizer Care Teams

The High Utilizer Care Teams initiative offers flexible and individualized services in emergency departments to individuals who have complex needs, including those who have physical disabilities, mental health conditions and/or are experiencing homelessness. Teams provide intensive support in times of crisis and follow up to connect individuals to appropriate and supportive community resources. The program prioritizes people who have frequent emergency department or psychiatric emergency visits.

- In 2020, 70 people received services.
- Crisis events decreased by 21 percent, emergency department admissions decreased by 71 percent, and psychiatric inpatient hospitalizations decreased by 73 percent over the long term. (Results were available for 171 participants.)

CD-06

Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team

The Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team provides King County's first responders with alternatives to jail or hospitals when engaging with adults in behavioral health crises. Known as the Crisis Solutions Center, the initiative has three program components: the Mobile Crisis Team, the Crisis Diversion Facility, and Crisis Diversion Interim Services. The initiative



stabilizes and supports people in the least restrictive settings possible while linking them to community-based services.

- In 2020, this initiative served 2,423 people.
- Crisis events decreased by 58 percent, emergency department admissions decreased by 47 percent, and psychiatric inpatient hospitalizations decreased by 33 percent over the long term. (Results were available for 6,174 participants.)
- Adult jail bookings decreased by 25 percent over the long term. (Results were available for 6,005 participants.)

CD-07

Multi-Pronged Opioid Strategies

Multi-Pronged Opioid Strategies implements recommendations made by a regional task force on opioid use disorder, with a focus on user health. Services include primary prevention, treatment service expansion and overdose prevention. This collaboration between King County, advocates and community providers leverages MIDD funds to support treatment programs that provide low-barrier buprenorphine and medication for opioid use disorders (MOUD).

- In 2020, this initiative served 2,637 people across multiple programs.
- Services providing MOUD to people utilizing shelters and encampments ramped up in early 2020. Public Health — Seattle & King County began providing MOUD services in the King County Correctional Facility and the Maleng Regional Justice Center in mid-2020.

- Emergency department admissions decreased by 43 percent over the long term. (Results were available for 1,191 participants.)
- Adult jail bookings decreased by 35 percent over the long term. (Results were available for 1,180 participants.)

CD-08

Children’s Domestic Violence Response Team

Children’s Domestic Violence Response Team (CDVRT) provides behavioral health treatment, linkages to resources and advocacy for individuals, families and caregivers who have experienced domestic violence. Through intensive cross-system collaboration, the program helps children and families navigate the complex challenge of connecting multiple systems, including legal, housing and school.

- In 2020, CDVRT served 93 families.
- Behavioral and mental health outcome data were not available in 2020 due to COVID-19’s impact on staff capacity.

CD-09

Behavioral Health Urgent Care — Walk in Clinic

This initiative was not funded in the King County 2019–2020 Adopted Budget.

CD-10

Next-Day Crisis Appointments

Next-Day Crisis Appointments (NDAs) divert people experiencing behavioral health crises from psychiatric hospitalization or jail by providing crisis response within 24 hours. Services include crisis intervention and stabilization, psychiatric evaluation and medication management, benefits counseling and enrollment and linkages for ongoing behavioral health care.

- In 2020, 595 people received services.
- Crisis events decreased by 78 percent and emergency department admissions decreased by 60 percent over the long term. (Results were available for 1,324 participants.)

Medication for opioid use disorders (MOUD)

MOUD refers to treatment for opioid use disorder through the use of medication. Previously called medication-assisted treatment (MAT), the terminology update is recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA) in recognition of the central role medication plays in treatment for substance use disorders.

Medication is prescribed so that a person experiencing opioid use disorder can manage their symptoms and begin their pathway of recovery.

Related initiative: CD-07, Medication for opioid use disorders (MOUD)

Crisis events were reduced by

78% over the long term

Related initiative: CD-10

CD-11

Children’s Crisis Outreach Response System

Children’s Crisis Outreach Response System (CCORS) provides countywide crisis response to children, youth and their families who are affected by interpersonal conflict or severe emotional or behavioral concerns, and whose living situations may be at imminent risk of disruption. CCORS teams offer immediate responses in homes, schools and community settings and provide short-term intensive interventions to stabilize crises and coordinate services across systems.

- In 2020, CCORS served 467 children and youth.
- 90 percent of participants had no new crisis events in the year following enrollment. (Short-term results were available for 998 participants.)

90% of eligible youth had no new crisis events in the year following enrollment.

Related initiative: CD-11

CD-12

Parent Partners Family Assistance

Parent Partners Family Assistance helps youth who are experiencing behavioral health challenges — and their caregivers and community members — obtain services, navigate complex health and service systems and meet basic needs required to maintain well-being and resilience. This initiative also supports social events, advocacy opportunities, skill building and individualized support to youth and caregivers.

- In 2020, Parent Partners Family Assistance reached 274 youth, parents, caregivers and community members.
- Outcome data were not available in 2020 due to impacts of the COVID-19 pandemic.

CD-13

Family Intervention and Restorative Services

Family Intervention and Restorative Services (FIRS) offers a community-based, non-secure alternative to court involvement and secure detention for youth who have been violent toward a family member. Specialist juvenile probation counselors and social workers guide youth through a risk and needs assessment and help them develop a family safety plan. FIRS staff offer de-escalation counseling to safely reunite youth with their families. Families are offered in-home family counseling, mental health services, drug and alcohol services, and the Step-Up Program, which specifically addresses adolescent family violence.

- In 2020, 199 people received services.
- Of the youth who left the program in 2020, 89 percent successfully completed services.
- 80 percent of participants had no new juvenile legal system filings in the 12 months following their enrollment; 81 percent had no new referrals. (Short-term results were available for 160 participants.)

80% of eligible clients enrolled in 2019 had no new juvenile legal system filings and 81% had no new referrals in the 12 months following enrollment.

Related initiative: CD-13



CD-14

Involuntary Treatment Triage⁸

The Involuntary Treatment Triage initiative provides initial assessments for individuals with severe and persistent mental health conditions who have been incarcerated for serious misdemeanor offenses, who have been found not competent to assist in their own defense, and who cannot be restored to competency to stand trial. Behavioral health professionals evaluate participants to determine whether they meet the criteria for involuntary civil commitment and refer them to services to address their behavioral health needs. This approach decreases the need for emergency departments and crisis responders to carry out assessments and significantly expedites evaluations.

- In 2020, 67 people received services.
- Crisis events decreased by 49 percent, emergency department admissions decreased by 48 percent, and psychiatric inpatient hospitalizations decreased by 63 percent over the long term. (Results were available for 104 participants.)

CD-15

Wraparound Services for Youth

Wraparound Services for Youth engages children, youth and their families in a team process that builds on family and community strengths and cultures to support youth to succeed in their homes, schools and communities. MIDD funding provides wraparound services to children and families who are not eligible for Medicaid.

- In 2020, this initiative served 473 youth.
- 91 percent of participants had no new crisis events in the year following enrollment. (Short-term results were available for 804 participants.)
- Service levels provided through this initiative were limited due to COVID-19 related reductions in sales tax revenue.

CD-16

Youth Respite Alternatives

Youth Respite Alternatives is part of King County's coordinated approach to supporting youth who are at risk for involvement in the juvenile legal system for low-level offenses. This initiative provides law enforcement with an alternative to detention, allowing for more immediate access to comprehensive support services for youth and/or their families.

- In 2020, this initiative served 17 individuals.
- Outcome data were not available in 2020 as the program was not active for the full year.
- Services provided through this initiative were suspended due to COVID-19 related reductions in sales tax revenue.

CD-17

Young Adult Crisis Stabilization

Young Adult Crisis Stabilization provides community-based behavioral health and housing services for young adults (ages 18 to 24 years) who have behavioral health needs, including

those experiencing their first psychotic break. Mobile response teams serve young adults in transitional housing, rapid rehousing, permanent housing and shelters, working to meet their unique needs and to support shelter staff in responding to crisis events.

- In 2020, this program served 18 young adults.
- Emergency department admissions decreased by 75 percent, among the 37 participants for whom two years had passed since enrollment.

CD-18

Response Awareness, De-escalation and Referral

The Response Awareness, De-escalation and Referral (RADAR) initiative funds a co-responder model in which mental health professionals partner with law enforcement to connect at-risk individuals to the appropriate services. RADAR seeks to decrease use-of-force incidents between police and people with behavioral health concerns, while reducing inappropriate use of emergency services.

- In 2020, RADAR served 586 individuals.
- MIDD used savings from underspent funds in this initiative to cover COVID-19 related reductions in sales tax revenue.

⁸ The name of this initiative was changed in 2020 to more accurately describe its programming.



A dream realized: housing in Seattle

Charlie, 53, was committed to finding housing and stopping opioid use, and he longed for a community to support him in his efforts. Charlie lived in his car in the SODO area while accessing methadone treatment nearby. “My dreams were not grandiose. I’m a simple man who wants a simple life without having to worry about not having somewhere to lay my head at night,” he said.

Charlie was one of the first new members at Recovery Café SODO when it opened in January 2020. He went to the café every day, helping in any way he could — cleaning up after meals, sweeping and using his handyman skills to help set up a space for the on-site clinic. Charlie made many connections at the café, including with a nurse manager from the clinic who helped secure a spot for him at the Yesler tiny house community, True Hope Village.

When the pandemic forced the closure of the café, Charlie stayed connected to the café manager, Sherry, through weekly calls as part of Recovery Café's teleconnection program. Charlie was working hard to stay in recovery and connected to his support network at the Recovery Café. In December, 2020, Charlie completed a program that qualified him to move into his own apartment. Having housing has come as a huge relief.

“Not being homeless is freedom — freedom from the stress and worry of not having a place to live. I am eternally grateful to Recovery Café. I love Seattle. It’s my home. I never thought I’d be able to find housing here.”

Related initiative:

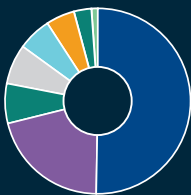
[RR-09, Recovery Café](#)

Recovery and Reentry

Recovery and Reentry (RR) initiatives help people become healthy and reintegrate into the community safely after a crisis. Services focus on the needs of the whole person in order to support recovery and sustain positive change. Programming includes providing stable housing, services for people experiencing homelessness, employment support services, peer-based recovery supports and community reentry services after incarceration.

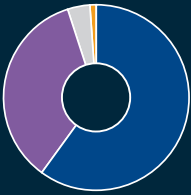
Initiative summaries define activities for 2020 and provide highlights of quantitative outcomes and program enhancements, adjustments and/or modifications.

2020 RR DEMOGRAPHICS



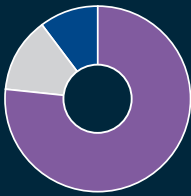
- RACE
- American Indian/Alaska Native: 5%
 - Asian/Asian American: 6%
 - Black/African American/African: 21%
 - Native Hawaiian/Pacific Islander: 1%
 - White: 51%
 - Multiple races: 7%
 - Another race: 3%
 - Unknown/prefer not to say: 7%

Race groups are mutually exclusive. Participants who selected more than one race category were counted as "Multiple races." For more detailed information on the "Multiple races" category, please see the MIDD Results Dashboard at kingcounty.gov/midd.

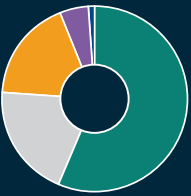


- GENDER IDENTITY
- Female: 35%
 - Male: 60%
 - Another gender: <1%
 - Unknown/prefer not to say: 4%

Individuals who selected "Another gender" indicated their gender identity was not listed in the response options. This includes but is not limited to persons identifying as transgender, nonbinary, intersex, questioning and/or gender-nonconforming. For more detailed information on gender identities not listed, including information on the "Transgender" category, please see the MIDD Results Dashboard at kingcounty.gov/midd.



- HISPANIC ETHNICITY
- Hispanic/Latino: 10%
 - Non-Hispanic/Latino: 76%
 - Unknown/prefer not to say: 13%



- AGE IN YEARS
- 0–17: <1%
 - 18–24: 5%
 - 25–54: 57%
 - 55+: 18%
 - Unknown: 20%

Distribution of client-level services with known demographic information. Demographic information may not be available or relevant for all programs. Individuals who are enrolled in programs in more than one strategy area are duplicated across strategy-level totals. Totals may not add up to 100% due to rounding.

3,654

people served by
RR initiatives in 2020

RR-01

Housing Supportive Services

Housing Supportive Services combines MIDD resources with other King County investments, City of Seattle Office of Housing resources, and funding through the King County Housing Authority and the Seattle Housing Authority to serve adults who are experiencing chronic homelessness and who have been unsuccessful in maintaining housing due to unstable behavior and/or difficulty with daily living skills.

- In 2020, 899 people received services.
- Crisis events decreased by 43 percent, emergency department admissions decreased by 74 percent, and psychiatric inpatient hospitalizations decreased by 67 percent over the long term. (Results were available for 486 participants.)
- Adult jail bookings decreased by 57 percent over the long term. (Results were available for 464 participants.)

Over the long term, total emergency department admissions were reduced by **74%** among RR-01 participants.

RR-02

Behavioral Health Services at Community Center for Alternative Programs

Community Center for Alternative Programs provides mental health services for non-Medicaid-enrolled participants with co-occurring mental health and substance use disorders and criminal legal system involvement.

- In 2020, the program expanded to serve 30 people.
- Adult jail bookings decreased by 39 percent over the long term. (Results were available for 127 participants.)

RR-03

Housing Capital and Rental

Housing Capital and Rental invests MIDD funds toward the construction and preservation of housing units for individuals with behavioral health conditions and very low incomes (at or below 30 percent of the area median income).

- In 2020, rental assistance vouchers helped house 22 people.
- Those who received rental vouchers had 63 percent fewer psychiatric inpatient hospitalizations over the long term compared to the year before they started services.
- MIDD awarded funds to construct three new permanent supportive housing buildings in Bellevue, Burien and Seattle. These buildings include 310 new housing units that serve people experiencing homelessness who have behavioral health conditions.

Of participants with repeated substance use, **74%** reported reduced or stable low use over time, and **65%** reported no use.

Related initiative: RR-04

RR-04

Rapid Rehousing Oxford House Model

The Rapid Rehousing Oxford House Model voucher program offers affordable clean-and-sober housing for people in early recovery who are either experiencing homelessness or at risk of becoming homeless. By pairing a proven housing program with rapid access to housing, this initiative aims to prevent and decrease homelessness through improved self-reliance.

- In 2020, 264 people received services.
- 74 percent of participants reported that their substance use decreased or was stable at a low level, and 65 percent reported no substance use at all at their most recent measurement. (Short-term results were available for 72 participants.)
- 64 percent of the 202 participants who left the program in 2020 stayed sober and completed the program.

RR-05

Housing Vouchers for Adult Drug Court

Housing Vouchers for Adult Drug Court (ADC) disrupts the cycle of homelessness and substance use by supporting recovery-oriented transitional housing units and case management services. On-site case management focuses on long-term stability and helps participants establish a positive rental history, engage in treatment and obtain employment and next-step housing when they complete ADC.

- In 2020, 51 people in ADC received MIDD-funded housing support.
- 69 percent of participants reported that their substance use decreased or was stable at a low level, and 66 percent reported no substance use at all at their most recent measurement. (Short-term results were available for 61 participants.)
- Adult jail bookings decreased by 74 percent over the long term. (Results were available for 83 participants.)

RR-06

Jail Reentry System of Care

Through the Jail Reentry System of Care initiative, MIDD funds reentry case management services, linkages to behavioral health treatment and public benefits, and access to basic needs for adults transitioning out of municipal jails and back into the community.

- In 2020, 194 people had access to interim housing through this initiative.
- Adult jail bookings decreased by 59 percent over the long term. (Results were available for 1,433 participants.)

RR-07

Behavioral Health Risk Assessment Tool for Adult Detention

Behavioral Health Risk Assessment Tool for Adult Detention addresses the behavioral health needs of incarcerated individuals. Individuals participate in the creation of a treatment plan based on a comprehensive assessment of risks and needs. The tool is intended to decrease their likelihood of further legal system involvement through an evidence-based approach to reentry.

- In 2020, 274 people received services.
- 73 percent reported that their substance use decreased or was stable at a low level, and 51 percent reported no substance use at all at their most recent measurement. (Short-term results were available for 69 participants.)
- Adult jail bookings were decreased by 70 percent over the long term. (Results were available for 50 participants.)
- Service levels provided through this initiative were adjusted due to COVID-19 related reductions in sales tax revenue.

RR-08

Hospital Reentry Respite Beds

Hospital Reentry Respite Beds, part of a hospital-based medical respite program, offers recuperative physical and behavioral health care to adults who are currently experiencing homelessness and who need multiple additional services to support their stability when they are discharged from the hospital.

- In 2020, this initiative provided behavioral health services to 220 people.
- 60 percent of participants who left the program in 2020 had met their treatment goals. (Short-term results were available for 83 participants.)
- Emergency department admissions decreased by 56 percent over the long term. (Results were available for 886 participants.)

RR-09

Recovery Café

Recovery Café is a community space where people can access support, resources and a community of care to help stabilize their physical and behavioral health; receive assistance with housing, relationship and/or employment support; and participate in opportunities for volunteer service.

- Outcome data were not available as the Recovery Café was temporarily closed due to COVID-19 and converted into a shelter.

RR-10

Behavioral Health Employment Services and Supported Employment

Behavioral Health Employment Services and Supported Employment provides evidence-based and intensive supported employment services to people living with mental health conditions. The program assists individuals with finding, obtaining and maintaining competitive, integrated employment throughout King County.

- In 2020, 466 people received services.
- 17 percent of program participants were employed during 2020.
- Adult jail bookings decreased by 53 percent over the long term. (Results were available for 934 participants.)
- Emergency department admissions decreased by 33 percent over the long term. (Results were available for 943 participants.)

RR-11a

Peer Bridger Programs

Peer Bridger Programs offer transition assistance to adults who are being discharged from King County psychiatric hospitals. Peer Bridgers utilize their lived experience and skills, collaborating with inpatient treatment teams to identify people who need support as they exit psychiatric inpatient care.

- In 2020, 300 people received services.
- Emergency department admissions decreased by 42 percent and psychiatric inpatient hospitalizations decreased by 92 percent over the long term. (Results were available for 324 participants.)



Peer coaching key to recovery

When Dillon, 26, moved back to Seattle in 2019, he was looking for support. Dillon, a trans man, was involuntarily hospitalized in September 2017 and subsequently unable to work for most of 2017 and 2018. With a diagnosis of bipolar disorder and a history of problematic marijuana use, he was looking for allies on his road to recovery. As he describes in his own words, he found the encouragement he needed with a coach through Peer Seattle's peer coaching program.

“In addition to our shared diagnosis of bipolar, my coach and I identify as queer and non-monogamous. These shared experiences helped to cultivate a strong relationship — one in which I feel comfortable sharing life's ups and downs. Other people in my life, including therapists, have never seemed to understand my experience in the way that my coach does. He is empathetic, kind and good at both listening and providing input.

Over my time in the program, I achieved both personal and professional success. I haven't had a severe mood episode, self-injury episode or substance abuse relapse. I now have healthier relationships and set better boundaries. I'm also more responsible with money and time management. After nearly two years of not having steady work, I successfully completed a one-year contract as a full-time technical writer. Last year, I applied for a Ph.D. program and ranked in the top 15 percent of candidates but wasn't accepted. I reapplied this year and will hear back soon.

I am excited about my future and do not feel hindered by my mental illness. I hope to give back to the program by potentially becoming a coach and sharing my experience with others in my community.”

— Dillon

Related initiative: [RR-11b, Substance Use Disorder Peer Support](#)

RR-11b

Substance Use Disorder Peer Support

Substance Use Disorder Peer Support connects people with substance use disorders to peer specialists whose lived experiences and skills support participants' ability to maintain recovery. Peers are deployed to recovery organizations to help participants engage with ongoing treatment services and other support, strengthening efforts to divert them from the criminal legal entanglement and emergency medical settings.

- In 2020, 565 people received services.
- 55 percent of participants reported that their substance use decreased or was stable at a low level; 45 percent reported no substance use at all at their most recent measurement. (Short-term results were available for 309 participants.)
- Emergency department admissions decreased by 66 percent over the long term. (Results were available for 485 participants.)
- Adult jail bookings decreased by 65 percent over the long term. (Results were available for 483 participants.)

RR-11c:

Peer Respite

This initiative was deferred in 2020 due to sales tax revenue reductions. See page 6 for more information.

RR-12

Jail-Based Substance Use Disorder Treatment

Jail-Based Substance Use Disorder Treatment provides substance use disorder treatment services to adult men at the Maleng Regional Justice Center. The initiative also provides comprehensive release planning and connections to appropriate community-based services for participants re-entering the community.

- In 2020, 34 participants engaged in treatment.

RR-13

Deputy Prosecuting Attorney for Familiar Faces

Deputy Prosecuting Attorney for Familiar Faces funds prosecutorial resources to help track and, when possible, resolve outstanding warrants and criminal cases for individuals who have high utilization of the King County Correctional Facility. With this support, participants are able to remain in the community and connect with therapeutic interventions and other resources, such as permanent supportive housing. This integrated, community-based approach to serving people at the intersection of behavioral health and the criminal legal system promotes recovery and public safety and reduces harm.

- In 2020, 57 people received services.
- Adult jail bookings decreased by 65 percent over the long term. (Results were available for 66 participants.)



RR-14

Shelter Navigation Services

This one-time initiative was not funded in the King County 2019–2020 Adopted Budget.

RR-15

South County Pretrial Services

The King County Council added the South County Pretrial Services initiative for 2019–2020 to provide behavioral health services as part of a new south King County pretrial services program operated by the King County Department of Adult and Juvenile Detention. With a combination of MIDD and King County general funds, the program provides corrections oversight and behavioral health services to non-Medicaid enrolled pretrial individuals whose criminal cases are assigned to the Norm Maleng Regional Justice Center. Individualized, culturally responsive and trauma-informed services have been provided since September 2020, including brief intervention, crisis intervention, mental health and/or substance use disorder assessments, outpatient treatment, and linkages to other community-based services.

- In 2020, 12 people received services.



What is a talanoa?

UTOPIA explains that in the Samoan language, talanoa means dialogue. The word combines two ideas — tala, or stories, and noa, to tie — to convey the essence of weaving stories together to bring healing and to empower communities to affect the systems and policies that have an impact on the lives of QTPIs.

Taking up the cause for mental health through talanoa

The United Territories of Pacific Islanders Alliance, also known as UTOPIA, is a grassroots organization led by queer and trans people of color and born out of the struggles, challenges, strength and resilience of the queer and trans Pacific Islander (QTPI, pronounced Q-T-pie) community in south King County. In this story, UTOPIA staff describe their decision to attend Mental Health First Aid (MHFA) training to better support those in their community experiencing mental health crises.

“While maintaining social distancing and isolating in our homes, UTOPIA staff hosted virtual quarterly talanoa events, or conversations, with our community. Each talanoa had a particular focus related to how systems marginalize queer and trans people, which contributes greatly to mental health challenges in our community.

In our November 2020 talanoa, Understanding Mental Health in Transgender Communities, panelist Reina Pahulu described a challenge we face when accessing mental health services: not knowing whether there are people who can speak to the layers of our identities, whether it is being brown, black, or transgender. She acknowledged that it’s important that people who look like us and come from our experiences take up the mantle and take up space so we can help our own community.

This conversation inspired UTOPIA staff to fill that space by attending Mental Health First Aid Training to improve our approach and to be better equipped to assist community members who may be in crisis. We hope to keep developing these skills and the capacity necessary to continue providing culturally sensitive care and resources to queer and trans Pacific Islanders.”

— Tepatasi Vaina, *Program Director, UTOPIA*

Related initiative: [SI-01, Community-Driven Behavioral Health Grants](#)

System Improvement

System Improvement (SI) initiatives strengthen King County's behavioral health system through several channels: community-designed, culturally and linguistically appropriate services; greater reach into rural unincorporated communities; the integration of medical and behavioral health services; and workforce development to support behavioral health countywide. Together, these initiatives improve the quality and availability of core behavioral health services for all King County residents.

Initiative summaries define activities for 2020 and provide highlights of quantitative outcomes and program enhancements, adjustments and/or modifications.

SI-01

Community-Driven Behavioral Health Grants

The Community Driven Behavioral Health Grants initiative lowers barriers to culturally and linguistically appropriate behavioral health services. The initiative builds on the principle that Black, Indigenous and people of color are best positioned to address the health and wellness needs of their communities.

- In 2020, provider agencies held a total of 94 events, engaging 789 participants.
- Due to COVID-19 related budget challenges, funds were not awarded until June 2020 when MIDD funded 10 Community-Driven Behavioral Health projects. Services began July 2020.



“The Vietnamese Health Board social and mental wellness project has provided important support and tools for the Vietnamese community. Many in the community feel disconnected and stressed. So many are having symptoms of depression. We need the language, opportunities and support to encourage us to connect and to share our experiences, worries and sense of grief. But people also have so much joy and resilience to share. The toolkit has created resources and more importantly opportunities for community members to connect, especially during this time.”

— Vietnamese Health Board member

Related initiative: SI-01, Community-Driven Behavioral Health Grants

SI-02

Behavioral Health Services in Rural King County

The Behavioral Health Services in Rural King County initiative reduces access barriers to mental health and substance use disorder services in rural unincorporated areas and adjoining cities and towns of King County.

- In March 2020, eight inaugural grantees in rural unincorporated communities began to provide education, prevention and mental health and substance use services in five out of the six King County Community Service Areas.
- In 2020, 5,767 people participated in a total of 74 events or training sessions.
- 250 participants were screened and 78 percent of those screened were referred to or enrolled in services.
- Of the 53 participants who responded to a client satisfaction survey, 94 percent reported that they received the support they needed from their training/event.

Four agencies provided **74 trainings** and events under SI-02.

Of the **53 participants** who responded to a client satisfaction survey, **94%** reported that they received the support they needed from their training/event.

SI-03

Quality Coordinated Outpatient Care

Quality Coordinated Outpatient Care promotes integration of behavioral and physical health services across King County, with the goal of improving access to treatment and recovery support. The initiative focuses on increasing timely access to outpatient care and medication for opioid use disorder treatment.

- In 2020, 178 people were enrolled in Hospital Outreach Patient Engagement (HOPE)/Emergency Department Utilization Management (EDUM) .
- 67 percent of participants enrolled in HOPE/EDUM were linked to publicly funded behavioral health treatment.
- Some system improvement services provided through this initiative were suspended due to COVID-19 related reductions in sales tax revenue.



SI-04

Workforce Development

Workforce Development supports systems-based approaches to behavioral health workforce development in King County and improves the county's ability to provide culturally appropriate, trauma-informed behavioral health services. Through this initiative, providers receive specialized training in clinical skills, peer support, evidence-based practices, trauma and working with different populations such as people experiencing homelessness and youth and families.

- In 2020, 912 participants were trained in a total of 31 sessions.
- 95 percent of participants reported that their training was useful/relevant. 95 percent of participants taking courses on skills in trauma-informed and culturally appropriate services reported increased skills.
- Training provided through this initiative were suspended due to COVID-19 related reductions in sales tax revenue.



Stability and connection guide recovery at the Juvenile Drug Court

Before his move to Washington, Dion, 17, suffered severe head injuries in a car collision. He could not read or write and even struggled to write his own name.

Following his family's arrival in Washington after escaping a life-threatening situation in Michigan, Dion's mother learned she had breast cancer. While she was concerned about Dion, she couldn't provide the necessary support and supervision that he needed. Dion struggled to follow home rules, and started using substances and engaging in criminal activity. Dion eventually entered Juvenile Drug Court (JDC) with great hesitation, as he didn't trust adults. Despite these challenges, Dion found connection and stability in the JDC program, including support and guidance from his team.

While Dion hadn't overcome all of his challenges by the time he graduated from JDC, he had developed a lifelong relationship with his substance use disorder provider, a mentor who will provide critical partnership and support as Dion moves through life. Additionally, Dion had not committed any new law violations, was able to claim 90 days of sobriety, and had secured employment at a local fast food restaurant.

Related initiative:

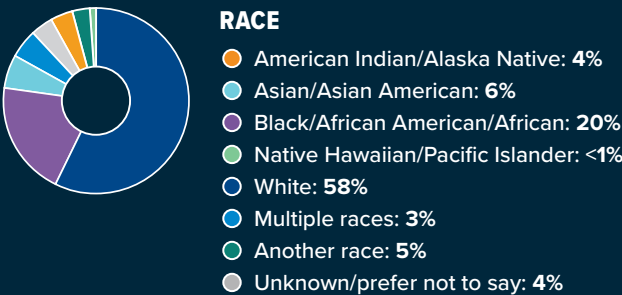
[TX-JDC Juvenile Therapeutic Response and Accountability Court-Behavioral Health Response](#)

Therapeutic Courts

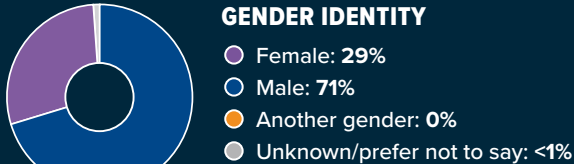
Therapeutic Courts (TX) initiatives offer an alternative to traditional criminal legal system proceedings that acknowledges the challenges faced by people living with behavioral health conditions. Therapeutic courts provide culturally relevant and community-informed services to help people achieve stability and avoid further legal system involvement.

Initiative summaries define activities for 2020 and provide highlights of quantitative outcomes and program enhancements, adjustments and/or modifications.

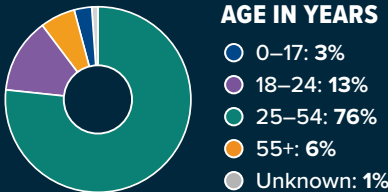
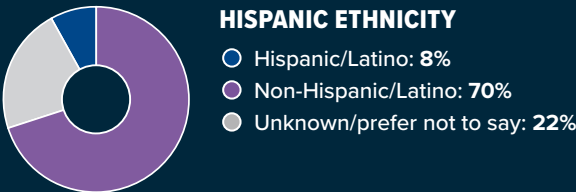
2020 TX DEMOGRAPHICS



Race groups are mutually exclusive. Participants who selected more than one race category were counted as "Multiple races." For more detailed information on the "Multiple races" category, please see the MIDD Results Dashboard at kingcounty.gov/midd.



Individuals who selected "Another gender" indicated their gender identity was not listed in the response options. This includes but is not limited to persons identifying as transgender, nonbinary, intersex, questioning and/or gender-nonconforming. For more detailed information on gender identities not listed, including information on the "Transgender" category, please see the MIDD Results Dashboard at kingcounty.gov/midd.



Distribution of client-level services with known demographic information. Demographic information may not be available or relevant for all programs. Individuals who are enrolled in programs in more than one strategy area are duplicated across strategy-level totals.

Totals may not add up to 100% due to rounding.

1,375

people served by
TX initiatives in 2020



TX-ADC Adult Drug Court

Adult Drug Court (ADC) offers structured court supervision and access to services for eligible individuals charged with felony drug and property crimes. Services offered include comprehensive behavioral health treatment and housing services, employment and education support, and peer services. The program is designed to foster a stronger connection between drug court participants and the community and to support participants' increased ownership of their recovery.

- In 2020, 740 people received services.
- 66 percent of participants reported that their substance use decreased or was stable at a low level; 54 percent reported no substance use at all at their most recent measurement. (Short-term results were available for 342 participants.)
- 92 percent of participants with housing information available who left the program in 2020 were sheltered at the time of exit. (Short-term results were available for 153 participants.)

- Adult jail bookings decreased by 58 percent over the long term. (Results were available for 1,063 participants.)
- Savings from cost reductions in this initiative were used to cover COVID-19 related impacts on sales tax revenue.

TX-CC Community Court⁹

Community Court offers an alternative approach for individuals who come into the criminal legal system with significant needs but are at low risk for violent offense. The Community Resource Centers, a component of the program, provide information and navigation assistance for housing, financial, education, employment and behavioral health services. This initiative supported the development of community courts in Redmond in 2018 and in Shoreline in 2020.

- In 2020, 130 people received services.
- Of the 53 clients who left the program in 2020, 77 percent successfully completed services upon exit.
- Adult jail bookings decreased by 59 percent over the long term. (Results were available for 70 participants.)
- The community court in Burien was suspended in mid-2020.
- Savings from cost reductions in this initiative were used to cover COVID-19 related impacts on sales tax revenue.

⁹ The name of this initiative was changed in 2020 to more accurately describe its programming.

TX-FTC Family Treatment Court

Family Treatment Court (FTC) is a recovery-based child welfare court intervention. FTC focuses on children's welfare and families' recovery from substance use through evidence-based practices to improve child well-being, family functioning and parenting skills. Strong agency partnerships enable FTC to maintain maximum capacity to serve children in north and south King County.

- In 2020, FTC served 97 children and their families.
- 70 percent of participants reported that their substance use decreased or was stable at a low level, and 68 percent reported no substance use at all at their most recent measurement. (Short-term results were available for 66 participants.)
- Adult jail bookings decreased by 78 percent over the long term. (Results were available for 100 participants.)
- Savings from cost reductions in this initiative were used to cover COVID-19 related impacts on sales tax revenue.

Adult jail bookings were reduced by **78%** in the long term.

Related initiative: TX-FTC

TX-JDC

Juvenile Drug Court

Juvenile Drug Court provides an incentive-driven program to help youth struggling with substance use who have criminal offenses reduce the likelihood of continued legal system involvement. The initiative's holistic continuum of care model takes a culturally targeted approach and supports completion by accelerating progress through each phase and toward graduation.

- In 2020, 29 people received services.
- The JDC model ended in 2020. Program planning to transition to the Juvenile Therapeutic Response and Accountability Court-Behavioral Health Response (JTRAC-BHR) program began in late 2020. JTRAC-BHR's goal is to reduce recidivism in the juvenile legal system for youth of color and deliver appropriate interventions utilizing a therapeutic lens. The new JTRAC-BHR program began in early 2021.
- Savings from cost reductions in this initiative were used to cover COVID-19 related impacts on sales tax revenue.

91% of those who left the program in 2020 were sheltered at exit.

56% of those who left the program successfully completed services, and **100%** of those who successfully completed services were sheltered at the time of exit.

Related initiative: TX-RMHC

TX-RMHC

Regional Mental Health and Veterans Court

The Regional Mental Health and Veterans Court serves people with behavioral health conditions during their involvement with the criminal legal system. This initiative provides a therapeutic response that helps defendants recover, while addressing the underlying issues that can contribute to further criminal activity. The programs are based on a collaborative, team-based approach, supplemented by judicial monitoring.

- In 2020, 300 people received services.
- 91 percent of participants who left the program in 2020 were sheltered at the time of exit. (Short-term results were available for 105 participants.)
- Adult jail bookings decreased by 64 percent over the long term. (Results were available for 425 participants.)
- Savings from cost-reductions in this initiative were used to cover COVID-19 related impacts on sales tax revenue.



TX-SMC

Seattle Municipal Mental Health Court

Seattle Municipal Mental Health Court (MHC) provides referrals to services (behavioral health, housing, and others) for individuals who are booked into jail on misdemeanor charges and at risk of, or have a history of, having their competency to stand trial questioned. By integrating court-based staff into a community-based diversion program, the initiative enables close coordination between behavioral health and social services, increasing the number of people with behavioral health conditions who are routed to treatment and out of criminal legal entanglements.

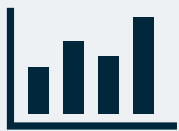
- In 2020, MHC served 98 individuals.
- Adult jail bookings decreased by 60 percent over the long term. (Results were available for 299 participants.)

MIDD Evaluation

The MIDD evaluation aligns with the five policy goals adopted by the King County Council. MIDD initiatives link to one or more of these goals for the purposes of performance measurement and evaluation. The County evaluates progress toward each of the five MIDD goals to identify systems-level improvement and impact.

The MIDD evaluation uses a Results-Based Accountability (RBA) framework. The RBA framework asks questions about the quantity, quality and impact of services:

- How much did we do?
- How well did we do it?
- Is anyone better off?



Visit the MIDD 2020 Dashboard

An interactive dashboard provides additional technical information to supplement the 2019 annual report.

kingcounty.gov/MIDD

Understanding MIDD results

Results are based on performance measurements set with MIDD providers and staff. These measurements are set within the Results-Based Accountability framework and range from short-term to long-term results on initiatives' progress.

Short-term outcome results use data from at least two points in time for individuals served in 2020. These analyses may use data from previous years for comparison, depending on what is being evaluated.

Long-term outcome results compare participant data between a baseline year prior to receipt of MIDD-funded services and the third year after enrollment. These results are based on participants whose data are available from both points in time. Enough time must pass for these measurements to be meaningful, so only participants who began MIDD services between 2015 and 2017 are included.

2020 results come from participant service-level information and narrative reports from MIDD providers. For more analysis, methods and year-over-year findings, visit the MIDD Results Dashboard at kingcounty.gov/MIDD.

New evaluation activities in 2020

The MIDD evaluation in 2020 included two new elements: the MIDD Results Dashboard and the implementation of a new data submission system, the Client Outcomes Reporting Engine (CORE). MIDD evaluation staff also focused on provider- and community-centered activities in an ongoing effort to continuously improve and to align with equitable and socially just evaluation practices.

New MIDD Results Dashboard

MIDD evaluation staff released the new MIDD Results Dashboard in October 2020. The MIDD Results Dashboard provides the community online access to the annual MIDD evaluation results on the progress of MIDD-funded initiatives.

The dashboard includes information on MIDD evaluation methods, a breakdown of initiative demographics, results on each MIDD initiative and long-term MIDD results.

CORE data system roll out

In January 2020, more than half of MIDD-funded providers started submitting data via King County Department of Community and Human Services (DCHS) CORE. CORE is a new data system developed by DCHS to gather and review data from many service providers funded by Best Starts for Kids, the MIDD Behavioral Health Sales Tax, the Veterans, Seniors and Human Services Levy and the Developmental Disabilities and Early Childhood Supports Division.

CORE supports providers in submitting complete and timely information about their service participants and program activities. CORE creates graphics and reports about program performance based on this information. Providers and DCHS program and evaluation staff use this information, along with qualitative stories, to understand program impacts in the community and provide quality improvement opportunities and make policy and programming decisions.

Supportive performance measurement

In 2020, MIDD evaluation staff collaborated with providers to enhance their work by creating performance measurement and evaluation (PME) plans. PME plans describe what data providers need to collect and report to DCHS and how that information will be used. MIDD is committed to only collecting information that is useful and strive to have this information move forward our shared goal of providing equitable opportunities for people to be healthy, happy and connected to community.

The PME planning process involves conversations about shared goals and the "so what" behind the work, beyond the broader MIDD policy goals. PME planning will continue in 2021.

Changes based on continuous quality improvement

MIDD evaluation staff made several improvements to performance measurements and evaluation approaches based on opportunities expressed by MIDD's partners and community in 2020. These improvements include:

- Pausing any changes to targets based on COVID-19 impacts to programming.
- Aligning housing measures with housing authority measures.
- Re-envisioning youth crisis measures to center youth progress and voice.
- Establishing of new measures for juvenile filings and referrals.
- Separating race and ethnicity results to align with community feedback.

Updates to performance measure targets

The implementation and evaluation of MIDD-funded programs requires occasional modifications as more and/or better information becomes available over time. For 2020 reporting, targets included in performance measurement tables were set in 2019, before the COVID-19 pandemic. Interpretation and comparison of 2020 results with targets set before the pandemic should be made with caution. No MIDD initiatives changed or set targets in 2020.

Complete performance measure information for all initiatives is available on the MIDD Results Dashboard at kingcounty.gov/midd.

2020 Performance measurement results

Most MIDD initiatives have established performance measures, as found in the MIDD 2 Evaluation Plan. This table shows each initiative's progress against those measures in 2020.

No MIDD initiatives changed or set new targets in 2020 as a result of the significant impact of the COVID-19 pandemic on MIDD programming. In 2021, the King County Department of Community and Human Services, in partnership with MIDD stakeholders, will create a process to re-assess initiative's performance targets for future years.

Targets displayed in the tables below were set in 2019 and are not applicable for 2020 due to COVID-19's impact on funding and/or service delivery. Interpretation and comparison of 2020 results with targets set before the COVID-19 pandemic should be made with caution. Targets were not revised for 2020 because of uncertainty related to the duration of the pandemic and its ongoing impacts on programming.

Initiative #	Initiative Name	How much did we do?		How well did we do it? Is anyone better off?	2020 Notes
		Actual # people served	Target # people served		
PRI-01	Screening, Brief Intervention and Referral to Treatment	2,356	2,500	<p>24% of participants (N = 5,874) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p> <p>Of those participants with repeated substance use measures (N = 912), 38% reported reduced or stable low use over time, and 29% reported no use in their later measures.</p> <p>Emergency department admissions were reduced by 38% over the long term (N = 5,028).</p>	<p>COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing certain services remotely, it was challenged by slowed emergency department visits, and referrals slowed.</p> <p>Program increased participant engagement efforts to fill service gaps.</p>
PRI-02	Juvenile Justice Youth Behavioral Health Assessments	166	300	<p>28% of participants (N = 670) were linked to publicly funded behavioral health treatment within a year of starting MIDD services. Of those participants with repeated substance use measures (N = 59), 53% reported reduced or stable low use over time, and 37% reported no use in their later measures.</p> <p>68% of eligible participants enrolled in 2019 (N = 187) had no new juvenile legal system filings, and 67% had no new referrals in the 12 months after enrollment.</p>	<p>COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing certain services remotely, it was challenged by staffing gaps.</p>

Initiative #	Initiative Name	How much did we do?		How well did we do it? Is anyone better off?	2020 Notes
		Actual # people served	Target # people served		
PRI-03	Prevention and Early Intervention Behavioral Health for Adults Over 50	748	1,200	<p>11% of participants (N = 1,386) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p> <p>63% of participants with repeated assessments (N = 136) showed improvements in their symptoms of depression.</p> <p>Emergency department admissions were reduced by 47% over the long term (N = 333).</p>	COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing certain services remotely, it was challenged by lowered staff capacity.
PRI-04	Older Adult Crisis Intervention/ Geriatric Regional Assessment Team	78	N/A	Outcome data were not available in 2020 because initiative is ramping up.	Program began implementation of modified program model. COVID-19 impacts led to slowed program ramp-up and staffing gaps. Program started providing services remotely in August.
PRI-05	School-Based Screening, Brief Intervention and Referral to Treatment	4,366 screened¹	N/A	<p>From January to June 2020, the program screened 3,859 students, and from September to December, screened 507 students remotely across 6 school districts. Of these, 46% received a brief intervention and 15% were referred to services or resources.</p> <p>Among students who were provided with one or more referrals, 44% of referrals were connected to behavioral health or another type of service.</p>	<p>COVID-19-related school closures impacted implementation. Schools were closed to in-person teaching beginning in March 2020. Program began providing services remotely starting in September 2020.</p> <p>Six of twelve school districts implemented services remotely early in the school year, and the rest were not able to begin remote screening until 2021 because of COVID-19 impacts.</p>
PRI-06	Zero Suicide Initiative Pilot	N/A	N/A	Outcome data were not available in 2020 because of deferred implementation.	Program not funded in King County 2019–2020 Adopted Biennial Budget.

¹ Counts are not unduplicated across academic years. 3,859 youth were screened from January to June 2020, and 507 from September to December 2020

Initiative #	Initiative Name	How much did we do?		How well did we do it? Is anyone better off?	2020 Notes
		Actual # people served	Target # people served		
PRI-07	Mental Health First Aid	939 trained	2,000	Program conducted 97 trainings in 2020, and 95% of participants who completed a post-training survey (N = 468) reported that the Mental Health First Aid training was relevant or useful.	COVID-19 disrupted implementation leading to paused operations from March to May. Program resumed trainings in June 2020, adapting to a virtual modality.
PRI-08	Crisis Intervention Training — First Responders	154 trained	600	Program conducted 18 trainings in 2020. Participant training satisfaction survey results are not available because not enough data were available	COVID-19 disrupted implementation leading to paused operations from April to September. Trainings were conducted in person in early 2020 and virtually in late 2020. The impact of COVID-19 on the law enforcement system led to paused trainings and fewer participant feedback surveys than usual.
PRI-09	Sexual Assault Behavioral Health Services	153	222	66% of participants who left the program in 2020 (N = 53) successfully completed services. Trauma outcomes were not available in 2020 because of limitations associated with conducting trauma assessments remotely.	Program adapted to COVID-19 constraints with minimal impact on results by providing services remotely. Staff provided participants additional support for behavioral health needs resulting from environmental stressors.
PRI-10	Domestic Violence and Behavioral Health Services & System Coordination	345	560	77% of participants served (N = 345) were referred to social services. 59% of participants with repeated assessments (N = 39) showed improvements in symptoms of depression, and 64% showed improvements in symptoms of anxiety.	COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing services remotely, participants may have been uniquely affected by the impact of stay-at-home orders on their ability to seek services discreetly.

Initiative #	Initiative Name	How much did we do?		How well did we do it? Is anyone better off?	2020 Notes
		Actual # people served	Target # people served		
PRI-11	Community Behavioral Health Treatment	3,716	3,500	<p>For participants in mental health treatment, emergency department admissions were reduced by 35% (N = 4,288), psychiatric inpatient hospitalizations by 49% (N = 4,288) and adult jail bookings by 47% (N = 3,472).</p> <p>For participants in substance used disorder treatment, emergency department admissions were reduced by 40% (N = 1,659) and adult jail bookings were reduced by 64% (N = 1,302). Of participants with repeated substance use measurements (N = 482), 71% reported reduced or stable low use over time and 52% reported no use in their later measures.</p>	Program adapted to COVID-19 constraints with minimal impact on results by providing services remotely and putting safety measures in place.
CD-01	Law Enforcement Assisted Diversion	695	350	<p>40% of participants (N = 481) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p> <p>Of those participants with repeated substance use measures (N = 98), 48% reported reduced or stable low use over time and 41% reported no use in their later measures.</p> <p>Adult jail bookings were reduced by 61% over the long term (N = 217).</p>	<p>Program adapted to COVID-19 constraints with minimal impact on results by adjusting referral model.</p> <p>Reduced capacity due to COVID-19 led to lower volume of referrals from law enforcement. This resulted in the need to adapt the program to support a community-based referral process.</p>
CD-02	Youth Detention Prevention Behavioral Health Engagement	54	TBD	<p>Outcome data are not available because not enough of the participants enrolled in 2019 have available data for these measures.</p>	<p>COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing services remotely and putting safety measures in place, restrictions on gathering led to fewer outreach and engagement opportunities.</p> <p>Juvenile legal system changes led to continued evolution of program.</p>

Initiative #	Initiative Name	How much did we do?		How well did we do it? Is anyone better off?	2020 Notes
		Actual # people served	Target # people served		
CD-03	Outreach and In Reach System of Care	598	450	<p>32% of participants (N = 1,157) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p> <p>Crisis events were reduced by 42% over the long term (N = 1,180).</p> <p>Adult jail bookings were reduced by 53% over the long term (N = 1,168).</p>	<p>COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing services remotely, restrictions on gathering led to fewer outreach and engagement opportunities.</p> <p>COVID-19 impacted providers within the behavioral health system, resulting in fewer referrals in and out of program.</p>
CD-04	South County Crisis Diversion Services/Center	727	TBD	<p>25% of participants (N = 334) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p>	<p>COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing services remotely, it was challenged by limitations to in-person transportation and shelter resources.</p> <p>COVID-19 impacted program's ability to provide transportation services and reduced program's ability to stabilize participants struggling with access to shelter services.</p>
CD-05	High Utilizer Care Teams	70	100	<p>46% of participants (N = 155) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p> <p>Crisis events were reduced by 21% over the long term (N = 171).</p> <p>Reductions in long-term system use included a 71% reduction in emergency department admissions and a 73% reduction in psychiatric inpatient hospitalizations (N = 171).</p>	<p>COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing certain services remotely, staff were affected by limited resources and lowered outreach capacity.</p> <p>COVID-19 has impacted program's ability to track and maintain connections with participants, because community gathering places closed. In addition, program transitioned to a permanently reduced staffing model in 2020.</p>

Initiative #	Initiative Name	How much did we do?		How well did we do it? Is anyone better off?	2020 Notes
		Actual # people served	Target # people served		
CD-06	Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	2,423	1,875	<p>30% of participants (N = 5,800) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p> <p>Crisis events were reduced by 58% over the long term (N = 6,174).</p> <p>Reductions in long-term system use included a 25% reduction in adult jail bookings (N = 6,005), a 47% reduction in emergency department admissions (N = 6,174) and a 33% reduction in psychiatric inpatient hospitalizations (N = 6,174).</p>	<p>COVID-19 impacted program implementation and results. Program adapted to COVID-19 constraints with minimal impact on results by putting safety measures in place.</p> <p>COVID-19 impacts led to staffing gaps, and outreach capacity was affected by shelter restrictions and access. Program also endured major COVID-19 outbreak among staff, impacting service provision and creating staffing gaps.</p>
CD-07	Multipronged Opioid Strategies	2,637 overall	300	<p>40% of participants (N = 1,296) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p> <p>Reductions in long-term system use included a 35% reduction in adult jail bookings (N = 1,180) and a 43% reduction in emergency department admissions (N = 1,191).</p>	<p>COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by putting safety measures in place, participants living in shelters and encampments and incarcerated individuals were uniquely affected by restrictions on in-person service provision.</p>
CD-08	Children's Domestic Violence Response Team	93 families	85	<p>37% of participants served (N = 167) were positively engaged in care and/or meeting treatment goals in 2020.</p> <p>Behavioral health outcome data were not available in 2020 because of COVID-19 impacts.</p>	<p>COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing services remotely, participants may have been uniquely impacted by effects of stay-at-home orders on their ability to seek services discreetly.</p> <p>Outcome data were largely unavailable due to COVID-19 impacts on staff capacity.</p>

Initiative #	Initiative Name	How much did we do?		How well did we do it? Is anyone better off?	2020 Notes
		Actual # people served	Target # people served		
CD-09	Behavioral Health Urgent Care-Walk in Clinic Pilot	N/A	N/A	Outcome data were not available in 2020 because of deferred implementation.	Program not funded in King County 2019–2020 Adopted Biennial Budget.
CD-10	Next Day Crisis Appointments	595	800	<p>26% of participants (N = 1,723) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p> <p>Crisis events were reduced by 78% over the long term (N = 1,324).</p> <p>Emergency department admissions were reduced by 60% over the long term (N = 1,324).</p>	Program adapted to COVID-19 constraints with minimal impact on results by putting safety measures in place and providing certain services remotely.
CD-11	Children's Crisis Outreach and Response System	467	1,000	90% of eligible youth (N = 998) had no new crisis events in the year after enrollment.	COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing certain services remotely, it was challenged by changes in external funding and reduced referrals resulting from school closures and limited outpatient provider capacity.
CD-12	Parent Partners Family Assistance	274	300	<p>55% of participants served (N = 258) were positively engaged in care and/or meeting treatment goals in 2020.</p> <p>Outcome data were not available in 2020 because of COVID-19 impacts.</p>	COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing certain services remotely, restrictions on gathering led to fewer outreach and engagement opportunities. Program used alternative strategies for engagement, such as paper-mail and email outreach campaigns.

Initiative #	Initiative Name	How much did we do?		How well did we do it? Is anyone better off?	2020 Notes
		Actual # people served	Target # people served		
CD-13	Family Intervention Restorative Services	199	300	Of participants who left the program in 2020 (N = 115), 89% successfully completed services. 80% of eligible participants enrolled in 2019 (N = 160) had no new juvenile legal system filings and 81% had no new referrals in the 12 months after enrollment.	COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by putting safety measures in place, it was challenged by restricted in-person visits and staffing gaps.
CD-14	Involuntary Treatment Triage	67	200	41% of participants (N = 394) were linked to publicly funded behavioral health treatment within a year of starting MIDD services. Crisis events were reduced by 49% over the long term (N = 104). Reductions in long-term system use included a 48% reduction in emergency department admissions and a 63% reduction in psychiatric inpatient hospitalizations (N = 104).	COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by putting safety measures in place, it was challenged by restricted in-person services and reduced referrals.
CD-15	Wraparound Services for Youth	473	650	91% of eligible youth (N = 804) had no new crisis events in the year after enrollment.	Program adapted to COVID-19 constraints with minimal impact on results by putting safety measures in place. Wraparound with Intensive Services program ended in early 2020.
CD-16	Youth Behavioral Health Alternatives to Secure Detention	17	50	Outcome data were not available in 2020 because the program was not active for the full year.	Program services suspended in July 2020 because of COVID-19-related reductions in MIDD sales tax revenue.
CD-17	Young Adult Crisis Stabilization	18	40	Crisis events were reduced by 49% two years after enrollment (N = 37). Reductions in system use after two years of enrollment included a 10% reduction in emergency department admissions and a 75% reduction in psychiatric inpatient hospitalizations (N = 37).	COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing certain services remotely and putting safety measures in place, restrictions on gathering led to fewer outreach and engagement opportunities.

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CD-18	Response Awareness, De-escalation, and Referral	586	TBD	14% of participants (N = 254) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.	Program adapted to COVID-19 constraints with minimal impact on results by putting safety measures in place.
RR-01	Housing Supportive Services	899	690	<p>40% of participants (N = 492) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p> <p>Crisis events were reduced by 43% over the long term (N = 486).</p> <p>Reductions in long-term system use included a 57% reduction in adult jail bookings (N = 464), a 74% reduction in emergency department admissions (N = 486) and a 67% reduction in psychiatric inpatient hospitalizations (N = 486).</p>	Program adapted to COVID-19 constraints with minimal impact on results by putting safety measures in place.
RR-02	Behavioral Health Services at Community Center for Alternative Programs	30	40	Adult jail bookings were reduced by 39% over the long term (N = 127). 43% of participants had no jail bookings in the third year after enrollment.	<p>COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing services remotely, restrictions on gathering led to fewer outreach and engagement opportunities.</p> <p>COVID-19 impacts led to reduced referrals from the criminal justice system. Participants were impacted by limited access to technology for remote services.</p>

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RR-03	Housing Capital and Rental	22	N/A	Psychiatric inpatient hospitalizations were reduced by 63% over the long term (N = 54).	<p>Implementation of rental assistance program impacted by COVID-19. Program adapted by putting safety measures in place. Program services were limited due to COVID-19-related reductions in sales tax revenue. Program set up telehealth centers to reduce impacts of limited access to technology.</p> <p>This initiative does not have targets because it mostly funds housing capital projects (buildings). People housed in these capital projects typically receive support services and are tracked through initiative RR-03.</p>
RR-04	Rapid Rehousing — Oxford House Model	264	333	<p>64% of the participants who left services in 2020 (N = 202) successfully stayed sober and completed the program.</p> <p>Of those participants with repeated substance use measures (N = 72), 74% reported reduced or stable low use over time, and 65% reported no use in their later measures.</p>	Program adapted to COVID-19 constraints with minimal impact on results by putting safety measures in place and focusing on harm reduction among housed participants.
RR-05	Housing Vouchers for Adult Drug Court	51	30	<p>15 of 19 Adult Drug Court participants who exited services in 2020 successfully graduated from the program, and all 19 of them were sheltered at exit.</p> <p>Of those participants with repeated substance use measures (N = 61), 69% reported reduced or stable low use over time, and 66% reported no use in their later measures.</p> <p>Adult jail bookings were reduced by 74% over the long term (N = 83).</p>	<p>Program adapted to COVID-19 constraints with minimal impact on results by providing services remotely.</p> <p>COVID-19 impacts led to decreases in young adult participants and program referrals resulting from adjusted court processes. Participants were impacted by limited access to technology for remote services and lack of affordable housing.</p>

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		Actual # people served	Target # people served		
RR-06	Jail Reentry System of Care	194	450	<p>51% of participants (N = 897) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p> <p>Adult jail bookings were reduced by 59% over the long term (N = 1,433).</p>	<p>COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing services remotely, it was challenged by restrictions to necessary in-person interactions and transportation.</p> <p>Program transported participants using ride share services; case managers followed behind them in separate vehicles.</p>
RR-07	Behavioral Health Risk Assessment Tool for Adult Detention	274	TBD	<p>8,854 participants were screened with the Behavioral Health Risk Assessment Tool for adult detention in 2020.</p> <p>Of those participants with repeated substance use measures (N = 69), 75% reported reduced or stable low use over time and 51% reported no use in their later measures.</p> <p>Adult jail bookings were reduced by 70% two years after enrollment (N = 50).</p>	<p>COVID-19 disrupted implementation, leading to paused operations in early 2020. While the program resumed services, it was impacted by fewer adult jail bookings resulting from law enforcement and jail policy changes.</p>
RR-08	Hospital Reentry Respite Beds	220	350	<p>60% of participants who left the program in 2020 (N = 83) successfully met their treatment goals.</p> <p>Emergency department admissions were reduced by 56% over the long term (N = 886).</p>	<p>COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by putting safety measures in place, it was challenged by restrictions on gathering.</p> <p>Program used harm reduction practices to maintain isolation and quarantine protocols while addressing substance use needs.</p>

Initiative #	Initiative Name	How much did we do?		How well did we do it? Is anyone better off?	2020 Notes
		Actual # people served	Target # people served		
RR-09	Recovery Café	N/A	N/A	Outcome data were not available because the Recovery Café was closed due to COVID-19.	Construction on the Recovery Café South of Downtown (SODO) site ended in early 2020, and the space was closed in March 2020 because of COVID-19 impacts. King County, in collaboration with Pioneer Human Services, converted Recovery Café space into temporary enhanced shelter.
RR-10	Behavioral Health Employment Services and Supported Employment	466	800	<p>17% of participants were employed at some point during 2020. 26 participants were hired for at least one new job during the year.</p> <p>Emergency department admissions were reduced by 33% over the long term (N = 943).</p> <p>Adult jail bookings were reduced by 53% over the long term (N = 934).</p>	The Substance Use Disorder Employment program ended in December 2020 because of COVID-19-related reductions in sales tax revenue. While the program adapted by shifting programming to unemployment services, it was challenged by restrictions to in-person appointments and connection.
RR-11a	Peer Bridger Programs	300	300	<p>73% of participants (N = 562) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p> <p>Emergency department admissions were reduced by 42% over the long term (N = 324).</p> <p>Psychiatric inpatient hospitalizations were reduced by 92% over the long term (N = 324).</p>	<p>Program adapted to COVID-19 constraints with minimal impact on results by providing services remotely.</p> <p>Providers were challenged by staff turnover and limited staff capacity due to COVID-19 impacts. Participants were impacted by the shift to remote services, because program model is based on in-person appointments and connection.</p>

Initiative #	Initiative Name	How much did we do?		How well did we do it? Is anyone better off?	2020 Notes
		Actual # people served	Target # people served		
RR-11b	Substance Use Disorder Peer Support	565	1,000	<p>Of those participants with repeated substance use measures (N = 309), 55% reported reduced or stable low use over time, and 45% reported no use in their later measures.</p> <p>Adult jail bookings were reduced by 65% over the long term (N = 483).</p> <p>Emergency department admissions were reduced by 66% over the long term (N = 485).</p>	<p>COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing services remotely, restrictions on gathering led to fewer outreach and engagement opportunities.</p> <p>Participants were affected by limited access to technology for remote services. Program created monthly resource connection day for participants.</p>
RR-11c	Peer Respite	N/A	N/A	Outcome data were not available in 2020 because the initiative was not active.	Implementation was deferred as a result of COVID-19-related reductions in sales tax revenue.
RR-12	Jail-based Substance Use Disorder Treatment	34	200	<p>16% of participants (N = 37) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p> <p>Long-term outcome data are not available because not enough of the participants enrolled in 2019 have available data for these measures.</p>	COVID-19 disrupted implementation, leading to paused operations in the spring and summer of 2020 resulting from COVID-19 impacts on jail operations. Program resumed new-participant enrollment in November 2020.
RR-13	Deputy Prosecuting Attorney for Familiar Faces	57	60	Adult jail bookings were reduced by 65% over the long term (N = 66).	COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing services remotely, it was challenged by court closures.
RR-14	Shelter Navigation Services	N/A	N/A	Outcome data were not available in 2020 because the initiative was not active.	One-time initiative not funded in King County 2019–2020 Adopted Biennial Budget.

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RR-15	South County Pre-Trial Services	12	N/A	Outcome data were not available in 2020 because initiative is ramping up.	Implementation delayed due to shifts in program model in 2020. Program adapted model and began enrolling in fall 2020.
SI-01	Community Driven Behavioral Health Grants	789 participants	TBD	Provider agencies held a total of 94 events in 2020, engaging 789 participants.	Implementation started for this new initiative in 2020. Programs ramped up services and adapted to COVID-19 by providing programming remotely.
SI-02	Behavioral Health Services in Rural King County	250 screened	TBD	3 agencies provided direct services under SI-02. 250 participants were screened and 78% of those screened were referred to or enrolled in services.	Implementation started for new initiative in 2020. Programs ramped up services and adapted to COVID-19 by providing programming remotely.
		5,767 participants		4 agencies provided 74 trainings and events under SI-02. Of the 53 participants who responded to a participant satisfaction survey, 94% reported that they received the support they needed from their training/event.	
SI-03	Quality Coordinated Outpatient Care (Workload Reduction)	178 enrolled in HOPE/EDUM	TBD	67% of participants enrolled in HOPE/EDUM were linked to publicly funded behavioral health treatment.	Program services were suspended in July 2020 because of COVID-19-related reductions in sales tax revenue.
SI-04	Workforce Development	912 trained	TBD	95% of participants reported that their training was useful/relevant.	Program services were suspended in July 2020 because of COVID-19-related reductions in sales tax revenue.
		31 trainings conducted		95% of participants taking courses on skills in trauma-informed and culturally appropriate services reported increased skills.	

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TX-ADC	Adult Drug Court	740	700	<p>Of those participants with repeated substance use measures (N = 342), 66% reported reduced or stable low use over time, and 54% reported no use in their later measures.</p> <p>68% of participants who exited services in 2020 (N =161) successfully graduated from the program. 92% of those who left the program with qualifying exit reasons (N = 153) were sheltered at the time of exit.</p> <p>Adult jail bookings were reduced by 58% over the long term for Adult Drug Court participants (N = 1,063).</p>	<p>COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing services remotely, it was impacted by reduced availability of community resources.</p> <p>Program adapted to allow more direct referral processes providing more timely access to inpatient care. Participants were impacted by limited access to technology for remote services.</p>
TX-CC	Community Court	130	110	<p>40% of participants (N = 192) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p> <p>51% of participants served in 2020 were referred to social services.</p> <p>77% of participants who left the program in 2020 (N = 53) successfully completed services upon exit.</p> <p>Adult jail bookings were reduced by 59% two years after enrollment (N = 70).</p>	<p>COVID-19 disrupted implementation, leading to amended service provision during paused King County District Court operations. Program adapted by providing services remotely.</p> <p>In response to COVID-19 constraints, program transitioned staff roles from court accompaniment to arranging community service and submission of court documents.</p>

Initiative #	Initiative Name	How much did we do?		How well did we do it? Is anyone better off?	2020 Notes
		Actual # people served	Target # people served		
TX-FTC	Family Treatment Court	97 children	140	<p>85% of participants (N = 102) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p> <p>Of those participants with repeated substance use measures (N = 66), 70% reported reduced or stable low use over time, and 68% reported no use in their later measures.</p> <p>78% of participants who left the program in 2020 (N = 23) had a positive exit disposition as defined by the program (program completion, dismissed dependency, etc.). 69% of children of participants who successfully completed the program (N = 35) were returned to a positive home situation upon the parent/caregiver's exiting services.</p> <p>Adult jail bookings were reduced by 78% over the long term (N = 100).</p>	<p>COVID-19 disrupted implementation leading to amended service provision during the three-month shutdown of the King County Family Treatment Court in 2020. Program reactivated full services and adapted to COVID-19 by providing services remotely.</p> <p>Program shifted service model to conduct case reviews, hearings and support groups virtually and leveraged ride share apps to continue providing support and transportation to participants.</p>
TX-JDC	Juvenile Drug Court	29	50	<p>Outcome data are not available because not enough of the participants enrolled in 2019 have available data for these measures.</p>	<p>Changes within the juvenile legal system affected implementation of program model. Program is planning to adapt new model in 2021.</p> <p>Results reflect participants served by Juvenile Drug Court model.</p>
TX-RMHC	Regional Mental Health Court and Regional Veterans' Court	300	350	<p>45% of participants (N = 455) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p> <p>91% of those who left the program in 2020 (N = 105) were sheltered at exit. 56% of those who left the program successfully completed services (N = 123), and 100% of eligible participants who successfully completed services (N = 69) were sheltered at the time of exit.</p> <p>Adult jail bookings were reduced by 64% over the long term (N = 425).</p>	<p>COVID-19 disrupted implementation leading to amended service provision during paused court operations. Program adapted to COVID-19 and provided services for most of 2020.</p> <p>COVID-19 impacts led to need to pause clinician screenings and probation services. Program adapted service provision model to remote work and resumed full services.</p>

Initiative #	Initiative Name	How much did we do?		How well did we do it? Is anyone better off?	2020 Notes
		Actual # people served	Target # people served		
TX-SMC	Seattle Mental Health Municipal Court	98	130	<p>40% of participants (N = 267) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.</p> <p>Of those participants with repeated substance use measures (N = 40), 58% reported reduced or stable low use over time, and 38% reported no use in their later measures.</p> <p>Adult jail bookings were reduced by 60% over the long term (N = 299).</p>	<p>COVID-19 impacted program implementation and results. While the program adapted to COVID-19 impacts by providing services remotely, it was challenged by the inability to provide in-person support during court proceedings.</p> <p>COVID-19 impacts to King County Correctional Facility and Seattle Municipal Mental Health Court led to communication constraints between criminal legal partners that reduced access to engage and screen people in custody.</p>

NOTES:

Actual numbers represent the number of unique individuals with at least one 2020 service.

Results presented on **emergency department admissions** are based on recorded admissions to Harborview Medical Center.

“Crisis events” for initiatives serving adults refers to individual-level interactions with publicly funded King County programs providing crisis response services, including involuntary treatment events, adult crisis stabilization, adult diversion beds, crisis triage diversion beds, mobile crisis teams and crisis diversion facilities. MIDD calculates long-term adult crisis outcomes by comparing adult crisis events in the first year of services to adult crisis events in the third year of services.

Youth crisis and juvenile legal filings and referrals outcome measurement follows youth for 12 months after enrollment. Results presented are based on 2020 referrals, charges or crisis events for participants enrolled in 2019.

ABBREVIATIONS:

EDUM: Emergency Department Utilization Management

HOPE: Hospital Outreach Patient Engagement

NA: not applicable (initiative was deferred, delayed or inactive in 2020 and therefore did not have performance measurement results)

TBD: to be determined

Data-informed implementation adjustments

A continuous improvement approach is applied to MIDD-funded services each year to ensure that data and other information are used in program and process adjustments.

Initiative #	Initiative Name	Data-Informed Modification
CD-03	Outreach and In Reach System of Care	Participant survey results indicated a desire for increased staff availability and increased support resources, such as housing access and food cards. The outreach team increased distribution of assistance supplies (e.g., blankets, cell phones, food cards) and trained staff to administer a tool which aids in housing referral and placement.
CD-04	South County Crisis Diversion Services/Center	Data that tracks the number of referrals per referent are used to better target first responder roll calls or information sharing to those who have stopped referring or where reductions in referrals are noted.
CD-07	Multi-Pronged Opioid Strategies	Public Health — Seattle & King County (PHSKC) has developed dashboards displaying fatal and non-fatal opioid overdose data for the entire county. This improved data resource allows King County and providers to target interventions where the needs are greatest.
RR-10	Behavioral Health Employment Services and Supported Employment	Data on the populations served in the last two years have helped inform and guide an increase in some outreaches by the Supported Employment programs to staff and groups who serve BIPOC and/or non-English/limited English speaking communities with the goal of increasing the number of racially and linguistically diverse participants in the program. The goal of these activities is to actively recruit and enroll agency consumers who are in the most need of employment support. (i.e. those individuals with the highest rates of unemployment or under-employment based on countywide data).
RR-15	South County Pretrial Services	Data showed that 33 percent of individuals who received court referrals to the program did not engage in services after leaving jail. In-custody assessments were initiated to streamline the inpatient referral process and to increase outpatient treatment engagement upon release from jail.
TX-ADC	Adult Drug Court	Approximately 40 percent of participants have at least one dependent child. King County Department of Judicial Administration released a request for proposals in December 2020 seeking individual and group, trauma-informed and evidence-based, family, marriage/couples, and parenting counseling and education along with life skills development to support participants who are parents and caregivers.

Initiative Procurement Update

The majority of MIDD-funded services are contracted to community-based organizations, which are key partners serving our community. Procurement processes are in place to support and promote coordination across funding sources as well as to expand access. Some services are subject to a formal procurement process, such as a request for proposals (RFP), request for applications (RFA), or request for information (RFI). This process is most common when services are new, restructured or redesigned, although some initiatives feature routine RFP cycles, such as SI-01: Community-Driven Behavioral Health Grants and SI-02: Behavioral Health Services in Rural King County.

The King County Department of Community and Human Services (DCHS) conducted the following procurement processes for MIDD services in 2020.

Initiative #	Initiative Name	Procurement Type	Date Procurement Released	Implementation Start
SI-01	Community-Driven Behavioral Health Grants	RFP	January 2020	July 2020
SI-01	Community-Driven Behavioral Health Grants	RFP	October 2020	February 2021
RR-01	Housing Supportive Services	RFP	August 2020	January 2021
RR-03	Housing Capital and Rental	RFP	August 2020	January 2021
SI-02	Behavioral Health Services in Rural King County	RFP	October 2020	February 2021

2020 Financial report

In 2020, MIDD reduced expenditures by approximately \$19 million for the biennium to respond to the \$19.5 million reduction in sales tax revenue caused by the COVID-19 pandemic. MIDD used 2019 unspent funds, ended one-time expenditures and deferred starting new initiatives and expanding existing ones. When cuts had to be made to existing programs, MIDD minimized impacts to services by reducing training and system improvement programming. Initiatives that were impacted are footnoted below.

This report reflects the financial status of the fund as of December 31, 2020.

Initiative		2019/2020 Biennial budget ¹	2019/2020 Biennial actuals ¹
PREVENTION AND EARLY INTERVENTION			
PRI-01	Screening, Brief Intervention and Referral To Treatment (SBIRT)	\$1,540,890	\$1,532,840
PRI-02	Juvenile Justice Youth Behavioral Health Assessments²	\$1,254,726	\$993,187
PRI-03	Prevention and Early Intervention Behavioral Health for Adults Over 50	\$1,040,803	\$1,040,830
PRI-04	Older Adult Crisis Intervention/Geriatric Regional Assessment Team (GRAT)	\$706,609	\$646,932
PRI-05	School-Based Screening, Brief Intervention and Referral to Treatment (SBIRT)	\$3,364,863	\$2,835,260
PRI-06	Zero Suicide Initiative Pilot³	\$0	\$0
PRI-07	Mental Health First Aid	\$644,275	\$621,363
PRI-08	Crisis Intervention Training — First Responders⁴	\$1,801,602	\$1,198,237
PRI-09	Sexual Assault Behavioral Health Services	\$1,093,923	\$1,093,923
PRI-10	Domestic Violence and Behavioral Health Services & System Coordination	\$1,371,503	\$1,342,088
PRI-11	Community Behavioral Health Treatment	\$26,058,040	\$27,112,300
Subtotal Prevention and Intervention		\$38,877,234	\$38,416,959
CRISIS DIVERSION			
CD-01	Law Enforcement Assisted Diversion (LEAD)	\$7,428,509	\$6,151,444
CD-02	Youth Detention Prevention Behavioral Health Engagement²	\$1,844,486	\$947,950
CD-03	Outreach and In Reach System of Care	\$880,509	\$729,293
CD-04	South County Crisis Diversion Services/Center	\$1,100,000	\$1,094,000
CD-05	High Utilizer Care Teams	\$550,319	\$487,995

Initiative	2019/2020 Biennial budget ¹	2019/2020 Biennial actuals ¹
CD-06 Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	\$12,902,369	\$11,972,415
CD-07 Multipronged Opioid Strategies²	\$6,621,372	\$4,919,308
CD-08 Children's Domestic Violence Response Team	\$605,350	\$605,301
CD-09 Behavioral Health Urgent Care — Walk In Clinic Pilot³	\$0	\$0
CD-10 Next Day Crisis Appointments	\$660,381	\$645,289
CD-11 Children's Crisis Outreach and Response System (CCORS)	\$1,210,700	\$1,048,211
CD-12 Parent Partners Family Assistance	\$1,158,166	\$1,139,010
CD-13 Family Intervention Restorative Services (FIRS)	\$2,335,897	\$2,098,591
CD-14 Involuntary Treatment Triage⁵	\$322,137	\$240,573
CD-15 Wraparound Services for Youth⁴	\$6,603,815	\$4,733,746
CD-16 Youth Respite Alternatives⁴	\$1,046,580	\$194,113
CD-17 Young Adult Crisis Stabilization	\$1,995,478	\$1,911,304
CD-18 Response Awareness, De-escalation and Referral (RADAR)^{2,4}	\$780,000	\$188,786
Subtotal Crisis Diversion	\$48,046,068	\$39,107,328
RECOVERY AND REENTRY		
RR-01 Housing Supportive Services⁶	\$4,388,753	\$1,860,987
RR-02 Behavioral Health Services at Community Center for Alternative Programs	\$235,485	\$235,485
RR-03 Housing Capital and Rental⁶	\$5,140,416	\$2,180,288
RR-04 Rapid Rehousing — Oxford House Model²	\$1,073,791	\$852,100
RR-05 Housing Vouchers for Adult Drug Court	\$604,283	\$604,284
RR-06 Jail Reentry System of Care	\$1,867,351	\$1,738,719
RR-07 Behavioral Health Risk Assessment Tool for Adult Detention	\$1,000,034	\$873,034
RR-08 Hospital Reentry Respite Beds	\$1,994,352	\$1,994,352
RR-09 Recovery Café	\$748,897	\$748,897
RR-10 Behavioral Health Employment Services & Supported Employment	\$2,249,452	\$2,243,440

Initiative		2019/2020 Biennial budget ¹	2019/2020 Biennial actuals ¹
RR-11A	Peer Bridger Programs	\$1,298,751	\$1,141,700
RR-11B	Substance Use Disorder Peer Support	\$352,203	\$329,719
RR-11C	Peer Respite ⁴	\$2,000,000	\$0
RR-12	Jail-based Substance Use Disorder Treatment	\$954,010	\$851,570
RR-13	Deputy Prosecuting Attorney for Familiar Faces	\$309,023	\$309,024
RR-14	Shelter Navigation Services ³	\$0	\$0
RR-15	South County Pretrial Services	\$446,000	\$446,000
Subtotal Recovery and Reentry		\$24,662,801	\$16,409,598
SYSTEM IMPROVEMENTS			
SI-01	Community Driven Behavioral Health ²	\$435,377	\$197,203
SI-02	Behavioral Health in Rural King County ²	\$710,000	\$461,331
SI-03	Quality Coordinated Outpatient Care ⁴	\$12,068,100	\$8,144,043
SI-04	Workforce Development ⁴	\$1,595,921	\$825,279
Subtotal System Improvements		\$14,809,398	\$9,627,856
THERAPEUTIC COURTS			
TX-ADC	Adult Drug Court	\$7,976,992	\$7,656,087
TX-CC	Community Court ⁴	\$1,177,644	\$868,527
TX-FTC	Family Treatment Court	\$4,070,965	\$3,847,120
TX-JDC	Juvenile Drug Court ⁴	\$2,361,802	\$1,644,073
TX-RMHC	Regional Mental Health Court and Regional Veterans Court	\$8,850,371	\$8,264,272
TX-SMC	Seattle Municipal Mental Health Court ⁵	\$200,047	\$146,871
Subtotal Therapeutic Courts		\$24,637,821	\$22,426,951

Initiative		2019/2020 Biennial budget ¹	2019/2020 Biennial actuals ¹
SPECIAL PROJECTS			
Special allocations⁷		\$0	\$4,880,410
ADMINISTRATION AND EVALUATION			
ADM	Administration and Evaluation	\$8,822,678	\$8,164,262
PRIOR YEAR ADJUSTMENTS			\$1,344,225
TOTAL MIDD BIENNIAL EXPENDITURE		\$159,856,000	\$140,377,588

¹ To better align the financial reporting with budget authority and current King County reporting practices, this table reflects approved adjustments to the current 2019–2020 biennial budget of the MIDD fund, rather than an annual spending plan. This reporting approach should allow for greater visibility of program spending. This table reflects the 2019/2020 biennial budget and 2019/2020 biennial expenditures of the MIDD fund.

² This initiative had lower actual expenditures than originally budgeted, due to timing of startup, rollout of programming components and/or procurement of services.

³ The initiative was not funded in the King County 2019–2020 adopted budget.

⁴ Initiative expenditures were reduced to align spending with decreased revenue forecasts due to COVID 19's impact on sales tax revenue.

⁵ Some costs were offset by underutilized state funds due to challenges related to providing in-person services.

⁶ One-time funds from the sale of Department of Community and Human Services–owned property were utilized to offset any necessary reductions.

⁷ "Special allocations" includes strategic support to the Behavioral Health fund in support of the transition to fully integrated managed care.

MIDD Advisory Committee

Membership Roster as of December 31, 2020

The MIDD Advisory Committee advises the King County Executive and the King County Council regarding initiatives funded by MIDD to help ensure that program implementation and evaluation are transparent, accountable, collaborative and effective. The Advisory Committee brings together a broad range of viewpoints, including people in recovery from behavioral health conditions; representatives from the health, human services and criminal justice service systems; policymakers; and community members. This unique cross-system body seeks to ensure that behavioral health services are available to the King County residents who are most in need.

Claudia D'Allegri, Vice President of Behavioral Health, *SeaMar Community Health Centers (Co-Chair)*
Representing: Community Health Council

Ketu Shah, Judge, *King County Superior Court, (Co-Chair)*
Representing: Superior Court

Anthony Austin, Executive Director, *Southeast Youth & Family Services*
Representing: Provider of Youth Mental Health & Chemical Dependency Services

Karen Brady, Executive Director/ Chief Executive Officer, *Ryther Center for Children and Youth*
Representing: Provider of Behavioral Health Services

Kelli Carroll, Director of Special Projects
Representing: King County Executive

Lea Ennis, Director, *King County Juvenile Court Services*
Representing: King County Uniting for Youth Representative

Kailey Fiedler-Gohlke, Chief Executive Officer, *Hero House*
Representing: Provider with expertise in helping individuals with behavioral health needs in King County get jobs and live independent lives

Brenda Fincher, Councilmember, *City of Kent*
Representing: Sound Cities Association

Leo Flor, Director, *King County Department of Community and Human Services (DCHS)*
Representing: King County DCHS

Muguette Guennequez, Executive Director, *NAMI — Greater Seattle*
Representing: National Alliance on Mental Illness

Patty Hayes, Director, *Public Health — Seattle & King County*
Representing: Public Health Department

Darcy Jaffe, Senior Vice President for Safety and Quality, *Washington State Hospital Association*
Representing: King County Hospital

Mitzi Johanknecht, Sheriff, *King County Sheriff's Office*
Representing: Sheriff's Office

Anita Khandelwal, Director, *King County Department of Public Defense*
Representing: Public Defense

Kathy Lambert, Councilmember, *Metropolitan King County Council*
Representing: King County Council

Susan Mahoney, Judge, *King County District Court*
Representing: District Court

Ann McGettigan, Executive Director, *Seattle Counseling Service*
Representing: Provider of Culturally Specific Mental Health Services

Laura Merchant, Assistant Director, *Harborview Center for Sexual Assault and Traumatic Stress*
Representing: Provider of Sexual Assault Victim Services

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

Fartun Mohamed, Mental Health Project Lead, *Somali Health Board*
Representing: Grassroots Organization Serving a Cultural Population

Jess Molberg, Director of Behavioral Health, *Coordinated Care*
Representing: Managed Care Organization

Mario Paredes, Executive Director, *Consejo Counseling and Referral Services*
Representing: Provider of Culturally Specific Chemical Dependency Services

Lynne Robinson, Mayor, *City of Bellevue*
Representing: City of Bellevue

Jeff Sakuma, Health Integration Strategist
Representing: City of Seattle

Dan Satterberg, Prosecuting Attorney, *King County Prosecuting Attorney's Office (PAO)*
Representing: King County PAO

Laura Smith, Executive Director, *Snoqualmie Valley Community Network*
Representing: Unincorporated King County

Joshua Wallace, Executive Director, *Peer Seattle*
Representing: Recovery Services Organization

MIDD Partners

MIDD services are carried out in partnership with these contractors and provider agencies.

American Behavioral Health Systems
Asian Counseling and Referral Service
Association of Zambians in Seattle
Atlantic Street Center
Auburn School District
Catholic Community Services of Western Washington
Center for Human Services
Center for Multicultural Health
Chestnut Health Systems
Chief Seattle Club
City of Bothell
City of Kenmore
City of Kirkland
City of Lake Forest Park
City of Shoreline
Coalition Ending Gender-Based Violence
Coleman Family Services

Community Health Plan of Washington
Community House
Congolese Integration Network
Consejo Counseling and Referral Service
Correctional Counseling
Country Doctor Community Health Centers
Cowlitz Indian Tribe
Cowlitz Tribal Treatment
Crisis Connections
Cultures Connecting
Domestic Abuse Women's Network
Downtown Emergency Service Center (DESC)
Encompass
Evergreen Treatment Services
EvergreenHealth
Family Therapy and Recovery
Friends of Youth
Full Life Care Solstice Behavioral Health
GBS Northwest
Global to Local
Guided Pathways — Support for Youth and Families
Harborview Medical Center
Hepatitis Education Project
HERO House NW Highline School District

Ikron of Greater Seattle
Institute for Family Development
Integrative Counseling Services
Intercept Associates
International Community Health Services
Iraqi Community Center of Washington
Kelley-Ross Pharmacy
Kent School District
Kent Youth and Family Services
Khmer Community of Seattle King County
Khmer Health Board
King County Department of Adult and Juvenile Detention
King County Department of Judicial Administration
King County Department of Public Defense
King County District Court
King County Prosecuting Attorney's Office
King County Sexual Assault Resource Center
King County Superior Court
Lake Washington School District
LifeWire
Lutheran Community Services Northwest
Mother Africa
MultiCare Behavioral Health

National Alliance on Mental Illness — Eastside
National Alliance on Mental Illness — Greater Seattle
National Alliance on Mental Illness — South King County
National Council for Behavioral Health
Navos
Neighborcare Health
New Beginnings
New Traditions
Nexus Youth and Families
Northshore School District
Northshore Youth and Family Services
Muckleshoot Indian Tribe
Oxford House International
Peer Washington
Pioneer Human Services
Plymouth Housing Group
Portland State University
Public Defender Association
Public Health — Seattle & King County
Puget Sound Educational Service District
Recovery Café
Refugee Women's Alliance
Renton Area Youth Services
Ryther

Seadrunar	University of Washington
SeaMar Community Health Centers	UTOPIA (United Territories of Pacific Islanders Alliance)
Seattle Children's	Valley Cities Behavioral Health Care
Seattle Counseling Services	Vashon School District
Seattle Indian Health Board	Vashon Youth and Family Services
Seattle School District	Vietnamese Health Board
Skykomish School District	WAPI Community Services
Snoqualmie Tribe	Washington State Criminal Justice Training Commission
Snoqualmie Valley School District	Washington State University
Sound	WCHS, Inc.
Sound Generations	You Grow Girl!
South Seattle College	Young Men's Christian Association (YMCA) of Greater Seattle
Southeast Seattle Senior Center	Youth Eastside Services
Southeast Youth and Family Services	
Southwest Youth and Family Services	
Spectrum Health Systems, Inc.	
St. Anne Hospital	
St. Francis Hospital	
Tahoma School District	
The DOVE (Dignity Opportunity Voice and Empowerment) Project	
The Seven Challenges	
Therapeutic Health Services	
TRAC Associates	
Transitional Resources	
Tukwila School District	
Ukrainian Community Center	



Making King County a welcoming community
where every person can thrive.

Best Starts for Kids

Best Starts for Kids strengthens families and communities so that babies are born healthy, children thrive and establish a strong foundation for life, and young people grow into happy, healthy adults.

MIDD Behavioral Health Sales Tax Fund

MIDD supports equitable opportunities for health, wellness, connection to community and recovery for King County residents living with or at risk of behavioral health conditions, through a continuum of care that includes prevention, early intervention, crisis diversion, recovery and reentry.

Veterans, Seniors and Human Services Levy

The Veterans, Seniors and Human Services Levy connects veterans and servicemembers, residents age 55 or older, and vulnerable populations to affordable housing, employment, behavioral health treatment, and other programs and services that help them, their families, and their caregivers live healthy, productive, and meaningful lives.



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kingcounty.gov/MIDD

King County