MIDD 2016 Fund Balance Work Group
Request Form

Request Title: Strategy 15a Adult Drug Court Expansion

1. **What additional funding amount is being requested?**
   $15,254

2. **What will this additional funding provide?**

   Under 15a, King County District Court (KCDDC) has had access to nine recovery-oriented housing units that specifically serve transition age youth (18 to 25). In 2014, KCDDC added one YAIT unit. Due to the increases in rent and case management costs since transition of Strategy 15a to housing and supportive case management services in 2009, the costs of the units has surpassed the funding in the strategy. The requested funding will allow KCDDC to continue funding the units through 2016.

3. **What need does this request address?**

   Homelessness and the need for supportive, recovery-oriented housing for the young adult population in KCDDC.

4. **Who will be served by this program or service if funding is awarded?**

   KCDDC participants, ages 18 to 26, experiencing homelessness.

5. **What outcomes would be associated with providing this funding?**

   Outcomes include, increased housing, employment, and drug court graduation rates, and decreased recidivism and use of high cost social services.

6. **Is this an emerging priority, expansion of a high performing existing MIDD strategy, or does it restore a previously reduced or unfunded MIDD strategy? Please provide a detailed explanation in your response to this question.**

   This is an expansion/maintenance of a high performing existing MIDD strategy. Under 15a, KCDDC has had access to nine recovery-oriented housing units that specifically serve transition age youth (18 to 26). In 2014, KCDDC added one YAIT unit. Due to the increase in rent and case management costs since transition of the strategy in 2009 to housing and case management, the costs of the units has surpassed the funding (which had not increased) in the strategy.

7. **Is this a county delivered service or contracted to community providers?**

   The housing units and case management services are provided by contract agencies.

8. **Is this a new program or service or does it expand existing service or program?**
   Expands/maintains Strategy 15a.

9. **What is the timeline to launch or initiate the services or program?**
   None, already implemented.

10. **Will MIDD funds leverage other funds for the service or program? If so, what and how much?**
    No other funds will be leveraged.

11. **Why should this request be prioritized for consideration?**

    Transition age youth who were served by recovery-oriented transitional housing units under Strategy 15a graduated KCDDC at a higher rate than young adults overall. Regardless of whether they graduated or not, 91 percent achieved permanent or transitional housing upon KCDDC exit and 53 percent were employed or in school by KCDDC exit (representing an 800 percent improvement in employment status from KCDDC entry).

    The MIDD Sixth Evaluation report highlighted a story of a young person who resided in KCDDC housing funded by 15a, "the ADC (Adult Drug Court, aka KCDDC) program helped "L" learn how to do things like pay rent and be a responsible member of society. She's currently working two jobs and saving money. She wants to find the right person, have children, buy a house, and "enjoy life." "L" can happily say that Drug Court "really, truly saved my life"."

12. **Is there anything else you think the Fund Balance Work Group should know as they review and consider this request?**

    No

MIDD 2016 Fund Balance Work Group
Request Form

Request Title: Substance Use Disorder Trauma Informed Care Training

1. **What additional funding amount is being requested?**
   $25,000

2. **What will this additional funding provide?**
This funding will provide three trainings on trauma-informed care (TIC) for substance use disorder (SUD) treatment staff, including staff in opiate treatment programs. The trainings will be provided by Elizabeth Power, a trainer who worked closely with Behavioral Health and Recovery Division (BHRD) on a federal Substance Abuse and Mental Health Services Administration (SAMHSA)-funded mental health transformation grant, and use the Risking Connections model of TIC.

3. **What need does this request address?**
Trauma-informed care is an approach to treatment that recognizes that many dysfunctional behaviors stem from attempts to adapt to trauma that has occurred in an individual's life. Providing treatment through a trauma-informed lens changes the nature of the interaction between the practitioner and the client, the relationship between the provider and the client, and ultimately how both the provider and the client view the client. Transforming substance use disorder (SUD) treatment to a trauma-informed model of care would likely improve access to and retention in care, and improve treatment outcomes.

King County BHRD has been embarking in a process to transform the behavioral treatment system into one that is trauma-informed. A five year SAMHSA grant (now ended) supported a body of work including agency self-assessment, training, and technical assistance on the mental health side of our business. The trainer, Elizabeth Power, is both a peer and a professional, and received rave reviews. She was perceived by both agency and BHRD staff as highly effective. The substance abuse treatment side of our business has not had the same opportunity to experience training in this approach.

This training would support the larger body of work of system transformation and infusing trauma – informed care throughout the system. While inadequate in and of itself, the training would be an essential step in the process of creating system change, helping us to become the best BHO in the state.

4. **Who will be served by this program or service if funding is awarded?**
Community agency staff, including out-patient, detox, residential, and opiate treatment program providers, would be the direct beneficiaries of the training. Individuals with SUD who receive treatment from these agencies will be served by the changes in treatment approach.

5. **What outcomes would be associated with providing this funding?**
   - **a.** 60-70 SUD treatment staff will be trained
   - **b.** Improved treatment engagement by clients
   - **c.** Improved treatment experience for clients

6. Is this an emerging priority, expansion of a high performing existing MIDD strategy, or does it restore a previously reduced or unfunded MIDD strategy? Please provide a detailed explanation in your response to this question.

This could be seen as an expansion of a high performing existing MIDD strategy, 1e, chemical dependency professional trainings, which focuses on primarily on supporting attainment/maintenance of a chemical dependency professional credential, and enhancing skills in specific evidence-based practices, such as motivational interviewing. This training is focused on both attitude change and skill development to support new approaches to engaging with clients based on that attitude change. It is more transformational in nature. This also replicates a strategy in the SUD system that we previously had federal funds to implement in the mental health system.

7. Is this a county delivered service or contracted to community providers?
County delivered.

8. Is this a new program or service or does it expand existing service or program?
This particular program would be new to this set of providers. It expands training we have been offering.

9. What is the timeline to launch or initiate the services or program??
As soon as funds available.

10. Will MIDD funds leverage other funds for the service or program? If so, what and how much?
These funds would enhance BHRD's recovery services programming with much needed trauma-informed training.

11. Why should this request be prioritized for consideration?
A trauma-informed perspective improves the client-provider relationship, enabling providers and people living with SUD to collaborate more effectively on their program of recovery and treatment. Without TIC, individuals who may be in the throes of addiction struggle to meet treatment expectations and sometimes exit treatment when they relapse, or engage in behaviors that may be related to their addiction. Sometimes they die as a result. Providing this training is one means of potentially preventing overdose.

12. Is there anything else you think the Fund Balance Work Group should know as they review and consider this request?

Information is available at http://www.elizabethpower.com/index.html.

MIDD 2016 Fund Balance Work Group
Request Form

Bilingual Step-Up Co-Facilitator for Family Intervention and Restorative Services (FIRS) Project

1. **What additional funding amount is being requested?**
   $5,000

2. **What will this additional funding provide?**

   The funds will cover the costs of a bilingual Step Up social worker to co-facilitate a Step Up group for Spanish-speaking families one evening per week from April 20, 2016 through December, 2016. Funding includes 10 hours of initial training.

3. **What need does this request address?**

   In 2015, MIDD fund balance funds were provided to the Family Intervention Restorative Services (FIRS) project, which is an intervention designed to divert youth accused of committing family violence out of the juvenile justice system and into immediate services for the family. Since the inception of the FIRS project on January 4th of 2016, the FIRS team has been referred 9 Spanish speaking families and their youth. This funding would satisfy the need for a bilingual in Spanish co-facilitator for a group that is to take place once a week in Kent, WA. The FIRS team currently employs one facilitator who is bilingual in Spanish and needs a second co-facilitator to facilitate a new group.

   Currently, a translator interprets the group from English to Spanish for parents. Ideally, a qualified and culturally responsive mental health professional should deliver the curriculum. This fund would eliminate the need to contract for a translator and improve the quality of services provided. Currently, the amount of Spanish-speaking families referred to the program have super ceded the capacity of the current bilingual group that is offered. The Step-Up group that includes Spanish speaking families currently has three Spanish speaking families, with two more in process. We expect this trend to continue. Over two families in a group requires an additional translator, however, two translators in a group setting can be challenging for the translators and the families in the group. As a result, referrals have been diverted to other programs that could provide them with support. In addition to facilitation, this fulfillment will also assist with assessments, side sessions, and case staffing.

4. **Who will be served by this program or service if funding is awarded?**

   For the 9 families that have been referred, their native language is Spanish. The parent(s) do not have a comfortable handle of the English language (if at all) while all of the youth are bilingual and fluent in English and Spanish. The separation in groups between English speakers and Spanish speakers will also serve the English speakers in that group (6 families) as they continue receiving services but only in one language, resulting in improved quality of service. Translating through an interpreter disrupts the group dynamic and does not fully or clearly capture the process.

5. What outcomes would be associated with providing this funding?

As Latino families receive cultural and linguistically appropriate services program engagement and retention will be positively impacted. Once cultural and linguistic barriers are removed, clients will have a higher incentive to attend as services are specifically tailored to their ability, comfort and understanding. The group will experience a more intimate level of cohesiveness due to more nuanced and shared experiences that include socio-economic status, immigration history, transcultural parenting, transnational identity development, acculturation, and assimilation. In turn, these factors will lead to a more effective program resulting in less violent teens, less juveniles in detention, a reduction of the gap in ethnic equity, a decrease in recidivism, more skilled parents, and more resilient families in King County. Finally, a platform on which people feel respected, dignified, and attended leads to fuller expression and independence enhancing participant empowerment. By offering the second program of its kind in the country (an anti-domestic violence youth group in Spanish), King County will continue to be at the forefront in their approach and serving a historically underserved population.

6. Is this an emerging priority, expansion of a high performing existing MIDD strategy, or does it restore a previously reduced or unfunded MIDD strategy? Please provide a detailed explanation in your response to this question.

This request is the result of restoration of a previously unfunded MIDD strategy. MIDD I included a strategy for a Reception Center for youth in crisis (7a). That strategy was not funded as originally envisioned due to the economic downturn in 2008. In 2015, funds were allocated for a "modified 7a" – a supporting intervention for youth involved in domestic violence, known as the Family Intervention Restorative Services (FIRS). FIRS is designed to divert youth accused of committing family violence out of the juvenile justice system and into immediate services for the family. Phase 1 of the Family Intervention and Restorative Services (FIRS) project started in Juvenile Court on January 4, 2016. Phase 1 of the project included the addition of two social workers to the Step-Up Program and two Juvenile Probation Counselors (JPC) dedicated to the FIRS project.

The Step Up social workers team with the JPC's to develop an individualized plan for families referred to the project, including as needed: crisis intervention, conflict mediation, skill building, enrollment in the 20 week Step-Up group, and other services such as mental health and chemical dependency. The additional FIRS Step-Up social workers also allowed for the addition of a third Step-Up group.

7. Is this a county delivered service or contracted to community providers?
A qualified bilingual co facilitator will be hired from the community to provide services 4 hours for week.

8. Is this a new program or service or does it expand existing service or program?
Step Up has been in existence since 1997, however the integration of Step Up into the FIRS Project is a new program as is the FIRS project itself.

9. **What is the timeline to launch or initiate the services or program?**
   Expected date of implementation is April 20, 2016.

10. **Will MIDD funds leverage other funds for the service or program? If so, what and how much?**
    No

11. **Why should this request be prioritized for consideration?**

    The interventions currently being offered to serve this population of youth and their families is already limited as Step Up and other programs such as multi systemic therapy (MST) and family functional therapy (FFT) operate at or near capacity for the Spanish-speaking Latino population. FIRS is on the verge of creating a wait-list as referral numbers remain steady at 10% for Spanish speaking families and youth. The FIRS program is deliberately designed to expedite the provision of services due to imminent safety concerns in these cases.

12. **Is there anything else you think the Fund Balance Work Group should know as they review and consider this request?**
    No

MIDD 2016 Fund Balance Work Group
Request Form

Request Title: 2B Supported Employment

1. **What additional funding amount is being requested?**

   $250,000.

2. **What will this additional funding provide?**

   Additional funding for existing MIDD 2b strategy. The additional funding would allow the evidence based Supported Employment program to increase service capacity by approximately 20%. This employment program serves roughly 950-1000 individuals with behavioral health disabilities per year. Contracted community behavioral health employment services providers are limited in the amount of new referrals they can accept each month. The limits are either based on the agency capacity and availability of funding to reimburse providers for outcome-based "milestone payments."

   Reimbursements for performance-based outcomes or "milestone reimbursements" are made when employment service providers successfully place an individual into a competitive, integrated job (part-time or full-time), and when the continued employment supports after job placement result in successful job retention by the participants at the 90, 180 and 270 days of remaining employed. With the exception of an initial vocational assessment reimbursement, these performance based payments are the only funding that the agency receives for employment services provided to clients. Funding is based solely on the success of individuals who are enrolled in the publicly funded behavioral health system becoming successfully hired and retained in jobs.

   In past years, due to the high rate of positive outcomes (job placement and job retentions) and the outcome based payments for these achievements, King County had to decrease the amount of some "job milestone" reimbursements in order to prevent going over the $1,000,000 allotted yearly budget.

3. **What need does this request address?**

   Employment is a key factor in the recovery journey of individuals in the behavioral health system. There is currently a level of disproportionately in employment rates for individuals with behavioral health needs compared to the general population. This proposal addresses both of these components.

   Nationally, over 70 percent of consumers receiving publicly funded mental health services report that they have a desire to work. However, historically, and as recently as 2014, only 10-15 percent of individuals enrolled in publicly funded mental health services in King County and throughout Washington State became employed in any given quarter, with the other 75-80 percent remaining unemployed. This is compared to the national unemployment rate of 4.9 percent in the general population as of January 2016.

Within the current eight supported employment programs, nearly two-thirds of the supported employment providers note that there are more individuals wanting to be enrolled in their employment programs than the programs can currently enroll due to the fidelity requirement of maintaining limited caseloads of no more than twenty individuals per staff at any given time. Valley Cities Counseling and Consultation, currently the largest provider of employment services with four dedicated full time staff, has estimated that there are several hundred individuals within the agency who are interested in participating in employment services when there is more capacity.

4. Who will be served by this program or service if funding is awarded?

Individuals receiving mental health services and individuals with co-occurring mental health and substance use disorders are served by this program.

5. What outcomes would be associated with providing this funding?

Based on the Dartmouth Individual Placement and Support (Supported Employment) Center, the positive impact of supported employment on an individual's recovery includes these improvements in the following non-vocational outcomes[1]:

- Increased income;
- Improved self-esteem;
- Increased quality of life;
- Reduced symptoms; and
- Life satisfaction – 33 percent (3/9 studies).[2]

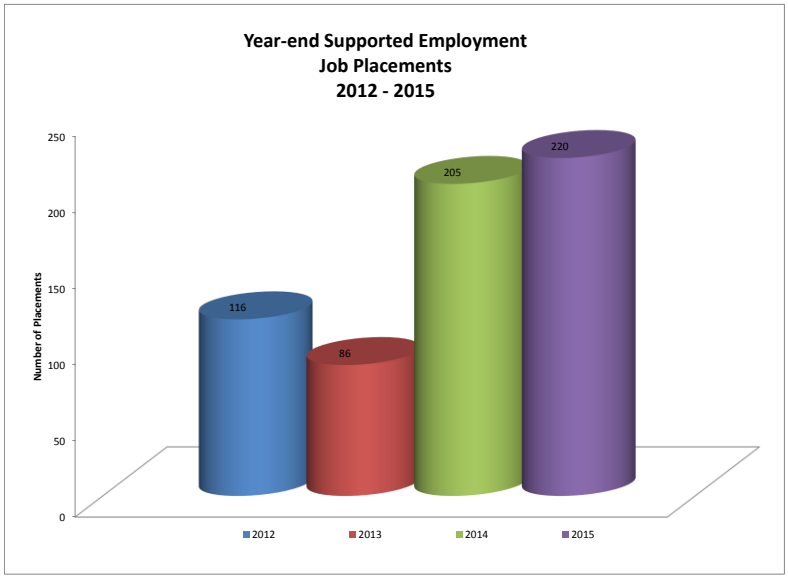
Specific program outcomes include individuals becoming employed in integrated workforce settings and retaining employment at 90, 180 and 270 days and beyond. According to the most recent MIDD annual report on job placement outcomes from this program, evaluators note:

"A total of 271 people (31 percent) had one or more job placements before October 2014. This employment rate is consistent with that reported one year ago, up from 20 percent or less in prior MIDD years."

Year-end outcomes for 2015 also demonstrate that 1 in every four employment services participants are successfully placed in jobs. Current job placement outcomes demonstrate a steady increase in the number of competitive and integrated job placements in the community on a yearly basis. (See graph below)

[1] Rogers, J.A. (1995). Work is key to recovery. Psychosocial Rehabilitation Journal, 18(4),5-10.
Working is transformative: Sources: Arns, 1993, 1995; Bond, 2001; Fabian, 1989, 1992; Museser, 1997; Van Dongen, 1996, 1998

[2] The Impact of Competitive Employment on Non-vocational Outcomes (Luciano, Bond, & Drake, 2014)



Outcomes also demonstrate that not only are job placement rates increasing, job retention rates are also increasing. Based on MIDD evaluation data for year six, evaluators note that:

> **"Jobs were retained more than 90 days for 177 employed clients (65%), and one in four retained their job for nine months or more."[3]**

6. Is this an emerging priority, expansion of a high performing existing MIDD strategy, or does it restore a previously reduced or unfunded MIDD strategy? Please provide a detailed explanation in your response to this question.

This is an expansion of a high performing existing MIDD strategy. This strategy has exceeded current job placement expectations (one job placement per FTE per month) with several agencies achieving double the job placement levels per FTE.

7. Is this a county delivered service or contracted to community providers?

This is a contracted service with eight community mental health providers:

- Asian Counseling and Referral Services
- Community Psychiatric Clinic
- Downtown Emergency Services Center
- Harborview Mental health and Addiction Services
- Hero House
- Navos
- Sound Mental Health
- Valley Cities Counseling and Consultation

In addition, the following providers are participating in a 2015-2016 pilot intended solely for individuals enrolled in substance use disorder services:

[3] MIDD evaluation, Year Six Annual Report

- Cowlitz Tribal Treatment
- Intercept Associates
- Seattle Indian Health Board
- Sound Mental Health
- Therapeutic Health Services

8. Is this a new program or service or does it expand existing service or program?
There is no change to the content or programming of this strategy, only to capacity. Community providers are currently outperforming the 'one job placement per FTE per month expectation' so there are no anticipated concerns at this time about expansion challenges.

9. What is the timeline to launch or initiate the services or program??
The existing strategy is currently underway. The funding would reimburse additional performance based outcomes of job placements and job retentions without needing to decrease current reimbursement levels.

10. Will MIDD funds leverage other funds for the service or program? If so, what and how much?

Yes, funding from the Department of Vocational Rehabilitation is leveraged since BHRD funds this program as a "secondary payer" of community mental health providers for employment services. Mental health providers are reimbursed by BHRD only after they have requested funding by DVR to reimburse for employment services and outcomes and do not received reimbursement.

11. Why should this request be prioritized for consideration?
In alignment with the Sequential Intercept Model, this employment program helps connect individuals leaving the criminal justice system to "second chance" employers, where individuals are able to gain employment with intensive supports. The evidence based model has demonstrated a reduction in the poverty level of participants with past criminal justice involvement by lifting their overall incomes[4]. In addition to individuals with criminal justice involvement, the supported employment program has positively impacted victims of domestic violence. Individuals of color have also benefitted from the supported employment program. The rate of disproportional unemployment and under-employment continues to exist in multiple communities of color within King County and this is also the case for individuals of color who are enrolled in behavioral health services. The supported employment program has assisted individuals of color to achieve higher rates of job placement than in previous traditional employment programs and continues to focus on higher wage jobs for supported employment participants of color who are often under-employed and not working at their highest work potential (and highest wage potential).

12. Is there anything else you think the Fund Balance Work Group should know as they review and consider this request?
There is a potential for passage of the Medicaid 1115 waiver in the coming months, which may contribute to funding of the program since Supported Employment is a specifically funded service in the waiver. If passed, the waiver will likely allow for some degree of increased capacity, however,

[4]A Control Trial of Supported Employment for People with Severe Mental Illness and Justice Involvement, Bond, et al.

the statewide amount of service capacity is yet to be determined and it is therefore unknown what impact the 1115 waiver will have to the current supported employment program.

MIDD 2016 Fund Balance Work Group
Request Form

Request Title: Substance Use Disorder Residential Capacity

1. **What additional funding amount is being suggested for this strategy?**
   $650,000

2. **What will this additional funding provide?**
   Capital funds to remodel two facilities in King County to build SUD Residential in our community as we transition to a BHO. One facility will treat pregnant and parenting women and the other a yet to be determined substance use disorder (SUD) population.

3. **What need does this request address?**
   Lack of SUD capacity in our community

4. **Who will be served by this program or service if funding is awarded?**
   Pregnant and parenting women and their children in one and a yet to be determined SUD population in the other.

5. **What outcomes would be associated with providing this funding?**
   This brings King County to initiating a behavioral health treatment on demand system, with increased capacity, decreased hospitalization and criminal justice costs and decrease in homelessness.

6. **Is this an emerging priority, expansion of a high performing existing MIDD strategy, or does it restore a previously reduced or unfunded MIDD strategy? Please provide a detailed explanation in your response to this question.**
   This is an emerging priority. Previous to April 1, 2015 the state held responsibility for contracting for residential SUD services. The system has been underfunded and providers have deferred maintenance and have not expanded services. King County has worked to increase the residential vendor rate which will support the system in the future but this is a needed one time expenditure until we reach sufficient local capacity.

7. **Is this a county delivered service or contracted to community providers?** Contracted

8. **Is this a new program or service or does it expand existing service or program?** One is new and another is expansion of existing.

9. **What is the timeline to launch or initiate the services or program?** As soon as funding is approved, as early as 4/1/2016.

10. Will MIDD funds leverage other funds for the service or program? If so, what and how much?
No – this is a onetime capital request. Services will be paid by Medicaid

11. Why should this request be prioritized for consideration?

Currently 60% of King County residents who need residential SUD services must go outside King County. We need to provide treatment options in King County so individuals and families do not need to travel outside the community for treatment.

12. Is there anything else you think the Fund Balance Work Group should know as they review and consider this request?

This is part of creating a treatment on demand system in King County. We need to be responsive to the treatment needs of individuals and to have services available during the window of opportunity and locally so families can participate in treatment. Accessing services locally has broad equity and social justice impacts, particularly for economically challenged families and individuals.

MIDD 2016 Fund Balance Work Group
Request Form

Request Title: Permanent Housing Support

1. **What additional funding amount is being requested?**

   $1 million (can be sized up or down)

2. **What will this additional funding provide?** Under this proposal, MIDD fund balance would be used to leverage funds to support housing for MIDD served populations. An investment of $1 m of MIDD funds would create up to 21 additional units of housing for homeless individuals. Units funded will be use a housing first approach, a homeless best practice, designed to create a stable environment where households can address their health issues while receiving additional employment and stable housing services.

3. **What need does this request address?** Additional permanent housing units for homeless populations. This needs has been highlighted as a major barrier for high need individuals served by the behavioral health system. Community engagement feedback for MIDD II planning repeated raised housing as a significant issue for the population served by MIDD. Stable housing supports better treatment and justice outcomes.

4. **Who will be served by this program or service if funding is awarded?** Extremely low income, homeless residents of King County.

5. **What outcomes would be associated with providing this funding?** Permanent housing placement for homeless populations.

6. **Is this an emerging priority, expansion of a high performing existing MIDD strategy, or does it restore a previously reduced or unfunded MIDD strategy? Please provide a detailed explanation in your response to this question.** This is an emerging priority. MIDD I provided a one-time investment of capital funding for housing in 2008 and provides funds for supportive services in affordable housing units. This proposal builds on the initial MIDD I capital investment to expand the amount of permanent homeless units.

7. **Is this a county delivered service or contracted to community providers?** Would be contracted to community provider (affordable housing agency partnered with a social service agency).

8. **Is this a new program or service or does it expand existing service or program?** This would expand the amount of permanent homeless housing available.

9. **What is the timeline to launch or initiate the services or program?** Funds could be invested in 2016. New units created through the fund swap would be online by mid year 2018.

10. **Will MIDD funds leverage other funds for the service or program? If so, what and how much?** As noted, this would leverage additional funds for housing capital. Other funds include federal and state funds along with King County Housing Finance funds.

11. **Why should this request be prioritized for consideration?** King County is facing an unprecedented homeless crisis, as evidenced in the 2016 One Night Count. Affordable housing projects are being built but are not fully designated for homeless populations because of a lack of funding. Using these funds will create additional supportive housing units.

12. **Is there anything else you think the Fund Balance Work Group should know as they review and consider this request?** No.

MIDD 2016 Fund Balance Work Group
Request Form

Request Title: Opiate Epidemic Response-Medication Assisted Treatment & Opiate Task Force

1. **What additional funding amount is being requested?**
   $300,000

2. **What will this additional funding provide?**

These funds will support the launch of a medication assisted treatment (MAT) pilot project developed by University of Washington's Alcohol and Drug Abuse Institute (ADAI), adapted from a treatment on demand model used in California and Massachusetts. This pilot is a new low-barrier MAT treatment intervention to treat high need opiate dependent persons who are unable to achieve MAT elsewhere. Individuals on opiate agonists have a 50% lower likelihood of overdose.

Known as the "Bupe First" program, this pilot will serve individuals who do not have stable housing (people experiencing homelessness or temporary homelessness) and who are not ready to engage in the behavioral health psycho-social substance use disorder treatment in a model. The main component of this pilot is providing buprenorphine ("bupe") to the addicted individual. Buprenorphine is a partial opiate agonist. It gets rid of cravings and makes it harder for people to overdose. By federal law, bupe must be administered by a medical doctor. And unlike methadone, it is not a daily dosing.

Individuals on opiate agonists have a 50% lower likelihood of overdose.

The funds will be used to launch the pilot, including staff such as a nurse care manager, and pay for medication for those individuals who are not on Medicaid.

A small portion of this requested funding will also be used to support the Opiate Taskforce that was convened by King County Executive Constantine, Seattle Mayor Murray and Auburn Mayor Backus.

3. **What need does this request address?**

This will address the growing need for Medication Assisted Treatment across King County. Over the past year the existing wait list for Methadone alone for opiate dependent people has outpaced the current infrastructure of MAT treatment slots. During the past year the amount of people on the wait list has gone from 0 to 160. The need to develop alternative forms of MAT in the community beyond Methadone in a low barrier, medication first model, will help in being able to provide treatment on demand, especially for those who may not be appropriate for a MAT – methadone facility.

Additionally, on March 1, Executive Constantine, Seattle Mayor Murray and Auburn Mayor Backus called together a Taskforce to address the growing opiate epidemic in the county, including the need to bring treatment on demand to individuals looking for help. In order to provide support to this Taskforce and achieve the charge of developing recommendations to provide expanded prevention, reduce overdose, expand treatment and provide for better whole person health, there are staffing and facility needs.

4. Who will be served by this program or service if funding is awarded?

The people being served by this program are Opiate Dependent persons in King County.

5. What outcomes would be associated with providing this funding?

The pilot project would expect to initiate an agreed upon number of persons on buprenorphine treatment. It would be anticipated that consistent with the literature on MAT the rate of fatal overdoses for this population would be cut in half.

The Taskforce has a deliverable to the conveners of a comprehensive report by September. This is an expedited timeline for a task this notable.

6. Is this an emerging priority, expansion of a high performing existing MIDD strategy, or does it restore a previously reduced or unfunded MIDD strategy? Please provide a detailed explanation in your response to this question.

This is an emerging priority. Opiate treatment demand has well outpaced the capacity to serve and is trending that way for the near future. Over the past year the county publically funded waitlist has grown from 0 to 160.

7. Is this a county delivered service or contracted to community providers?

The pilot "bupe first" program will be provided in collaboration with Public Health and other community medical providers, including doctors at Harborview and Swedish Family Medicine Residency providers located in King County facilities. This is based on a nurse care model implemented in Massachusetts. Dr. Judy Tsui with Harborview participated in this program in Massachusetts and is involved with the implementation and adaptation here.

The Taskforce is being co-chaired by Public Health and the Department of Community and Human Services of King County. It is undetermined at this point whether the staff will be contracted or internal staff that may need special duty assignment.

8. Is this a new program or service or does it expand existing service or program?

Both the Taskforce and the "Bupe First" pilot are new programs.

9. What is the timeline to launch or initiate the services or program??

As soon as funding becomes available.

10. Will MIDD funds leverage other funds for the service or program? If so, what and how much?

For the bupe-first model medical providers will be able to bill Medicaid for medication and office visits. It is anticipated the funding will provide for peer support and a nurse care management

model, to help engage persons in recovery and help ensure medication compliance with a frequent medication dosing schedule.

11. Why should this request be prioritized for consideration?

The need to provide MAT to those most in need, when they need treatment is paramount to cutting overdose and getting people on the road to recovery. The lack of existing MAT treatment capacity in the community should be of paramount concern as the waitlist continues to grow each week. If this model is successfully implemented there is the potential to dramatically scale up in collaboration with community partners. Proving feasibility will be essential for wider implementation and more substantial impacts on mortality.

Additionally, as the Taskforce is convened the ability to have outcomes that provide real significant change to those in need must be achieved. The charge of primary prevention, reducing collateral health issues from opiate use including overdose prevention along with expansion of treatment will lead to significant change in King County. As discussed earlier, the growing opiate epidemic in King County and across the country has been recognized at all levels of government.

12. Is there anything else you think the Fund Balance Work Group should know as they review and consider this request?

We believe that these interventions can quickly have a meaningful impact on decreasing mortality and improving health and other outcomes.

MIDD 2016 Fund Balance Work Group Request Form

Trans Resource and Referral Guide

1. What additional funding amount is being requested?

$30,000 one- time only in 2016

2. What will this additional funding provide?

These funds will support the production of the 2016-2017 King County Trans Resource & Referral Guide, which will be distributed to behavioral health providers, other human service providers, and throughout the community.

3. What need does this request address?

The strategy importantly improves access to critical services for transgender ("trans") people and their families in King County and strengthens the community support net.

4. Who will be served by this program or service if funding is awarded?

This guide provides a guide to low cost and free services and social programs that specifically serve trans people, including existing behavioral health resources for trans people and trans-specific community resources that are invaluable to behavioral health providers in making referrals. Additionally, the guide includes content beyond basic referral listings, including a section "for providers" that entails basic education materials and guidance that can help behavioral health staff improve their knowledge and skills.

The project is supported by the Coalition Ending Gender-Based Violence (CEGV) in King County (formerly the King County Coalition Against Domestic Violence) in collaboration with a number of other community-based organizations, including the Northwest Network of Bi, Trans, Lesbian and Gay Survivors of Abuse, the Gender Justice League, Asian Pacific Islander Chaya, and Ingersoll Gender Center, and more. The first edition of the guide was a 40--page designed booklet that was distributed by King County Department of Community and Human Services to service providers county-wide. The group has presented the project at the King County Recovery Conference, for the King County behavioral health provider network, and at the LGBTQ Access Summit. The guide was popular with providers and consumers across the county and there has been consistent demand for an updated version, particularly among King County publicly-funded behavioral and mental health providers.

The trans resource workgroup requires funding to support a contract-based project coordinator who can steward the efforts of an advisory group, liaison with the county, and lead the design and production of an updated guide.

5. What outcomes would be associated with providing this funding?

The guide was a pilot project of the LGBTQ Access Project, a federally funded but locally developed demonstration project that sought to increase access to services for LGBTQ people and families across the county. While outcome data has not been within the capacity of this effort, this project has demonstrated success in terms of provider demand (web traffic and requests for print copies) and

responses gathered through member organizations, service providers, community presentations, and informal networks. With additional funds, the project will include an online survey and focus groups with service providers and trans people in King County to learn more about how the guide is being used and investigate opportunities to improve and expand efforts of the Trans Resource and Referral Guide into the future.

The guide is not currently funded under an existing MIDD strategy, but has a connected to Strategy 1b (Outreach and Engagement) and an important impact on MIDD's commitment to King County's Equity and Social Justice Initiative. The King County Trans Resource and Referral Guide is a low cost, high impact project that has supported the efforts of services providers across King County since its release in 2014. Over 5,000 copies of the guide were printed and distributed to all RSN mental health providers, many outpatient substance use disorder providers, to public health clinics, release planning the King County Jails and misdemeanor jails in the County and to all the therapeutic courts in King County, both adult and juvenile. Many of these providers have inquired about an updated version.

6. **Is this an emerging priority, expansion of a high performing existing MIDD strategy, or does it restore a previously reduced or unfunded MIDD strategy? Please provide a detailed explanation in your response to this question.**

Emerging need.

7. **Is this a county delivered service or contracted to community providers?**

This service is contracted with the following community behavioral health providers:

The project will be contracted a community provider, the Coalition Ending Gender-based Violence or another established partner agency. This work will be completed in ongoing partnership of the King County Department of Community and Human Services.

This strategy will require the hiring of a contracted coordinator and the collaboration of multiple agencies.

8. **Is this a new program or service or does it expand existing service or program?** Update to existing guide; one time funds.

9. **What is the timeline to launch or initiate the services or program?** As soon as funding is approved.

10. **Will MIDD funds leverage other funds for the service or program? If so, what and how much?**

As the original Department of Justice grant that initially funded the coordination of the guide has ended, no other funding is available to ensure the guide continues, unless the MIDD funds are approved. However, individuals working on the project continue to research and review other funding possibilities and apply when appropriate.

11. **Why should this request be prioritized for consideration?**

Trans people experience significant disparities in behavioral and physical health and wellness, including high rates of substance use, mental health symptoms, homelessness, HIV, unemployment, and incarceration. While trans people are more likely to interface with behavioral and mental health services, the existing behavioral health and crisis services systems frequently fail to meet the needs of trans people and their families. Discrimination and exclusion in services means that trans people are far less likely to access services or social programs, or to connect with life-saving supports.

12. Is there anything else you think the Fund Balance Work Group should know as they review and consider this request?

The King County Trans Resource & Referral Guide was first initiated as part of a workgroup of the LGBTQ Access Project, a 3-year national demonstration project funded by the U.S. Office for Victims of Crime, Office of Justice Programs of the Department of Justice. The demonstration project was a collaborative effort between the Coalition Ending Gender-based Violence (formerly the King County Coalition Against Domestic Violence) and the Northwest Network of Bi, Trans, Lesbian and Gay Survivors of Abuse (NW Network). Funding for this project concluded in 2015. King County Department of Community and Human Services and Public Health - Seattle & King County were collaborative partners in the development of the Trans resource workgroup and provided funding for the printing and distributed the first guide in 2014.

MIDD 2016 Fund Balance Work Group
Request Form

Request Title: Youth Detoxification and Stabilization

1. What additional funding amount is being requested?

$358,000

2. What will this additional funding provide?

These funds would enable King County to buy 5 youth detox and stabilization beds in a neighboring county.

3. What need does this request address?

This request addresses the lack of drug withdrawal management capacity in King County for youth with acute substance use disorders and detoxification needs.

In 2015, there were 73 detox admissions for King County youth, Twenty-eight (38%) of those admissions were to the two existing facilities: Lakeside- Milam Recovery Centers and Recovery Centers of King County (closed in 2015) located in King County. The remaining 45 admissions were to facilities outside of King County. Most King County youth (52%) were served by Skagit Recovery Center in Mount Vernon which had 38 King County admissions. Skagit Recovery Center in Mount Vernon closed this facility within the past few months. As of 2016, only 1.0 detox/stabilization bed is available at Lakeside-Milam for King County Youth.

Detoxification is the process that systemically and safely withdraws people from addictive substances. The detox process treats the immediate physical effects of withdrawal from substances. Withdrawal symptoms and their duration vary with the type of substance and with the length of time someone has been using. Symptoms can be mild to severe, even life-threatening. Medical supervision is often required to manage the withdrawal symptoms. Withdrawal management services are often the first step towards recovery.

Detox in a residential facility occurs when the physical and emotional effects of withdrawal cannot be managed on an outpatient. For youth, detox is often combined with crisis stabilization to ensure safety and may result in a strong and motivated referral to treatment. Additional assessments and services can be provided to youth and their families to manage the transition out of detox and into appropriate services.

Withdrawal management, when available, is used in lieu of inappropriate use of non-treatment resources. For example, King County Juvenile Drug Court relied on detox in the past when youth relapse in lieu of detention.

King County has used a standardized assessment tool over the based decade to assess the needs of youth entering treatment called the Global Appraisal of Individual Needs (GAIN). Over 50% of the

adolescents (12-17) admitted to treatment had 4 or more of the following problems in the past year; the need for these youth to access treatment services locally, on demand is on paramount need:

- Substance Use Disorder (77%);
- History of physical, sexual or emotional victimization (61%);
- Violence or illegal activity (57%);
- Externalizing mental health disorder (54%); and
- Internalizing mental health disorder (39%).

4. **Who will be served by this program or service if funding is awarded?**
   Adolescents age 13-17.

5. **What outcomes would be associated with providing this funding?**
   Decreased detention, increased treatment retention, decreased emergency room utilization. Path to recovery.

6. **Is this an emerging priority, expansion of a high performing existing MIDD strategy, or does it restore a previously reduced or unfunded MIDD strategy? Please provide a detailed explanation in your response to this question.**

   This is an emerging priority based on the lack of adolescent Detoxification and Stabilization capacity driven by the opiate epidemic we are experiencing in King County.

7. **Is this a county delivered service or contracted to community providers?**

   This would be contracted to community providers.

   Is this a new program or service or does it expand existing service or program?

   This would expand existing services.

8. **What is the timeline to launch or initiate the services or program??**

   As soon as funding becomes available

9. **Will MIDD funds leverage other funds for the service or program? If so, what and how much?**

   Some services are Medicaid eligible.

10. **Why should this request be prioritized for consideration?**
    This request should be prioritized because youth withdrawal management capacity barely exists in King County. Youth badly in need of detox may never end up engaging in recovery and end up in an emergency room, youth detention or possibly dead.

11. **Is there anything else you think the Fund Balance Work Group should know as they review and consider this request?**