Appendix A: Preliminary Initiative Performance Measures
MIDD 2 Measures and Measurement

How much? Service Capacity Measures

Individuals served annually
# of referrals staffed
# of clients screened
referred for follow-up
engaged in services (by service type)
of unique families served
# of children in families served

Trainings delivered and attendees
# of trainings or coordination activities
# of attendees or coordination contacts

Participating providers
# of participating agencies/programs

How well? Service Quality Measures

Increased use of prevention (outpatient) services
% linked to needed treatment or services within program
% linked to publicly-funded behavioral health treatment
% completing or successful in ongoing treatment

Increased housing stability
% housed at exit
Housing retentions

Improved access to social services safety net
% linked to needed social services

Education achievement
% with improved markers (suspensions, grades) over time

Diversion of referrals
% of referrals with provider documented diversions

Increased job placements and retentions
% employed and retaining jobs

Increased positive child placements at parent exit
% with positive child placements at exit

Increased application of trauma-informed principles
% receiving trauma-informed care

Increased perception of health and behavioral health issues and disorders
% rating courses relevant and useful
% of agency-staff who are trained across disciplines

Increased use of culturally appropriate behavioral health practices
% linked to needed treatment or services within program

Increased resiliency and reduced negative beliefs
% of survey respondents indicating improvement

Improved wellness self-management
% with increased self-management skills

Equitable graduation rates (homeless vs. not)
% who graduate by housing status at entry

Graduation rates and positive exits from services
% graduating and with positive exit dispositions

Expanded use of evidence-based interventions
% administered risk, need, responsivity tool

Is anyone better off? Individual Outcome Measures

Reduced behavioral risk factors
% with clinically-improved depression and anxiety
% positively engaged in treatment or met treatment goals
% with improved markers (harm to self/others) over time
% with knowledge of systems and how to access resources
Agency-level markers indicating improved behavioral health

Increased stability in treatment, employment, or other quality of life measures
% positively engaged in treatment or met treatment goals

Increased enrollment in Medicaid or other insurance
% enrolled in health insurance programs

Reduced substance use
% with reduced substance use

Improved wellness and social relationships
Protective/risk factors (local/county/state)
% positively engaged in treatment or met treatment goals
% with positive exit dispositions
% with family empowerment and advocacy skills
% with reduced caregiver strain

Reduced unnecessary incarceration, emergency department or hospital (psychiatric inpatient) use
% diverted from relevant costly system(s)
% with reduced use (of those with any use)

Increased skills related to crisis de-escalation and intervention
Use-of-force and crisis response statistics

Improved perception of health and behavioral health issues and disorders
Emotional health and daily functioning (county vs. state)
Narrative reports demonstrating value of system coordination

Appendix A: Preliminary Initiative Performance Measures

The MIDD 2 Implementation Plan lists high-level measures for service capacity, service quality, and individual outcomes in the performance measures section of each initiative description (Appendix D of the Implementation Plan). The previous page articulates how each standardized measure will be operationalized in each initiative. In the tables below and on the following pages, anticipated specific performance measurements (typically numbers and percentages) are listed for each MIDD 2 initiative. Using the Results Based Accountability (RBA) framework, these anticipated measurements are linked to the relevant standardized measures shown in the Implementation Plan initiative description, and include a target for each initiative (associated with the number of people to be served).

Notes:

- The acronym ED in the following tables refers to available emergency department data.[1]
- The acronym PI refers to psychiatric inpatient data gathered from community inpatient psychiatric hospitals located within King County, plus Western State Hospital.
- The annual targets for people to be served by each initiative appear in bold under "How much was done?" This number represents unduplicated individuals per year, unless otherwise specified.

Prevention and Early Intervention			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
PRI-01: Screening, Brief Intervention and Referral to Treatment	# of clients screened # referred for follow-up # engaged in services **Target: 2,500 screened**	% linked to publicly-funded behavioral health treatment	% with reduced substance use % with clinically-improved depression and anxiety % diverted from ED % with reduced ED use
PRI-02: Juvenile Justice Youth Behavioral Health Assessments	# of clients screened # referred for follow-up # engaged in services **Target: To be determined**	% linked to publicly-funded behavioral health treatment	% with reduced substance use % with clinically-improved depression and anxiety % diverted from detention % with reduced detentions
PRI-03: Prevention and Early Intervention Behavioral Health for Adults Over 50	# of clients screened # referred for follow-up # engaged in services **Target: 4,000 screened**	% linked to needed treatment or services within program	% with clinically-improved depression and anxiety % diverted from ED % with reduced ED use
PRI-04: Older Adults Crisis Intervention / Geriatric Regional Assessment Team	# of referrals staffed within one day and documented diversions (by provider) # of clients served **Target: 340 served**	% of referrals with provider documented diversions	% diverted from ED/PI % with reduced ED/PI use % with reduced crisis events
PRI-05: Collaborative School Based Behavioral Health Services: Middle and High School Students[2]	# of youth screened # referred for follow-up # engaged in services **Target: 1,000 screened** # of suicide prevention trainings and attendees **Target: 4,750 trained**	% linked to needed treatment or services within program % linked to publicly-funded behavioral health treatment	% with reduced substance use % with clinically-improved depression and anxiety Protective/risk factors in participating schools compared to whole county and statewide

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

[2] The Best Starts for Kids (BSK) evaluation will be considering system-level measures for this blended initiative.

Appendix A: Preliminary Initiative Performance Measures

Prevention and Early Intervention (Continued)			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
PRI-06: Zero Suicide Initiative	# of trainings # of attendees **Target: To be determined**	% rating courses relevant and useful	Agency-level markers indicating suicide risk reduction
PRI-07: Mental Health First Aid	# of trainings # of attendees **Target: 2,000 trained**	% rating courses relevant and useful	Emotional health and daily functioning comparing King County to WA state
PRI-08: Crisis Intervention Training - First Responders	# of trainings # of attendees **Target: 600 trained**	% rating courses relevant and useful	Use-of-force and crisis response statistics
PRI-09: Sexual Assault Behavioral Health Services and System Coordination	# of clients screened # referred for follow-up # engaged in services **Target: To be determined**	% linked to needed treatment or services within program % receiving trauma-informed care	% positively engaged in treatment or met treatment goals
PRI-10: Domestic Violence Behavioral Health Services and System Coordination	# of clients screened # referred for follow-up # engaged in services **Target: 560 served** # of coordination activities # of coordination contacts **Target: 160 contacted**	% linked to needed treatment or services within program % receiving trauma-informed care % of agency staff who are trained across disciplines	% with clinically-improved depression or anxiety % positively engaged in treatment or met treatment goals Narrative reports demonstrating value of system coordination
PRI-11: Community Behavioral Health Treatment	# of clients engaged in services **Target: 3,500 served**	% completing or successful in ongoing treatment	% with reduced substance use % with clinically-improved depression and anxiety % positively engaged in treatment or met treatment goals % diverted from jail/ED/PI % with reduced jail/ED/PI use

Appendix A: Preliminary Initiative Performance Measures

Crisis Diversion			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
CD-01: Law Enforcement Assisted Diversion	# of clients engaged in services **Target: 500 served**	% linked to publicly-funded behavioral health treatment % linked to needed social services	% with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
CD-02: Youth and Young Adult Homelessness Services	# of clients engaged in services **Target: To be determined**	% linked to needed treatment or services within program % housed at exit	% with clinically-improved depression and anxiety % diverted from ED/PI % with reduced ED/PI use % with reduced crisis events
CD-03: Outreach and Inreach System of Care	# of clients engaged in services **Target: 450 served**	% linked to publicly-funded behavioral health treatment % with increased self-management skills % housed at exit	% diverted from jail % with reduced jail use % with reduced crisis events
CD-04: South County Crisis Diversion Services/Center	# of clients engaged in services **Target: 1,500 served**	% linked to publicly-funded behavioral health treatment % linked to needed social services	% diverted from jail/ED/PI % with reduced jail/ED/PI use % with reduced crisis events
CD-05: High Utilizer Care Teams	# of clients engaged in services **Target: 100 served**	% linked to publicly-funded behavioral health treatment	% with clinically-improved depression and anxiety % diverted from ED/PI % with reduced ED/PI use % with reduced crisis events
CD-06: Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	# of clients engaged in services **Target: 3,000 served**	% linked to publicly-funded behavioral health treatment % linked to needed social services	% diverted from jail/ED/PI % with reduced jail/ED/PI use % with reduced crisis events
CD-07: Multipronged Opioid Strategies	# of clients engaged in services **Target: 700 served + more to be determined**	% linked to publicly-funded behavioral health treatment % with increased self-management skills	% positively engaged in treatment or met treatment goals % diverted from jail/ED/PI % with reduced jail/ED/PI use % with reduced crisis events
CD-08: Children's Domestic Violence Response Team	# of clients engaged in services # of unique families served **Target: 85 families**	% of survey respondents indicating improvement	% positively engaged in treatment or met treatment goals
CD-09: Behavioral Health Urgent Care - Walk-in Clinic Pilot	# of clients engaged in services **Target: To be determined**	% linked to publicly-funded behavioral health treatment	% diverted from ED/PI % with reduced ED/PI use % with reduced crisis events
CD-10: Next Day Crisis Appointments	# of clients engaged in services **Target: 1,800 served with blended funds**	% linked to publicly-funded behavioral health treatment	% diverted from ED/PI % with reduced ED/PI use % with reduced crisis events
CD-11: Children's Crisis Outreach and Response System	# of referrals staffed # of clients engaged in services **Target: 1,000 served with blended funds**	% linked to needed treatment or services within program % of referrals with provider documented diversions	% with improved markers (harm to self/others) over time % with positive exit dispositions % with reduced crisis events

Appendix A: Preliminary Initiative Performance Measures

Crisis Diversion (Continued)			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
CD-12: Parent Partners Family Assistance	# of clients engaged in services **Target: 400 served**	% linked to needed treatment or services within program % with increased self-management skills	% with knowledge of systems and how to access resources % with family empowerment and advocacy skills % positively engage in treatment or met goals
CD-13: Family Intervention Restorative Services	# of referrals staffed # of clients engaged in services **Target: 300 served**	% linked to needed treatment or services within program	% with reduced substance use % positively engaged in treatment or met treatment goals % with positive exit dispositions % diverted from detention % with reduced detentions
CD-14: Involuntary Treatment Triage	# of clients engaged in services **Target: 200 served**	% linked to publicly-funded behavioral health treatment	% diverted from ED/PI % with reduced ED/PI use % with reduced crisis events
CD-15: Wraparound Services for Youth	# of clients engaged in services **Target: 650 served**	% linked to needed treatment or services within program % with improved education markers (suspensions, grades) over time	% with improved markers (harm to self/others) over time % with reduced caregiver strain % with reduced crisis events
CD-16: Youth Behavioral Health Alternatives to Secure Detention	# of clients engaged in services **Target: To be determined**	% linked to publicly-funded behavioral health treatment % linked to needed social services % housed at exit	% positively engaged in treatment or met treatment goals % diverted from detention/ED/PI % with reduced detentions/ED/PI use % with reduced crisis events
CD-17: Young Adult Crisis Facility	# of clients engaged in services **Target: To be determined**	% linked to publicly-funded behavioral health treatment % linked to needed social services % housed at exit	% positively engaged in treatment or met treatment goals % diverted from ED/PI % with reduced ED/PI use % with reduced crisis events

Appendix A: Preliminary Initiative Performance Measures

Recovery and Reentry			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
RR-01: Housing Supportive Services	# of clients engaged in services **Target: 690 served**	% linked to publicly-funded behavioral health treatment % with increased self-management skills Housing retentions	% diverted from jail/ED/PI % with reduced jail/ED/PI use % with reduced crisis events
RR-02: Behavior Modification Classes at CCAP	# of clients engaged in services **Target: 40 served**	% completing or successful in ongoing treatment	% positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
RR-03: Housing Capital and Rental	# of clients engaged in services **Target: To be determined**	% with increased self-management skills Housing retentions	% diverted from jail/ED/PI % with reduced jail/ED/PI use
RR-04: Rapid Rehousing - Oxford House Model	# of clients engaged in services **Target: 333 served**	Housing retentions	% with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail/ED/PI % with reduced jail/ED/PI use
RR-05: Housing Vouchers for Adult Drug Court	# of clients engaged in services **Target: 30 served**	% housed at exit % who graduate ADC by housing status at entry	% with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
RR-06: Jail Reentry System of Care	# of clients engaged in services **Target: 350 served**	% linked to publicly-funded behavioral health treatment % linked to needed social services % housed at exit	% positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
RR-07: Behavioral Health Risk Assessment Tool for Adult Detention	# of clients screened # referred for follow-up # of clients engaged in services **Target: 2,460 screened**	% linked to publicly-funded behavioral health treatment	% with reduced substance use % with clinically-improved depression and anxiety % diverted from jail % with reduced jail use
RR-08: Hospital Reentry Respite Beds (Medical Respite)	# of clients engaged in services **Target: 350 served**	% linked to needed treatment or services within program % housed at exit	% positively engaged in treatment or met treatment goals % diverted from ED % with reduced ED use
RR-09: Recovery Café	# of clients engaged in services **Target: 300 served**	% linked to publicly-funded behavioral health treatment % with increased self-management skills	% positively engaged in treatment or met treatment goals % with reduced crisis events
RR-10: Behavioral Health Employment Services and Supported Employment	# of clients engaged in services **Target: 800 served**	% employed and retaining jobs	% positively engaged in treatment or met treatment goals % diverted from jail/PI % with reduced jail/PI use
RR-11: a) Peer Bridgers	# of clients engaged in services **Target: 200 served**	% linked to publicly-funded behavioral health treatment	% diverted from jail/ED/PI % with reduced jail/ED/PI use % enrolled in health insurance programs

Appendix A: Preliminary Initiative Performance Measures

Recovery and Reentry (Continued)			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
RR-11: b) SUD Peer Support Pilot	# of clients engaged in services **Target: To be determined**	% with increased self-management skills	% with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail/ED % with reduced jail/ED use
RR-12: Jail-Based Substance Abuse Treatment	# of clients engaged in services **Target: 200 served**	% linked to publicly-funded behavioral health treatment % administered risk, need, responsivity tool	% with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
RR-13: Deputy Prosecuting Attorney for Familiar Faces	# of clients engaged in services **Target: To be determined**	% housed at exit	% diverted from jail/ED/PI % with reduced jail/ED/PI use
RR-14: Shelter	# of clients engaged in services **Target: 200 homeless households**	% linked to publicly-funded behavioral health treatment % housed at exit	% positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use

Appendix A: Preliminary Initiative Performance Measures

System Improvement			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
SI-01: Community Driven Behavioral Health Grants	# of participating agencies/programs # of clients engaged in services **Target: To be determined**	% linked to needed treatment or services within program % rating activities or programs relevant and useful	Agency-level markers indicating improved behavioral health Protective/risk factors (local vs. county vs. state)
SI-02: Behavioral Health Services in Rural King County	# of participating agencies/programs # of clients engaged in services **Target: To be determined**	% linked to needed treatment or services within program % rating activities or programs relevant and useful	Agency-level markers indicating improved behavioral health Protective/risk factors (local vs. county vs. state)
SI-03: Workload Reduction	To be determined **Target: To be determined**	To be determined	To be determined
SI-04: Workforce Development	To be determined **Target: To be determined**	To be determined	To be determined

Appendix A: Preliminary Initiative Performance Measures

Therapeutic Courts			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
TX-ADC: Adult Drug Court	# of clients engaged in services **Target: 700 served**	% graduating and with positive exits % housed at exit	% with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
TX-FTC: Family Treatment Court	# of children in families served **Target: 140 children**	% linked to publicly-funded behavioral health treatment % graduating and with positive exits % with positive child placements at exit	% with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
TX-JDC: Juvenile Drug Court	# of clients engaged in services **Target: 50 new served**	% linked to publicly-funded behavioral health treatment	% with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
TX-RMHC: Regional Mental Health and Veterans' Court	# of clients engaged in services **Target: 130 served**	% linked to publicly-funded behavioral health treatment % housed at exit	% with clinically-improved depression and anxiety % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
TX-SMHC: Seattle Municipal Mental Health Court	# of clients engaged in services **Target: 130 served**	% linked to publicly-funded behavioral health treatment	% with clinically-improved depression and anxiety % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
TX-CPPL: Community Court Planning	Not Applicable	Not Applicable	Not Applicable

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

Appendix B: MIDD Evaluation Planning Team Staff

The MIDD Team and Evaluation Team staff consists of the following team members:

Kelli Carroll, MPA
Department of Community & Human Services

Kimberly Cisson, MPA
Department of Community & Human Services

Chris Verschuyl, MSW
Department of Community & Human Services

Lisa Kimmerly, MSW
Department of Community & Human Services

June Lee, ScD
Department of Community & Human Services

Laurie Sylla, MHSA, BSW
Department of Community & Human Services

Titus Chembukha, MPA
Department of Community & Human Services

Nancy Creighton, MA
Department of Community & Human Services

Appendix C

MIDD Evaluation Assessment Recommendations

RECOMMENDATION	ACTION TAKEN/PLANNED
EVALUATION PLAN AND FRAMEWORK	
1. Clarify the purpose of the evaluation and logic of the evaluation framework.	The MIDD 2 Framework and the MIDD 2 Logic Model clarified the purpose and logic of evaluation for MIDD 2. A Results Based Accountability (RBA) format was used to incorporate different levels of performance measurement and population (headline) indicators.
2. Involve stakeholders in developing the evaluation framework.	The MIDD Advisory Committee and the MIDD Advisory Committee Evaluation Work Group provided feedback on the MIDD 2 evaluation approach. Provider and community input from MIDD's renewal process in 2016 also impacted the MIDD 2 Framework.
OUTPUT AND OUTCOME MEASURES	
3. Establish relevant output and outcome measures.	Meaningful and appropriate performance measures, including outputs and outcomes, have been developed with stakeholders including service providers when appropriate, using an RBA approach. Further collaboration with providers and stakeholders will occur in 2017 and 2018. As one example, performance measures are being developed with the King County Behavioral Health Organization (BHO) providers in an Outcomes Measurement Group.
4. When available, select valid, reliable, and sensitive proximal outcome measures in collaboration with service providers.	
5. Focus on clinically and practically meaningful changes in outcomes.	
EVALUATION PROCESS	
6. Invest in data collection infrastructure.	Improved systems for data reporting are in development by the Department of Community and Human Services (DCHS). King County Information Technology is conducting a data collection and reporting improvement project with DCHS that includes MIDD, Best Starts for Kids (BSK), Veterans and Human Services Levy (VHSL), and other human services programming.
OUTCOME EVALUATION	
7. Modify evaluation design if the next MIDD evaluation is to show causality.	The MIDD Evaluation in general will not attempt to show causality. For certain new programs a control or comparison group may be used based on established criteria (described in the evaluation plan). If an evaluation methodology that requires a control group is used, it will be carefully assessed for ethical and cost considerations.
EVALUATION REPORTING	

8. Increase frequency of performance evaluation availability.	Data infrastructure is the initial step to increasing the frequency of performance evaluation availability. King County Information Technology is conducting a data collection and reporting improvement project with DCHS that includes MIDD, BSK, VHSL, and other human services programming. Development of a shared, in conjunction with BSK and VHSL when feasible, data dashboard is also underway.
9. Establish guidelines for report creators and editors on the scope of their decision making.	As under MIDD 1, the MIDD Advisory Committee will review each annual report. An expected enhancement for MIDD 2 is that the Advisory Committee will spend more time reviewing and discussing the annual reports. The Advisory Committee will also establish a standing Evaluation Subcommittee in order to develop a deeper understanding of ongoing MIDD evaluation activities in order to provide greater input.
10. Avoid presenting non-causal results in ways that imply causality.	The MIDD evaluation in general will not attempt to show causality. Results will be reported in ways that do not imply causality.

Appendix D: MIDD Advisory Committee Evaluation Work Group

The Evaluation Advisory Group was a working group focused on development of the MIDD Evaluation Plan. The workgroup was staffed by the MIDD Team and MIDD Evaluation Team.

Scarlet Aldebot- Green
King County Council Policy Staff

Dave Asher
City of Kirkland

Doug Crandall
Community Psychiatric Clinic

Brigitte Folz
Harborview Medical Center

Alicia Glenwell
Coalition Ending Gender-Based Violence

Emmy McConnell
King County Office of Performance, Strategy and Budget

Ann McGettigan
Seattle Counseling Services

Alex O'Reilly
City of Bellevue

Lynne Robinson
City of Bellevue

Mary Taylor
King County Department of Judicial Administration

Ellie Wilson-Jones
Sound Cities Association

Appendix E: Background Information on Results Based Accountability

The development of the MIDD Evaluation Plan was significantly informed by the principles of the Results-Based Accountability[1] (RBA) framework. RBA is a national model and provides a disciplined, data-driven, decision-making process to help communities and organizations take action to solve problems. It is a simple, common sense framework that starts with ends – the difference to made, and works backward, towards means – strategies for getting there.

RBA makes a distinction between *population accountability* through population indicators which assess wellbeing of a whole population and *performance accountability* through performance measures which assess wellbeing of the clients directly served by programs. MIDD will *contribute* to improving population-level change, along with other sectors, funders, and partners in the community.

MIDD is *accountable* for performance of MIDD initiatives. The impact of MIDD initiatives on individuals and families directly served by programs will be measured using performance measures. In order to ensure that MIDD-funded activities are connected to contribute to population-level change, strategy areas are aligned with headline indicators.

RBA also sets a framework for community involvement and partnership, identifying the current state and determining what strategies will be used to make the changes being sought.

MIDD Result

The result MIDD aims to achieve is: *People living with, or at risk of behavioral health conditions, are healthy, have satisfying social relationships, and avoid criminal justice involvement.*

MIDD Headline Indicators

Headline indicators are aspirational, long-term measures that quantify MIDD's overarching results:

- Improved emotional health – rated by level of mental distress
- Increase in daily functioning – rated by limitations to due to physical, mental or emotional problems
- Reduced or eliminated alcohol and substance use
- Reduced suicide attempts and death
- Reduced drug and opioid overdose deaths
- Reduced incarceration rate

MIDD Performance Measures

Performance measures will be specific to each program and finalized during the contract development process in partnership with funded providers. See Appendix A for detailed information. Performance measures will answer the questions:

- How much was done?
- How well was it done?
- Is anyone better off?

[1] https://clearimpact.com/results-based-accountability/

Appendix F: Glossary of Terms

Accountability – The responsibility to provide evidence to stakeholders about whether MIDD initiatives are effective and conform to expectations and requirements.[1]

Quality Improvements – Ongoing review of program performance measurement data to see what improvements could be made.

Cultural competency – Acknowledging and responding to the complexity of cultural identity; recognizing the dynamics of power, avoiding reinforcing cultural stereotypes and prejudice in the work; being thoughtful and deliberate in the use of language and other social relations to reduce bias when conducting evaluations; using culturally appropriate theories and methods, recognizing the many ways data can be collected, analyzed, interpreted, and disseminated in order to produce work that is honest, accurate, respectful and valid.

Data – Information that will be used to evaluate MIDD, includinsg numbers and stories.

Disproportionality – Over- or under-representation of a demographic group (e.g. racial or ethnic group) compared to that group's representation in the general population.

Equity and Social Justice – Full and equal access to opportunities, power, and resources so that all people may achieve their full potential.[2]

Early Intervention – Taking action early to prevent future problems. Evidence shows that the earlier investments are made, the greater the return for the individual and society.

Evaluation – Systematic collection of information about the activities, characteristics, and outcomes of a program, set of programs, or initiative to improve effectiveness and/or inform decisions.[3]

Headline Indicator – Aspirational, long-term population-level indicators that quantify the MIDD result.

Impact – Effects of a program that occur in the medium or long term with an emphasis on ones that can be directly attributed to program efforts.[4]

Indicator – Population-level measure that will be used to assess the health or well-being of individuals and families in King County.

Investments – The strategies, programs, and projects that the MIDD will fund.

King County Council – The legislative branch of the King County government that sets policies, enacts laws, and adopts budgets that guide an array of services for the King County region.[5]

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[1] Centers for Disease Control (CDC) and Prevention, Program Performance and Evaluation Office (PPEO). Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. Accessed 5/4/2017 from: https://www.cdc.gov/eval/guide/glossary/

[2] King County Equity and Social Justice Strategic Plan 2016-2022. http://your.kingcounty.gov/dnrp/library/dnrp-directors-office/equity-social-justice/201609-ESJ-SP-FULL.pdf

[3] Centers for Disease Control and Prevention (CDC). Improving the Use of Program Evaluation for Maximum Health Impact: Guidelines and Recommendations, November 2012. Accessed 5/4/2017 from: https://www.cdc.gov/eval/materials/finalcdcevaluationrecommendations_formatted_120412.pdf

[4] Centers for Disease Control and Prevention (CDC). Improving the Use of Program Evaluation for Maximum Health Impact: Guidelines and Recommendations, November 2012. Accessed 5/4/2017 from: https://www.cdc.gov/eval/materials/finalcdcevaluationrecommendations_formatted_120412.pdf

[5] King County. What the King County Council does for you. Accessed 5/4/2017 from: http://www.kingcounty.gov/council/about.aspx

Appendix F: Glossary of Terms

Logic Model – Visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.[6]

Outcomes – Program-level changes in wellbeing, knowledge, attitudes, beliefs, or behavior.[7]

Performance Measurement – Ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals.

Performance Measures – Measures of MIDD initiative-level performance. Following the RBA approach, these measures will fall into the following three categories:

- How much was done?
- How well was it done?
- Is anyone better off?

Population – The King County population, or a sub-group within the King County population.

Prevention – Working upstream to prevent problems before they happen.

Providers – Organizations that King County will fund to implement MIDD initiatives.

Requests for Proposals (RFPs) – Requests that King County issues asking for applications for MIDD funding.

Results – As defined by the RBA approach, the result is the overarching goal of the MIDD.

Results Based Accountability (RBA) – A simple, common sense framework that starts with ends – the difference to made, and works backward, towards means – strategies for getting there. RBA makes a distinction between ***population accountability*** through population indicators which assess wellbeing of individuals and families throughout King County overall, and ***performance accountability*** through performance measures which assess wellbeing of the individuals and families directly served by MIDD-funded programs.

Stakeholders – People or organizations that are invested in or interested in MIDD initiatives and evaluation results.

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[6] Centers for Disease Control (CDC) and Prevention, Program Performance and Evaluation Office (PPEO). Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. Accessed 5/4/2017 from: https://www.cdc.gov/eval/guide/glossary/

[7] Centers for Disease Control (CDC) and Prevention. Types of Evaluation. Accessed 5/4/2017 from: https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf

MIDD 2 FRAMEWORK Revised *05.04.17*

MIDD RESULT

People living with, or at risk of behavioral health conditions, are healthy, have satisfying social relationships, and avoid criminal justice involvement.

Adopted MIDD 2 Policy Goals

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

MIDD THEORY OF CHANGE

When people who are living with or who are at risk of behavioral health conditions utilize culturally relevant prevention and early intervention, crisis diversion, community reentry, treatment, and recovery services, and have stable housing and income, they will experience wellness and recovery, improve their quality of life, and reduce involvement with crisis, criminal justice and hospital systems.

HEADLINE INDICATORS

MIDD and other King County and community initiatives contribute to the overall health and well-being of King County residents that is demonstrated by positive changes in population	• Improved Emotional health – rated by level of mental distress • Increase in Daily functioning - rated by limitations to due to physical, mental or emotional problems • Reduced or eliminated alcohol and substance use • Reduced Suicide Attempts and Death • Reduced Drug and Opioid Overdose Deaths • Reduced Incarceration Rate

MIDD 2 Strategy Areas	SAMPLE[i] MIDD 2 Performance Measures (to be refined after specific programs/services are selected)
Prevention and Early Intervention *People get the help they need to stay healthy and keep problems from escalating*	**How much? Service capacity measures (Quantity)** • Increased number of people receiving substance abuse and suicide prevention services • Increased number of people receiving screening for health and behavioral health conditions within behavioral health and primary care settings **How well? Service quality measures (Quality)** • Increased treatment and trainings in non-traditional settings (day cares, schools, primary care) • Increased primary care providers serving individuals enrolled in Medicaid **Is anyone better off? Individual outcome measures (Impact)** • Increased use of preventive (outpatient) services • Reduced use of drugs and alcohol in youth & adults • Increased employment and/or attainment of high school diploma and post-secondary credential • Reduced risk factors for behavioral health problems (e.g., social isolation, stress, etc.)
Crisis Diversion *People who are in crisis get the help they need to avoid unnecessary hospitalization OR incarceration*	**How much? Service capacity measures (Quantity)** • Increased capacity of community alternatives to hospitalization and incarceration (e.g., crisis triage, respite, LEAD, etc.) **How well? Service quality measures (Quality)** • Increased use of community alternatives to hospitalization and incarceration by first responders **Is anyone better off? Individual outcome measures (Impact)** • Reduced unnecessary hospitalization, emergency department use and incarceration • Decreased length and frequency of crisis events
Recovery and Reentry *People become healthy and safely reintegrate to community after crisis*	**How much? Service capacity measures (Quantity)** • Increased in affordable, supported, and safe housing • Increased availability of community reentry services from jail and hospitals • Increased capacity of peer supports **How well? Service quality measures (Quality)** • Increased linkage to employment, vocational, and educational services • Increased linkage of individuals to community reentry services from jail or hospital • Increased housing stability **Is anyone better off? Individual outcome measures (Impact)** • Increased employment and attainment of high school diploma and post-secondary credential

	• Improved wellness self-management • Improved social relationships • Improved perception of health and behavioral health issues and disorders • Decreased use of hospitals and jails
System Improvements *Strengthen the behavioral health system to become more accessible and deliver on outcomes*	**How much? Service capacity measures (Quantity)** • Expanded workforce including increased provider retention • Decreased provider caseloads • Increased culturally diverse workforce • Increased capacity for outreach and engagement • Increased workforce cross-trained in both mental health and substance abuse treatment methods **How well? Service quality measures (Quality)** • Increased accessibility of behavioral health treatment on demand • Increased accessibility of services via: hours, geographic locations, transportation, mobile services • Increased application of recovery, resiliency, and trauma-informed principles in services and outreach • Right sized treatment for the individual • Increased use of culturally appropriate evidence-based or promising behavioral health practices • Improved care coordination • MIDD is funder of last resort **Is anyone better off? Individual outcome measures (Impact)** • Improved client experience of care
Therapeutic Courts *People experiencing behavioral health conditions who are involved the justice system are supported to achieve stability and avoid further justice system involvement*	**How much? Service capacity measures (Quantity)** • Increased access to therapeutic courts **How well? Service quality measures (Quality)** • Increased therapeutic court graduation rate • Increased use of preventive (outpatient) services **Is anyone better off? Individual outcome measures (Impact)** • Reduced incarceration • Reduced substance use • improved wellness and social relationships

Please note that this is a living document; the contents of this document are subject to change and modification.

Appendix H: Mental Illness and Drug Dependency Headline Indicators

Population-based Indicators are proxy measures to help quantify the result-a condition MIDD wants to change to improve health and well-being of residents in King County. MIDD will **contribute** to turning the curves of population-level indicators, as defined through Results-Based Accountability. The population-based indicators are about a population and tracks how various King County efforts and initiatives are collectively making an impact on the people in King County. All headline indicators were rated on three Results-Based Accountability criteria: data power, proxy power, and communication power.

Listed below are the technical definitions and data sources for the proposed headline indicators.

HEADLINE INDICATORS	Data Source
Improved emotional health Adults: number of days with stress, depression, and problems with emotions in the past 30 days Youth: Percent of students in grades 8, 10, and 12 who report feeling depressed or having suicidal thoughts	Adults: Behavioral Risk Factor Surveillance System (BRFSS)[1] Youth: Healthy Youth Survey (HYS)[2]
Increase in daily functioning Adults: number of days with limitations due to physical or mental health in the past 30 days	Adults: Behavioral Risk Factor Surveillance System
Reduced or eliminated alcohol and substance use Adults: Percent of adults who report alcohol and marijuana use in the past 30 days Youth: Percent of students in grades 8, 10, and 12 who report alcohol, marijuana, painkiller or any illicit drug use in the past 30 days	Adults: Behavioral Risk Factor Surveillance System Youth: Healthy Youth Survey
Reduced suicide attempts and deaths Average rate per 100,000 people with nonfatal self-inflicted injury and suicide fatality by age and year	Washington State Department of Health[3]
Reduced Opioid, alcohol, and other drug-related deaths Number of times Drug Identified Deaths occurred	King County Medical Examiner Data[4]
Reduced incarceration rate Jail population numbers, number of people admitted and released by year	Washington Association of Sheriffs and Police Chiefs, Department of Corrections

[1] The Behavioral Risk Factor Surveillance System (BRFSS) is a set of national telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

[2] The Healthy Youth Survey (HYS) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Behavioral Health and Recovery, the Liquor and Cannabis Board, and the Department of Commerce. It provides important survey results about the health of adolescents in 6th, 8th, 10th and 12th grades in Washington.

[3] The Washington State Department of Health Center for Health Statistics collects and publishes critical information needed to help people in Washington live healthier lives. As the office of the State Registrar, the Center is responsible for the registration, preservation, amendment, and release of official state records of all births, deaths, fetal deaths, marriages and divorces that occur in Washington. They also maintain data on Injury. More than 200 injury data tables are available on the website in PDF and Excel formats. The tables cover injury deaths and nonfatal injury.

[4] The King County Medical Examiner Office collects data on deaths from sudden, violent, unexpected and suspicious circumstances in King County. The office publishes annual reports that show the manner of death and causes of deaths including Deaths due to drugs and poisons. Data can be accessed and queried through either Washington State Department of Health Community Health Assessment and Tool (CHAT) or CDC WONDER.

Appendix I: MIDD 2 Logic Model

In what strategy areas will MIDD invest to improve the lives of people who are living with or who are at risk of behavioral health conditions?

Prevention and Early Intervention
People get the help they need to stay healthy and keep problems from escalating

Crisis Diversion
People who are in crisis get the help they need to avoid unnecessary hospitalization or incarceration

Recovery and Reentry
People become healthy and safely reintegrate to their community after crisis

System Improvement
The behavioral health system is strengthened to become more accessible and deliver on outcomes

Therapeutic Courts
People experiencing behavioral health conditions who are involved in the justice system are supported to achieve stability and avoid further justice system involvement

How will the MIDD evaluation measure what is done at the program level? [1]

How much was done?

# of people screened or served by each initiative
and type of services delivered
and type of referrals given
of trainings delivered
# of community alternatives to hospitalization or incarceration
# of people in crisis events
Frequency and duration of crisis events
# of housing options and resources (shelters, vouchers, etc.)
# of community reentry service recipients, including medical respite
# of clients served by peers
in behavioral health workforce
cross-trained in mental health and substance use disorders
Provider retention rates
# of culturally appropriate services delivered

How well was it done?

- Increased service delivery in non-traditional settings or primary care
- Increased use of preventive and outpatient services
- Increased linkages to needed behavioral health care
- Increased use of behavioral health care alternatives
- Decreased crisis events
- Shorter and less frequent crisis events
- Increased linkages to treatment, housing, jobs and education
- Increased linkages to support services
- Decreased provider workloads
- Increased culturally appropriate services
- Increased workforce diversity
- Improved care coordination, access and client satisfaction

Is anyone better off?

- Increased diversion from costly systems or increased time in community
- Decreased system use
  - : Jail
  - : Emergency department
  - : Psychiatric hospitals
- Decreased alcohol or substance use
- Improved life quality, jobs, etc.
- Decreased prosecutions and arrests
- Increased housing stability
- Long term job and housing retentions
- Increased access to care
- Increased access to treatment on demand
- Increased access to evidence-based or promising behavioral health practices

MIDD 2 Policy 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

How will the MIDD contribution [2] be measured?

Improved emotional health

Increase in daily functioning

Reduced incarceration rates

Reduced or eliminated alcohol and substance abuse

Reduced alcohol and drug-related deaths

Reduced suicide attempts and deaths

[1] Sample performance measures are shown

[2] MIDD 2, along with other King County initiatives, will contribute toward the overall health and well-being of King County residents as shown by positive changes in the population.

APPENDIX J
MIDD Initiative Procurement Status Table

MIDD 2 Number	New or Existing MIDD 1 Number	MIDD 2 Initiative Title	Initiative Summary	Intitiative's Primary Policy Goal	Status Summary as of June 15, 2017 ***Note:*** ***This column updates MIDD 2 Service Improvement Plan's Estimated Implementation Schedule (SIP appendix N).***
NEW INITIATIVES					
PRI-06	**New**	Zero Suicide Initiative Pilot	Systems-based project to advance suicide prevention, involving strategies, tools, and training to transform behavioral health and health care systems to more effectively address safety and close gaps in depression and suicide care.	2 Reduce Crisis	Request for Information (RFI) released Q2; contract in place Q3 2017
PRI-07	**New**	Mental Health First Aid	Teaching community members the skills to help someone who is developing a mental health problem or experiencing a mental health crisis.	3 Health & Wellness	National Council collaboration under way; stakeholder planning; contracting Q3 2017
CD-01	**New**	Law Enforcement Assisted Diversion (LEAD)	Diverts individuals engaged in low-level drug crime, prostitution, and other collateral crime due to drug involvement, from the justice system. Bypasses prosecution and jail time, directly connecting individuals to case managers who provide immediate assessment, crisis response, and long term wrap-around services to address individuals with behavioral issues from cycling through the criminal justice system.	1 Diversion	Contract completed; services under way
CD-02	**New**	Youth and Young Adult Homelessness Services	Provides mobile crisis outreach team(s) to youth under the age of 18 who are potentially homeless and are on the streets without a responsible adult available including responding directly to law enforcement as an alternative to taking youth to detention. Links to CD-16 and CD-17.	5 Linkage	Expand existing provider contract; services launched early Q3 2017
CD-04	**New**	South County Crisis Diversion Services/Center	Will provide a crisis diversion multi-service center or services in south King County to serve individuals in behavioral health crisis who are coming into contact with first responders, as well as those individuals in South King County who may need a location for preventative and pre-crisis support and/or outreach.	1 Diversion	Staged implementation; start date to be determined (affected by multiple factors)
CD-07	**New**	Multipronged Opioid Strategies	A continuum of health services and supports for opioid users in King County: based in part on Opioid Task Force recommendations and may include targeted educational campaigns, Medication Assisted Treatment expansion, increase access to Naloxone, enhanced and expanded community needle exchanges and other options to be identified.	1 Diversion	Varies by component; see initiative description for status of each component
CD-09	**New**	Behavioral Health Urgent Care-Walk In Clinic Pilot	Partners with an existing clinic to provide Urgent Care walk-in Clinic for adults resident of King County who are experiencing a behavioral health crisis and is in need of immediate assistance.	2 Reduce Crisis	Crisis system planning Q3 2017; RFP Q4 2017; Contract in place Q1 2018
CD-13	**New**	Family Intervention Restorative Services (FIRS)	Provides an alternative to court involvement for King County youth who are violent towards a family member. Components include a non-detention reception center and evidence-based interventions.	1 Diversion	Contract(s) completed; services underway
CD-14	**New**	Involuntary Treatment Triage Pilot	Provides local evaluations for individuals with severe and persistent mental illness who have been charged with a serious misdemeanor offense and are found not competent to stand trial.	1 Diversion	Contract(s) completed; services underway

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CD-16	**New**	Youth Behavioral Health Alternatives to Secure Detention	Provides community-based stabilization beds as an alternative to secure detention and ensures a comprehensive assessment and linkage to community services and supports to prevent future crises. Links to CD-02 and CD-17.	1 Diversion	Expand existing provider contract; services launched early Q3 2017
CD-17	**New**	Young Adult Crisis Facility	Provides community based crisis response to YYA homeless providers serving homeless YYA; includes mobile crisis outreach, stabilization, and access to short-term crisis stabilization services and linkage to treatment. Links to CD-02 and CD-16.	2 Reduce Crisis	Expand existing provider contract; services launched early Q3 2017
RR-04	**New**	Rapid Rehousing-Oxford House Model	Provides vouchers for clean and sober housing for individuals in recovery, using a rapid rehousing approach to ensure timely placement and reduce the risk of people exiting treatment facilities and institutions into homelessness	5 Linkage	RFQ, contracting, and services launch Q3 2017
RR-07	**New**	Behavioral Health Risk Assessment Tool for Adult Detention	Implements a risk/need assessment tool to identify adults in King County jail facilities who are likely to have behavioral health conditions, to assess risk of re-offense, and to inform planning community reentry.	1 Diversion	Services underway; staff hiring through Q4 2017
RR-09	**New**	Recovery Café	Seeds the launch of a second site for Recovery Café, an alternative therapeutic supportive community for women and men traumatized by homelessness, addiction and/other behavioral health challenges.	3 Health & Wellness	Site selection ongoing; contract in place Q3 2017; services launch in 2018
RR-11	**New**	Peer Bridgers and Peer Support Pilot	Peer bridger component provides transition supports for adults who have been hospitalized in inpatient psychatric units. In SUD Peer Support component, peers are deployed to certain SUD service settings to help people engage with ongoing treatment and other supports.	1 Diversion	Contract(s) completed; services underway
RR-12	**New**	Jail-based SUD Treatment	Expands SUD treatment at the Maleng Regional Justice Center; includes implementation of a modified therapeutic community.	1 Diversion	RFP Q3; contracting Q4; services launch Q1 2018
RR-13	**New**	Deputy Prosecuting Attorney for Familiar Faces	A dedicated deputy prosecuting attorney will coordinate closely with Familiar Faces care management and transition teams, providing needed prosecutorial authority and discretion regarding criminal charges and case status.	1 Diversion	MIDD-funded services begin Q3 2017
RR-14	**New**	Shelter Navigation Services	Provides navigation services including supportive services and case management for people utilizing 24/7 enhanced shelters.	1 Diversion	RFP 2017; funds expended 2017-18; revised title
SI-01	**New**	Community Driven Behavioral Health Grants	Provides small grants to support targeted community-initiated behavioral health-related services or programs designed by cultural or ethnic communities to address issues of common concern.	4 Culturally Appropriate & Trauma-Informed	RFP Q4 2017/Q1 2018; services early 2018
SI-02	**New**	Behavioral Health Services In Rural King County	Provides small grants to support targeted community-initiated behavioral health-related services or programs designed by rural communities to address issues of common concern.	3 Health & Wellness	RFP Q4 2017/Q1 2018; services early 2018

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TX-CCPL	**New**	Community Court Planning	Funds study and preliminary planning of a potential new therapeutic community court, envisioned to serve individuals with low-level misdemeanor offenses who have frequent criminal justice system contact.	1 Diversion	RFP for consultant Q3 2017
SP-01	**New**	Special Allocation: Consejo	Funds capital needs at one or both of Consejo's two low-income transitional housing facilities for Latina survivors of domestic violence.	3 Health & Wellness	Contracted Q2 2017; one time funds
EXISTING RE-RFP or RE-SCOPE SERVICES					
PRI-01	**1c**	Screening, Brief Intervention and Referral To Treatment (SBIRT)	Provides screening, early intervention and referral for those who present at hospital emergency departments (ED) with mild to moderate substance use disorders (SUDs).	1 Diversion	Revision planning Q3 2017; RFQ/RFI Q4 2017; Contract in place Q1 2018
PRI-02	**5a**	Juvenile Justice Youth Behavioral Health Assessments	Provides behavioral health screening and assessment and psychological services for youth who enter the juvenile justice system.	1 Diversion	Possible program revision Q3 2017; possible re-RFP
PRI-03	**1g**	Prevention and Early Intervention Behavioral Health for Adults Over 50	Provides screening for depression, anxiety and SUDs for older adults receiving primary medical care in the health safety net system, and enrollment in the Mental Health Integration Program (MHIP) for those who screen positive.	3 Health & Wellness	Planning late 2017; possible re-RFA with VHSL Q2 2018; new contracts 2019
PRI-04	**1h**	Older Adult Crisis Intervention/Geriatric Regional Assessment Team - GRAT	Provides specialized age-appropriate crisis outreach, mental health assessment and SUD screening, for King County residents ages 60 and older experiencing a behavioral health-related crisis.	1 Diversion	Crisis system planning Q3 2017; re-RFP Q4 2017; Contract in place Q1 2018
PRI-05	**4c 4d**	Collaborative School Based Behavioral Health Services: Middle and High School Students (in partnership with BSK)	Provides prevention/early intervention in middle schools including assessment, screening, brief intervention, referral, coordination, and groups. Also provides school-based suicide prevention trainings for students and schools.	3 Health & Wellness	Existing contracts through 2018 school year; RFP Q1 2018
CD-10	**1d**	Next Day Crisis Appointments	Provides an urgent crisis response follow-up (within 24 hours) for individuals who present in local hospital emergency departments with a mental health crisis, or as an alternative to detention after an evaluation by Designated Mental Health Professionals (DMHPs); links to CD-09.	1 Diversion	Crisis system planning Q3 2017; re-RFP Q4 2017; Contract in place Q1 2018
CD-15	**6a**	Wraparound Services for Youth	Provides a team- and strength-based coordinated approach for youth with complex needs who are involved in multiple systems, and their families. Supports youth in their community and within their family culture.	4 Health & Wellness	RFP Q2 2017; Contracts in place Q3 2017
SI-03	**2a**	Workload Reduction	Creates greater provider agency capacity to see clients more regularly to assist them to achieve greater stability and recovery, as well as to be more responsive to clients in crisis.	3 Health & Wellness	Stakeholder involvement Q3 2017; revised allocation Q1 2018
SI-04	**1e**	Workforce Development	Includes a sustained, systems-based approach to supporting and developing the behavioral health workforce including investments in training.	4 Culturally Appropriate & Trauma-Informed	Planning Q3; RFP Q4 2017; Services Q1 2018
EXISTING					

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PRI-08	**10a**	Crisis Intervention Training - First Responders	Provides intensive training to law enforcement and other first responders to effectively assist and respond to individuals with behavioral health conditions, and equips them to help individuals access the most appropriate and least restrictive services while preserving public safety.	1 Diversion	Existing & currently contracted
PRI-09	**14a**	Sexual Assault Behavioral Health Services	Provides survivors of sexual assault with behavioral health screening, specialized evidence-based trauma-focused therapy, and referrals to ongoing community care when needed.	3 Health & Wellness	Existing & currently contracted
PRI-10	**13a**	Domestic Violence and Behavioral Health Services & System Coordination	Co-locates mental health professionals at community-based domestic violence (DV) victim advocacy programs. Supports culturally appropriate clinical services for immigrant and refugee survivors. Provides systems coordinator/trainer to coordinate ongoing cross training, policy development, and consultation.	3 Health & Wellness	Existing & currently contracted
PRI-11	**1a**	Community Behavioral Health Treatment	Provide behavioral health services to those who are not receiving and/or eligible for Medicaid. Also supports essential parts of the treatment continuum that are not Medicaid funded such as sobering, outreach, clubhouses, and drug testing.	3 Health & Wellness	Existing & currently contracted
CD-03	**1b**	Outreach & In reach System of Care	Outreach programs targeting individuals with recent history of cycling through hospitals, jails, crisis facilities, or SUD residential treatment; includes community-based engagement, advocacy, assessments, and linkage to counseling and other services.	1 Diversion	Existing & currently contracted;
CD-05	**12c**	High Utilizer Care Teams	Assists individuals frequently seen in the Harborview emergency department (ED) or psychiatric emergency service (PES), delivering flexible, intensive, integrated case management beginning in the hospital and extending into the community, to reduce the use of crisis services and connect patients to ongoing care.	1 Diversion	Existing & currently contracted
CD-06	**10b**	Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	Provides King County first responders with a therapeutic, community-based alternative to jails and hospitals for adults who are in behavioral health crisis. Stabilizes and supports individuals in the least restrictive setting, linking them to ongoing community-based services. Includes mobile crisis team, crisis diversion facility and crisis diversion interim services.	1 Diversion	Existing & currently contracted
CD-08	**13b**	Children's Domestic Violence Response Team	Provides mental health therapists teamed with domestic violence advocates to deliver early intervention for children who have been exposed to domestic violence, along with services for their non-violent parent.	4 Health & Wellness	Existing & currently contracted

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CD-11	**7b**	Children's Crisis Outreach and Response System (CCORS)	A countywide crisis response system for King County youth up to age 18 who are currently a mental health crisis, where the functioning of the child and/or the family is severely impacted due to family conflict and/or severe emotional or behavioral problems, and where the current living situation is at imminent risk of disruption.	2 Reduce Crisis	Existing & currently contracted
CD-12	**1f**	Parent Partners Family Assistance	Provides parent training and education, individual parent partner and youth peer support, a community referral and education help line, social and wellness activities for families, and advocacy.	4 Health & Wellness	Existing & currently contracted
RR-01	**3a**	Housing Supportive Services	Provides supportive services to successfully maintain housing for individuals with behavioral health conditions who have been previously unsuccessful in housing due to lack of stability or daily living skills.	1 Diversion	Existing & currently contracted
RR-02	**12d**	Behavior Modification Classes at CCAP	Provides specialized Moral Reconation Therapy (MRT) groups to address criminogenic risk factors specifically associated with domestic violence (DV) for individuals at the Community Center for Alternative Programs (CCAP).	1 Diversion	Existing & currently contracted; possible re-RFP in Q3 2017 as part of CCAP changes
RR-03	**16a**	Housing Capital and Rental	Provides capital to create housing units specifically for people with behavioral health conditions who are homeless or being discharged from hospitals, jails, prison, crisis facilities, or residential SUD treatment. Also supports some rental subsidies.	1 Diversion	Existing; RFPd in Q3 2017 Notice of Funding Availability (NOFA) rounds, awarded Q4 2017
RR-05	**15a**	Housing Vouchers for Adult Drug Court	Provides recovery-oriented transitional housing vouchers and support services for Adult Drug Court participants, enabling better treatment outcomes and stability.	1 Diversion	Existing & currently contracted
RR-06	**11a 12a**	Jail Reentry System of Care	Provides reentry linkage case management services, which begin prior to release from jail and continue through transition to the community.	1 Diversion	Existing & currently contracted
RR-08	**12b**	Hospital Re-Entry Respite Beds	Provides comprehensive recuperative care after an acute hospital stay for people who are homeless, focusing particularly on those with disabling behavioral health conditions. Services include intensive case management.	1 Diversion	Existing & currently contracted
RR-10	**2b**	BH Employment Services & Supported Employment	Supports individuals with behavioral health conditions to gain and maintain competitive employment, applying the Supported Employment (SE) model for individuals with more intensive needs.	3 Health & Wellness	Existing & currently contracted
TX-ADC	**15a**	Adult Drug Court	Adult Drug Diversion Court is a pre-adjudication program that provides eligible defendants the opportunity to receive drug treatment in lieu of incarceration.	1 Diversion	Existing & currently contracted

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TX-FTC	**8a**	Family Treatment Court	Family Treatment Court is a recovery-based child welfare intervention that provides parents involved with the dependency court system with help in obtaining and maintaining sobriety as well as family services to support a recovery-based lifestyle, including mental health treatment when applicable.	3 Health & Wellness	Existing
TX-JDC	**9a**	Juvenile Drug Court	Juvenile Drug Court is an alternative to regular juvenile court designed to improve the safety and well-being of youth and families by providing offenders with SUD diagnoses access to behavioral health treatment, judicial monitoring of sobriety, and holistic family intervention services.	1 Diversion	Existing
TX-RMHC	**11b**	Regional Mental Health Court	Regional Mental Health Court facilitates the sustained stability of individuals with mental health disorders within the criminal justice system, while reducing recidivism and increasing community safety, via engagement, support, and a wraparound approach.	1 Diversion	Existing
TX-SMC	**11b**	Seattle Mental Health Municipal Court	Provides a care manager position at the Seattle Municipal Court to conduct assertive outreach and engagement for individuals who receive an evaluation for civil commitment, offering services, respite, and other assistance, to reduce criminal justice system involvement.	1 Diversion	Existing