

2021 MIDD ANNUAL REPORT

Supporting recovery and wellness for all in King County

King County

MIDD

Supporting behavioral health and recovery

CONTENTS

WELCOME
Letter from the Executive 3
Letter from the Director 4

INTRODUCTION
MIDD in 2021 5
Who MIDD Serves 7
MIDD across King County 8

GOALS 9

INITIATIVES
MIDD Strategy Areas 16
Prevention and Early Intervention 17
Crisis Diversion 23
Recovery and Reentry 30
System Improvement 37
Therapeutic Courts 39

EVALUATION
MIDD Evaluation 43
Data-informed Implementation Adjustments 45
2021 Performance Measurement Results 46

INVESTMENTS
2021 Procurement Update 62
2021 Financial Report 63

PARTNERS
MIDD Advisory Committee 69
MIDD Partners 71

For More Information

MIDD services: For details on the collection of services MIDD funding supports, visit www.kingcounty.gov/MIDD.

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

Thanks to our partners

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

For best viewing experience

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

Alternate Formats:
Call 206-263-9100 or TTY Relay 711

The MIDD[1] Behavioral Health Sales Tax Fund helps King County residents get well and stay well, connect to community, and thrive in recovery. In 2021, MIDD supported high-quality programs and services to address mental health, substance use, and other behavioral health conditions for those most in need. MIDD funding supports equitable opportunities for health, wellness, connection to community, and recovery, especially for people most affected by inequities related to race, income, and access to health care.

[1] MIDD is referred to in King County Code and related legislation as the mental illness and drug dependency fund, tax, or levy.

FROM THE EXECUTIVE



To the King County community,

As communities across the region continue to contend with the realities of the COVID-19 pandemic, including rising behavioral health needs, King County's MIDD Behavioral Health Sales Tax Fund is an essential investment in the collective well-being of the region's residents. I'm pleased to be able to share with you the many ways that MIDD benefits our region by providing critical services and connections to community for people living with behavioral health conditions.

The pandemic has shown how necessary a robust network of behavioral health services is for King County's residents. Rates of depression, anxiety, and substance use challenges are growing across races, ages, income levels, and geographic areas. It is more important than ever to deepen investments in behavioral health, and in doing so to help promote overall wellness.

In 2021 alone, MIDD programs served nearly 19,000 people on their road to recovery. Service participants across MIDD's programs experienced major reductions in hospitalizations, jail bookings and juvenile legal system filings.

To ensure that every person has the opportunity to thrive in a healthy environment and achieve their highest potential, King County is committed to increasing access to behavioral health services and keeping the doors to treatment and recovery open for everyone. Through MIDD and its partners, King County is focused on supporting residents who are hit hardest by the impacts of racism, lack of health care access, and pandemic-related economic crises.

I want to thank the incredible network of behavioral health care providers, including those in the King County Integrated Care Network, for their response to clients and the community throughout this ongoing health crisis. I am grateful to the many partners who came together through MIDD programs to meet the challenges of this year with creativity, compassion, and dedication. The region is healthier and more resilient because of you. Thank you.

Sincerely,

Dow Constantine

Dow Constantine, King County Executive

FROM THE KING COUNTY BEHAVIORAL HEALTH AND RECOVERY DIVISION DIRECTOR



This second year of the pandemic brought challenges to providing behavioral health treatment and promoting wellness, but also opportunities for learning and adaption. Many MIDD initiatives started the year with significant budget reductions due to sales tax revenue forecasts in 2020. Fortunately, reductions were short-term, with all appropriate reductions reversed beginning in 2022.

In 2021, King County residents were still reeling from COVID-19. People experienced new behavioral health struggles caused by isolation, economic restraints, fear, and grief, which normalized seeking support for mental health. Increased demand for services highlighted the consequences of the nation's historic underfunding of behavioral health. Providers struggled to recruit and retain enough clinicians to meet growing needs. Looking ahead, it will be vital for MIDD, in concert with other funding sources like Medicaid, to promote wage and career growth for behavioral health workers to build the community-based behavioral health system King County needs and deserves.

This report shows how MIDD programming stepped up when the community needed it most. MIDD responded to a surge in fentanyl-related overdose deaths by increasing naloxone distribution and supporting outreach to unhoused youth and adults. To address the workforce shortage, MIDD supported providers with a seven percent economic adjustment, effective January 2022. In response to growing concern about youth wellness, MIDD partnered with Best Starts for Kids to expand access to Mental Health First Aid, certifying 175 young people under the age 18. In 2022, the program is on track to train 400 more teens to identify and respond to signs of mental health conditions or substance use disorders.

The MIDD Advisory Committee continued to prioritize equity, developing an Equity Framework to guide the committee's work. MIDD providers and nearly every initiative integrated equity into their work, including cultural humility trainings, conscious planning around access, and forming new partnerships. I see MIDD's growing equity focus as central to all MIDD's programming.

Together with its many partners, MIDD adapted and persevered. Above all, MIDD continued to serve King County. I'm proud to offer this report with deep appreciation to all MIDD's partners.

As always, thank you for your collaboration.



Kelli Nomura, Director, King County Behavioral Health and Recovery Division

MIDD IN 2021

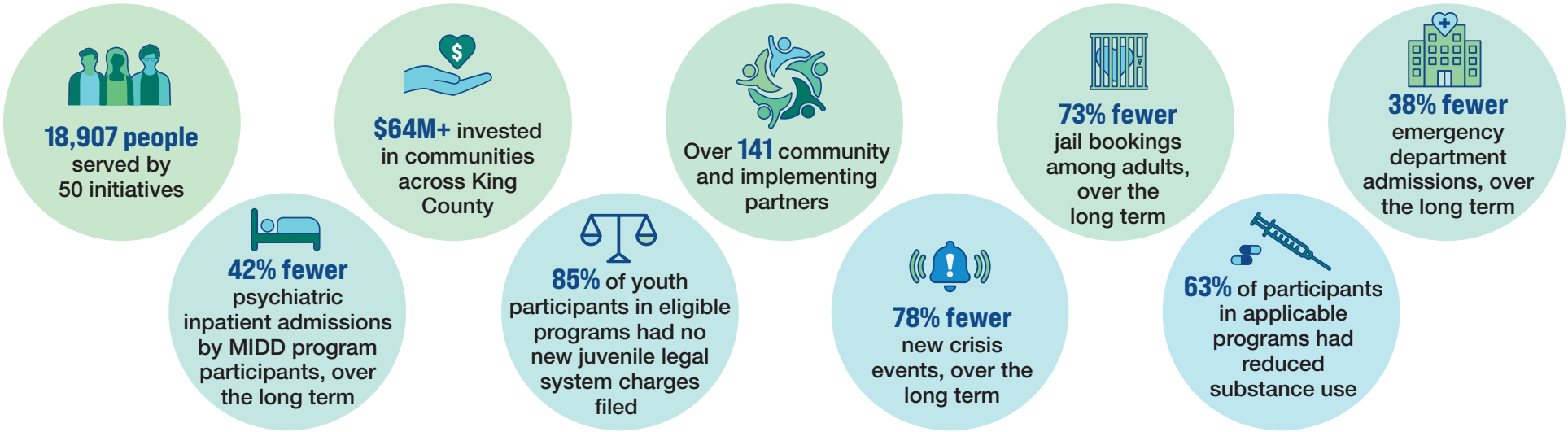
In 2021, the MIDD Behavioral Health Sales Tax Fund funded 50 initiatives to provide a spectrum of programs key to the resilience of King County's behavioral health system. MIDD programs served 18,907 people in 2021, supporting participants in their recovery journeys in the face of ongoing challenges. MIDD's investments play a critical role in King County's strategy to increase access to behavioral health services, to respond to the most urgent needs of the region's communities, and to proactively address some of the greatest challenges residents face.

For decades, behavioral health care has been underfunded, undervalued and stigmatized. The pandemic brought into sharp focus how many people in this region, and across the country, are grappling with anxiety, depression, and other behavioral health challenges. The story of MIDD is about the immediate and long-term dividends these programs have in caring for the whole person while reducing pressure on an overextended system.

MIDD programs and services are remarkably effective. Throughout 2021, people who participated in MIDD continued to benefit from long-term well-being and decreased their use of crisis services. At the same time, the scale and intensity of behavioral health needs and challenges in the region grew. On top of this, budget reductions coming into 2021 related to the COVID-19 pandemic's sharp economic downturn impacted many of MIDD's 50 initiatives. A critical workforce shortage meant there were not always enough people to carry out the work to meet this growing need.

As King County's behavioral healthcare system continues to face these challenges, MIDD is needed now more than ever.

Key 2021 accomplishments



To explore MIDD's overall results, visit the MIDD Data Dashboard.

link coming **MIDD Data Dashboard**



Behavioral health need grew

In 2021, King County's communities and behavioral health system continued to reel from the destabilizing effects of two years of the COVID-19 pandemic. Substance use and symptoms of anxiety and depression rose in 2021 as many struggled to cope with social isolation, grief, stress, and uncertainty.

MIDD providers reported an increased demand for mental health and substance use services, and providers also reported that the acuity of that need was higher. This presented a two-fold challenge: more people needed help, and the help they needed was more intensive.

Overdose fatality rates rose dramatically in King County, in parallel with national trends, due to opioids, particularly with the spread of fentanyl reaching crisis levels, as well as stimulants. King County set a record in 2021 for total drug and alcohol overdose deaths.[2]

Workforce stretched to its limits

Behavioral healthcare workers were pushed to their limits in 2021. Workers faced historic **underinvestment** in the nonprofit sector and lived through the trauma and stressors of the pandemic themselves. A widespread, critical workforce shortage posed significant barriers to MIDD providers' ability to meet the growing demand for their services, including a lack of referral options when needed because of shortages in other programs.

Providers rely on MIDD

In the face of these challenges, MIDD is a resource that providers relied upon to adapt and adjust services. Providers found innovative ways to provide care, create connections to community, build relationships, and help participants navigate systems. Fifty-five percent of MIDD programs reported forming new partnerships with stakeholders and intersecting systems in 2021. The challenges of 2021 also highlighted the importance of investing in a behavioral health continuum of care rooted in equity. Two public health crises, COVID-19 and racism, emphasized the underinvestment in communities of color that has led to less access to healthcare and dramatic behavioral health disparities. In 2021, 59 percent of MIDD programs reported that staff further embedded equity and social justice in their programs and services.

MIDD delivers on King County's commitment to behavioral health

Across five strategy areas, MIDD initiatives promote wellness, improve participants' quality of life, and support their recovery and reintegration into community.

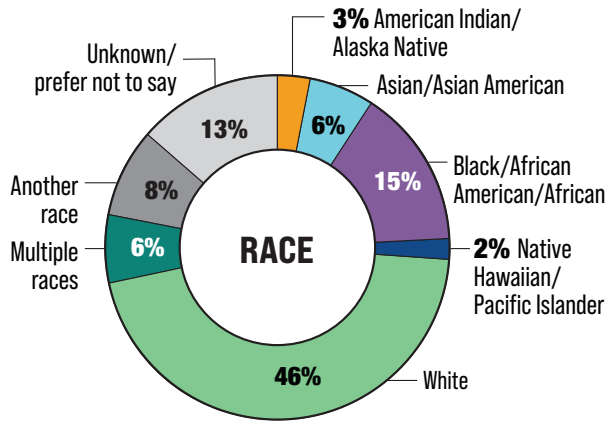
As King County remains committed to ensuring that the doors to recovery remain open for everyone, MIDD programs and services helped to intervene early to prevent or keep behavioral health concerns from escalating, provided culturally responsive services that meet people where they are, and supported people in accessing services in their community so they can avoid crises, jail, and emergency rooms.

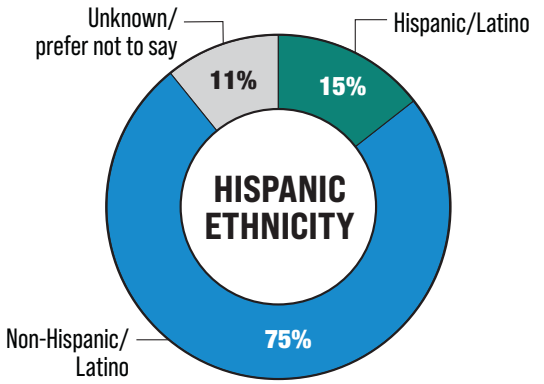
[2] https://dchsblog.com/2022/04/07/new-cross-system-data-analysis-on-overdose-deaths-in-king-county/

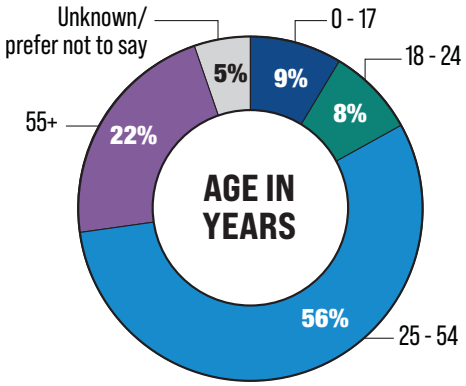
WHO MIDD SERVES

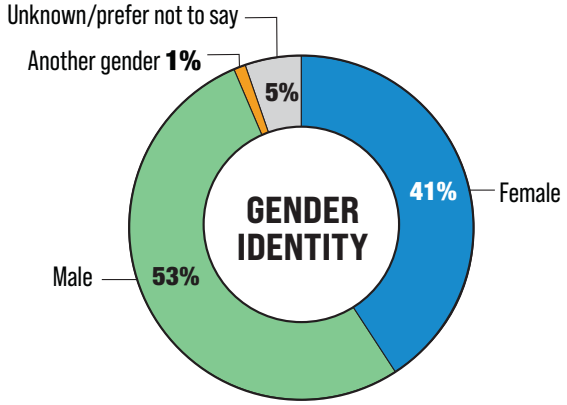
Using a person-centered approach and working to provide culturally relevant services, MIDD delivers prevention and early intervention, crisis diversion, treatment, community reentry, and recovery services to support the health and well-being of residents throughout King County.

MIDD served 18,907 people







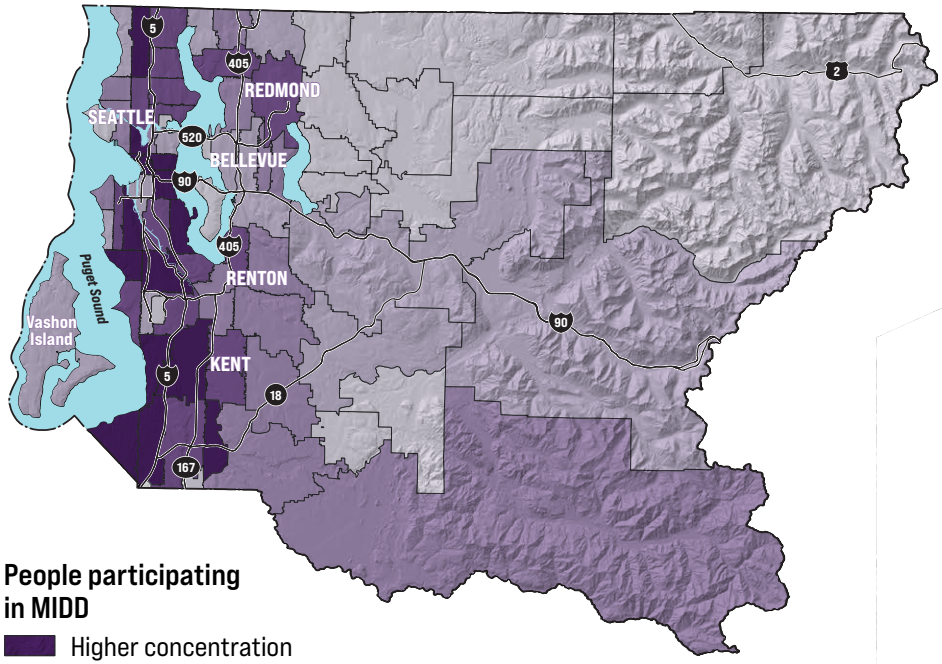


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Demographics include information for individuals served by MIDD programming and are unduplicated across programs. If an individual was served by two MIDD programs in 2021, they are counted within both programs, but only counted once in the total. Totals may not add up to 100% due to rounding. Demographic information may not be available or relevant for all programs. Demographic counts do not include housing capital funds, provider training programs, and outreach activities.

MIDD reached people across King County

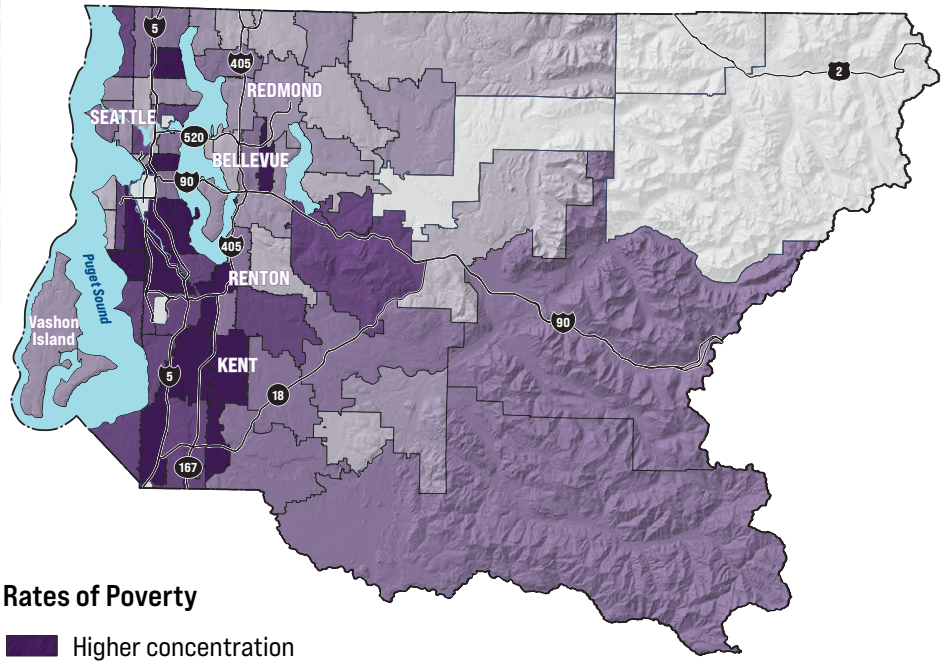
People participating in MIDD by zip code



People participating in MIDD

- Higher concentration
- Lower concentration
- Data not available

Households living in poverty by zip code



Rates of Poverty

- Higher concentration
- Lower concentration
- Data not available

N

0 5 10 Miles

People living outside of King County and those with unknown residence are not included. People served by more than one program are counted only once where data are not anonymous. Total number of people varies across region. Data not available for all zip codes due to low population in those areas.

MIDD GOALS

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

MIDD programs and services advance five overarching 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.



link coming **MIDD Data Dashboard**

DELIVERING CARE IN COMMUNITY

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

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

MIDD participants **significantly reduced**[3] their use of emergency interventions in 2021.

Psychiatric inpatient hospitalizations

Participants experienced 42 percent fewer psychiatric inpatient hospitalizations over the long term.

42%

Emergency department admissions

Long-term service outcomes demonstrate 38 percent fewer emergency department admissions, among eligible participants.

38%

Adult jail bookings

Over the long term, results showed 73 percent fewer jail bookings among adult MIDD participants.

73%

Juvenile legal system filings and referrals

85 percent of youth participants in relevant programs had no new juvenile legal system charges filed after enrolling in MIDD services.

85%

REDUCING CRISIS EVENTS

MIDD GOAL: *Reduce the number, length and frequency of behavioral health crisis events.*

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

Adult MIDD participants experienced **fewer crisis events**.

Crisis events

Over the long term, MIDD participants experienced 78 percent fewer new crisis events.

78%

[3] Long-term results are based on participants enrolled in 2018. MIDD compares participant use of emergency interventions from the year before MIDD enrollment to their third year of services. Long-term results for crisis events compare the first year of services to the third.

To explore MIDD's overall results, visit the MIDD Data Dashboard.

link coming **MIDD Data Dashboard**

IMPROVING HEALTH AND WELLNESS

MIDD GOAL: *Improve health and wellness of individuals living with behavioral health conditions.*

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



Reduced substance use [3]

Across multiple relevant initiatives, 63 percent of participants reported that their substance use decreased or was stable at a low level and 50 percent reported no substance use at all at their most recent measurement.

63%

Increased housing stability

91 percent of participants from relevant programs were sheltered at exit (**TX-ADC: Adult Drug Court, TX-RMHC: Regional Mental Health Court and RR-05: Housing Vouchers Adult Drug Court**).

91%

Reduced depression symptoms

72 percent of participants in **PRI-03: Prevention and Early Intervention Behavioral Health for Adults** over 50 reported experiencing fewer symptoms of depression.

72%

61 percent of participants in **PRI-10: Domestic Violence Behavioral Health Services and System** Coordination reported experiencing fewer symptoms of depression and anxiety.

61%

Treatment goals achieved

60 percent of participants in **RR-08: Hospital Re-entry Respite Beds** who exited the program in 2021 successfully met their treatment goals.

60%

62 percent of eligible participants served by **CD-12: Parent Partners Family Assistance** successfully met their treatment goals.

62%

[4] Some substance use outcome results were not available for 2021 reporting due to limited self-reported data from participants enrolled in publicly-funded substance use disorder treatments.

link coming **MIDD Data Dashboard**

CULTURALLY APPROPRIATE, TRAUMA-INFORMED SERVICES

MIDD GOAL: *Increase culturally appropriate, trauma-informed behavioral health services.*

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



Culturally responsive programming

58 percent of participants in **CD-12: Parent Partners Family Assistance** reported increased family empowerment and advocacy skills, and 64 percent reported knowledge of systems and how to access resources.

Through **SI-01: Community Driven Behavioral Health Services**, eight provider agencies held a total of 102 events, engaging 1,003 participants in 2021. These events included culturally and linguistically appropriate trainings aimed at the needs of the community, including topics that covered: consent and disclosure of sexual assault, domestic violence awareness, behavioral health and substance use prevention, and mental health awareness. Provider agencies held conversations with communities, put out radio broadcas

Trauma-informed programming

TX-FTC: Family Treatment Court worked with a consultant from NonWhite Works to develop anti-racist group norms to guide team members and embed anti-racist practices into Family Treatment Court policy and decision-making.

CD-07: Multi-pronged Opioid Strategies provides a reliable and dependable face in shelters and encampments as the program offered a consistent presence, despite staffing challenges and shortages of naloxone. Providers reopened indoor services in February while maintaining telehealth services to deliver medications to treat opiate use disorder.

TX-ADC: Adult Treatment Court provided family, couples and parent counseling, education and support services through Antioch Clinic to support participants and their loved ones in developing healthy relationships, which are often strained due to the impact of substance use disorder. They also extended prescriptions for medications for opioid use disorder from three days to seven days for people transitioning back to the community from jail, providing more time to coordinate prescription renewals.

In-language services

PRI-10: Domestic Violence and Behavioral Health Services & System Coordination leveraged the work of interns to expand services and increase the diversity of clinicians available to match with participants' cultural and linguistic needs. As a result, providers delivered certain services to participants in their own language (other than English) and engaged them more successfully to participate in treatment.

To explore MIDD's overall results, visit the MIDD Data Dashboard.

link coming **MIDD Data Dashboard**

LINKAGE

MIDD GOAL: *Explicit linkage with, and furthering the work of, King County and community initiatives.*

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

Best Starts for Kids

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

In 2021, Initiative **PRI-07: Mental Health First Aid** expanded its offerings through a new collaboration with Best Starts for Kids. The expansion was geared toward teens to create access to Youth Mental Health First Aid. 522 adults, parents, caregivers, social workers, and other caring professionals were trained in Youth Mental Health First Aid.

Heroin and Prescription Opiate Addiction Task Force

Initiative **CD-07: Multipronged Opioid Strategies** implements recommendations from the multisystem Heroin and Prescription Opiate Addiction Task Force, including programs that support prevention, treatment and overdose response. CD-07 projects involve close collaboration with Public Health – Seattle & King County.

Homelessness Response and Housing Stability

Initiatives **RR-01: Housing Supportive Services** and **RR-03: Housing Capital and Rental** advance efforts to significantly decrease homelessness throughout King County using equity and social justice principles. Multiple other MIDD initiatives (including **CD-03: Outreach and In Reach System of Care**, **CD-05: High Utilizer Care Teams**, **CD-07: Multi-Pronged Opioid Strategies**, and **RR-08: Hospital Reentry Respite Beds**) support wellness for unhoused people with behavioral health conditions. These initiatives support participants to achieve housing stability as part of integrated services.



King County Integrated Care Network Outreach and Engagement Incentive

In 2021, through **SI-03: Quality Coordinated Outpatient Care**, the King County Integrated Care Network (KCICN) launched the Outreach and Engagement Incentive. This program provides financial support to KCICN providers to conduct outreach to Medicaid participants to reengage them in treatment services. This critical provider function is not reimbursable through Medicaid but is critical to supporting ongoing and consistent engagement by Medicaid participants in mental health and substance use treatment.

The King County Integrated Care Network (KCICN) provides access to behavioral health services for King County residents who are eligible for Medicaid or in a priority population for non-Medicaid funds. Leveraging a partnership between the King County Behavioral Health and Recovery Division and an extensive network of behavioral health care providers, the KCICN contracts with the five managed care organizations active in the county to provide Medicaid, including outpatient behavioral health services, mental health and substance use disorder residential treatment, and youth mental health programming.

link coming **MIDD Data Dashboard**

Trueblood Diversion and Settlement Agreement

Implementation of the **Trueblood et al v Washington State D.S.H.S.** class action lawsuit continues to drive innovation and new resources toward upstream diversion, crisis services, and community resources for people receiving or at risk of receiving legal competency service orders in criminal courts. Many MIDD initiatives collaborate with state agencies to help people with behavioral health conditions stabilize in the community instead of in jails and state hospitals, including **CD-01: Law Enforcement Assisted Diversion, CD-04: South County Crisis Diversion Services, CD-06: Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team, CD-14: Involuntary Treatment Triage, CD-18: Response Awareness, De-escalation and Referral, PRI-08: Crisis Intervention Training – First Responders, TX-SMC: Seattle Mental Health Municipal Court, and TX:RMHC: Regional Mental Health and Veterans Court.**



Veterans, Seniors and Human Services Levy

MIDD and the Veterans, Seniors and Human Services Levy (VSHSL) braid funding for several programs. **PRI-03: Prevention and Early Intervention Behavioral Health for Adults Over 50** provides screening and brief behavioral health interventions for people receiving primary care in the healthcare safety net system. Through **TX-RMHC: Regional Mental Health and Veterans Court**, MIDD funds the courts and VSHSL funds the Veterans Court clinician and a mentor coordinator. The RMHC serves people with behavioral health conditions who are involved with the criminal legal system, providing a therapeutic response focused on recovery and addressing issues that underly criminal activity. **PRI-04: Older Adult Crisis Intervention/Geriatric Regional Assessment Team** is a home visiting program that includes intervention experts who provide engagement, clinical assessment and early intervention to isolated older adults, in an effort to avert crises.

Zero Youth Detention

MIDD funds several initiatives that seek to reduce the use of juvenile detention and increase the utilization of community-based behavioral health alternatives to advance **King County's vision of Zero Youth Detention**. These initiatives include **PRI-02: Juvenile Justice Youth Behavioral Health Assessments; CD-02: Youth Detention Prevention Behavioral Health Engagement; CD-13: Family Intervention and Restorative Services and TX-JTRAC-BHR: Juvenile Therapeutic Response and Accountability Court-Behavioral Health Response.**

link coming **MIDD Data Dashboard**

In 2021, a new partnership between the Geriatric Regional Assessment Team (GRAT), and the African Leaders Health Board brought new resources that facilitated key lessons and action.

Using a combination of GRAT funds from MIDD and the Veterans, Senior and Human Services Levy, the Health Board conducted outreach and engagement to African elders about behavioral health services. This led to a group of Swahili speakers coming together to identify COVID-19 related challenges and implement proactive strategies to address those challenges.

The Health Board was then able to purchase tablets for group members and arrange technology training they needed to learn how to use them, using GRAT funds. With the new tablets in hand, group members and Health Board staff were able to connect with each other safely, attend telehealth appointments, find and access other available resources, and address isolation issues confronting the community.

Later, when an elder in the community passed away in isolation, GRAT funding also made it possible for the group to purchase panic alert systems for participants that were easy to activate, did not require a subscription, and were Bluetooth compatible. Additionally, the loss of the cherished community member sparked conversations about how the community could reduce isolation, leading to the creation of a new "buddy system."

Initiative: PRI-04: Older Adult Crisis Intervention/Geriatric Regional Assessment Team



WHAT MIDD DOES — STRATEGY AREAS AND INITIATIVES

To achieve its goals, MIDD delivers programs and services across five integrated strategy areas, each of which feature a suite of initiatives and programs. MIDD initiatives promote wellness, improve participants' quality of life, and support their recovery and reintegration into community. MIDD supports services to enhance a countywide continuum of care, seeking to shift from a costly, crisis-oriented system to one that focuses on prevention, embraces recovery and reduces disparities. In 2021, MIDD collaborated with over 140 community and implementing partners through 50 initiatives to provide critical services for 18,907 people, including the communities most affected by inequities related to race, income, and access to health care.

MIDD Strategy Areas



Prevention and Early Intervention (PRI) initiatives ensure that people get the support they need to stay healthy and keep concerns from escalating.



Crisis Diversion (CD) initiatives work to ensure that people in crisis get the help they need to avoid unnecessary hospitalization or incarceration.



Recovery and Reentry (RR) initiatives help people become healthy and reintegrate into the community safely after a crisis.



System Improvement (SI) initiatives strengthen access to the behavioral health system and equip providers to deliver on outcomes more effectively.

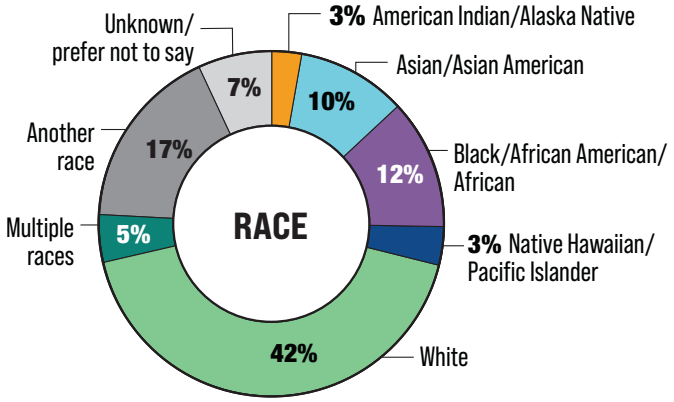


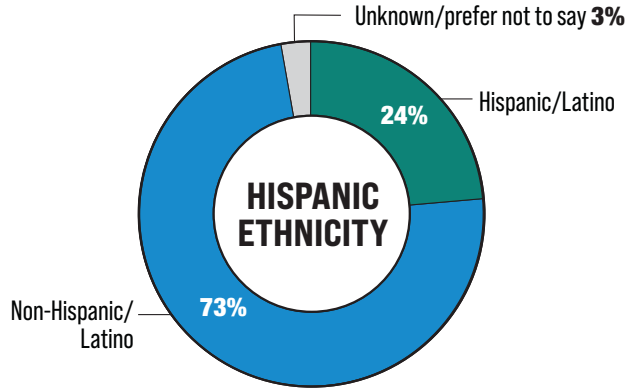
Therapeutic Courts (TX) initiatives offer people experiencing behavioral health conditions an alternative to traditional criminal legal system proceedings and support them in achieving stability and avoiding further legal system involvement.

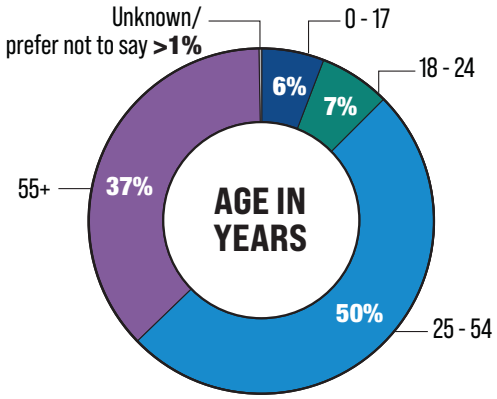
PREVENTION AND EARLY INTERVENTION (PRI)

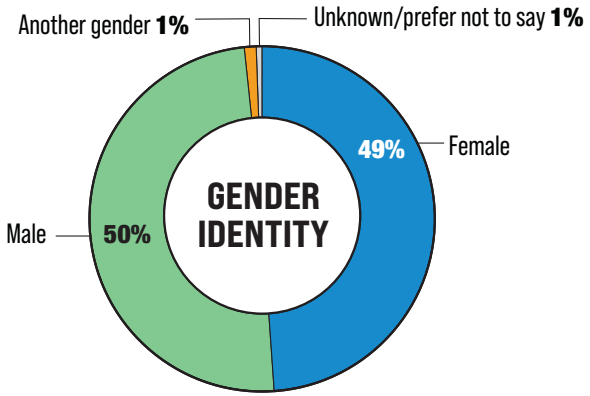
PRI initiatives ensure that people get the support they need to stay healthy and keep concerns from escalating. Programs include early assessment and brief therapies, as well as expanded access to outpatient care for those without Medicaid coverage. Programs equip clinicians, first responders, and community members with tools and resources to identify people who are at risk of behavioral health conditions and to respond in a culturally responsive way to those who need support for substance use or mental health concerns. Collectively, these programs reduce potential for harm and connect individuals with resources and services.

PRI: 6,786 people served









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link coming **MIDD Data Dashboard**

PRI-01 Screening, Brief Intervention and Referral to Treatment

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

- In 2021, SBIRT served 2,038 people.
- Participants experienced 41 percent fewer emergency department admissions over the long term.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

PRI-02 Juvenile Justice Youth Behavioral Health Assessments

Juvenile Justice Youth Behavioral Health Assessments (JJYBHA) addresses the behavioral health needs of individuals who are involved with the juvenile legal system. The initiative relies on a team approach to screening, assessment, and referral with the goal of diverting youth with behavioral health needs from initial or continued legal involvement. JJYBHA teams help families connect to behavioral health and other support services, resulting in a warm hand-off between the legal and behavioral health systems.

- In 2021, JJYBHA served 127 youth.
- 79 percent of participants had no new juvenile legal system charges filed in the 12 months following their enrollment; 54 percent had no new legal system referrals.

PRI-03 Prevention and Early Intervention Behavioral Health for Adults Over 50

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

- In 2021, 691 older adults received services through this initiative.
- 72 percent of participants reported experiencing fewer symptoms of depression.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

To explore MIDD's overall results, visit the MIDD Data Dashboard.

To learn more about **PRI initiatives**, please see the **2021 Performance Measurement Results Section**.

PRI-04 Older Adult Crisis Intervention/ Geriatric Regional Assessment Team

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

- In 2021, 134 older adults received services through this initiative.
- Participants experienced 19 percent fewer emergency department admissions one year after enrollment.
- GRAT, in partnership with 18 culturally diverse community-based organizations, formed an Elders Council to raise awareness of GRAT services and to increase the cultural responsiveness of GRAT programming.
- As COVID-19 restrictions eased, clinicians resumed seeing older adult participants in their homes, resulting in increased engagement.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.



PRI-05 School-Based Screening, Brief Intervention, and Referral to Treatment

School-Based SBIRT promotes social and emotional health and offers students healthy coping mechansims to set them on the path toward happiness and well-being. Counselors offer screening, brief interventions, referrals, case management and behavioral health support groups. These enhanced behavioral health prevention services reached 47 middle schools across 11 different school districts in King County. School-Based SBIRT uses a secure and teen-friendly survey that is tailored to include cultural considerations and designed to provide instant, personalized feedback. The survey is translated into Spanish and Vietnamese and will soon be translated into several other languages. MIDD funding is blended with funding from Best Starts for Kids.

- School-based SBIRT counselors screened 10,113 students in 2021.
- 42 percent of students screened received a brief intervention and 21 percent were referred to services or resources.
- Screening showed that students are developing stronger connections to adults, making it easier to ask for help.

PRI-06 Zero Suicide Initiative

This initiative was not funded in 2021.

To learn more about **PRI initiatives**, please see the **2021 Performance Measurement Results Section**.



"The SBIRT process is an important opportunity for students to really think about how they are feeling at the moment and to have time to process any areas they are struggling with. It gives students the opportunity to get help from an adult early on, rather than later, before the problem becomes more intense. It has been an amazing experience to see how this program is growing in our school district and looking forward to the potential of this program in our community."

– Middle School School-Based SBIRT Coordinator

Coming into seventh grade, Cade's attendance record and grades raised concerns for the school counselor, Gemma. After reviewing Cade's responses to the Check Yourself survey, a screener conducted in classrooms on school-issued laptops or tablets to gauge students' mental health and catch early signs of depression, anxiety, or self-harm, Gemma met with Cade to talk more.

During the conversation, Cade shared more about what was going on for them. The most immediate concerns were of self-harm and suicidal ideation. Gemma connected with Cade's family and helped set up referrals for immediate support and scheduled an appointment with a mental health counselor. Not long after offering support, Gemma noticed that Cade's attendance and grades started to improve.

At their next check-in, Cade shared their desire to use pronouns and a name that truly reflected who they are. This was something Cade wanted to share with their parents but felt anxious and fearful of what might happen. Gemma and Cade made a plan to schedule a parent meeting where Cade could talk with their parents with Gemma's support. The meeting with Cade's parents went well and Cade felt supported by everyone.

Cade's attendance and grades have continued to improve, they joined an after-school group, and those around them have noticed how much happier and upbeat they are.

Initiative: PRI-05 School-Based Screening, Brief Intervention, and Referral to Treatment (SBIRT)

PRI-07 Mental Health First Aid

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

- In 2021, a total of 1,211 people across King County participated in MHFA training.
- 87 percent of survey respondents said the training was relevant or useful.
- The program expanded its reach and accessibility by certifying 16 new instructors from Black, Indigenous, and people of color (BIPOC) communities. Combined, instructors speak nine different languages spoken in communities throughout the County.

PRI-08 Crisis Intervention Training for First Responders

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

- In 2021, CIT conducted 28 training sessions, and 322 first responders and partners participated in CIT.
- 100 percent of survey respondents said the training was relevant or useful.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

PRI-09 Sexual Assault Behavioral Health Services

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

- In 2021, the program screened 665 people for a need for trauma-specific intervention and engaged 239 people in services.
- 59 percent of participants who exited the program in 2021 successfully met their treatment goals.



To learn more about **PRI initiatives**, please see the **2021 Performance Measurement Results Section**.

PRI-10 Domestic Violence Behavioral Health Services and System Coordination

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

- In 2021, 304 people received services.
- 61 percent of participants reported experiencing fewer symptoms of depression and anxiety.

PRI-11 Community Behavioral Health Treatment

The Community Behavioral Health Treatment initiative provides outpatient mental health and substance use disorder treatment services for people who have low incomes but are not eligible for Medicaid. This includes those who may not previously have needed insurance or who are undocumented, so that they can receive the same services available to Medicaid recipients. In addition, through Clubhouse, an internationally certified psychiatric rehabilitation model, participants have access to community-based support for education, employment, and housing, as well as support for socialization and community engagement.

- In 2021, the program provided 3,282 people with outpatient mental health and/or substance use disorder treatment services.
- Participants in mental health treatment experienced 44 percent fewer emergency department admissions, 74 percent fewer jail bookings and 68 percent fewer psychiatric inpatient hospitalizations over the long term.
- Participants in substance use treatment experienced 83 percent fewer jail bookings and 45 percent fewer psychiatric inpatient hospitalizations over the long term.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

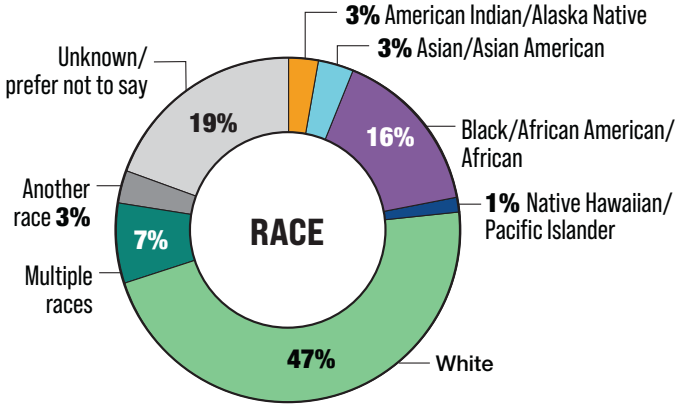


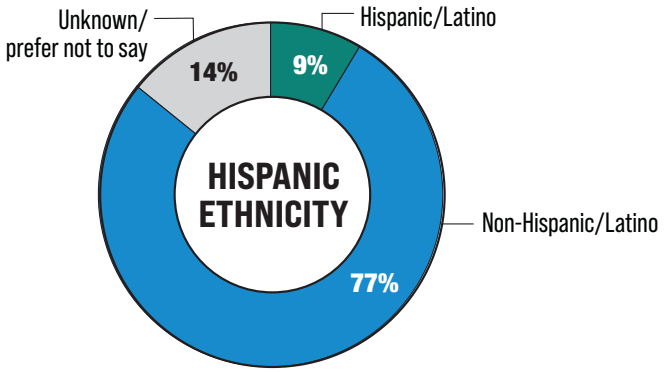
To learn more about **PRI initiatives**, please see the **2021 Performance Measurement Results Section**.

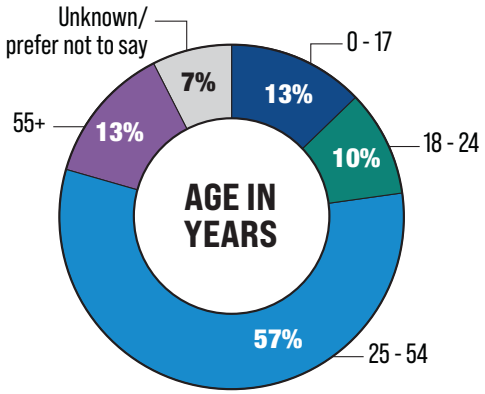
CRISIS DIVERSION (CD)

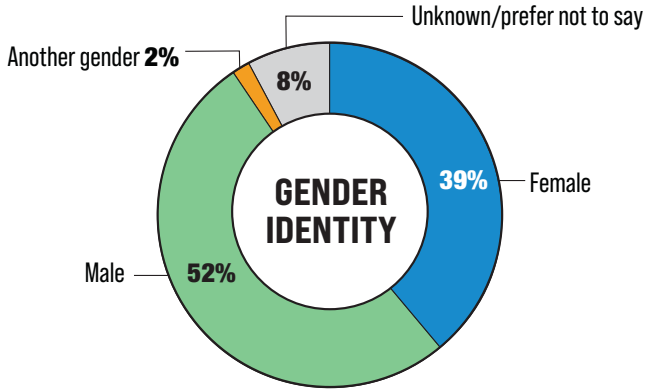
CD initiatives work to ensure that people in crisis get the help they need to avoid unnecessary hospitalization or incarceration. Programs help people stabilize and get connected with community services through multiple channels, including expedited access to outpatient care, multidisciplinary community-based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

CD: 8,754 people served









Race groups are mutually exclusive. Individuals who selected more than one race category were counted as 'Multiple Races.' Ethnicity data are collected separately from race data. At this time, data on ethnicity are only collected on Hispanic/Latino ethnic identity. Individuals who selected "Another Gender" indicated their gender identity was not listed in the response options. This includes but is not limited to persons identifying as transgender, non-binary, intersex, questioning, and/or gender non-conforming.

Demographics include information for individuals served by MIDD programming and are unduplicated across programs. If an individual was served by two MIDD programs in 2021, they are counted within both programs, but only counted once in the total. Totals may not add up to 100% due to rounding. Demographic information may not be available or relevant for all programs. Demographic counts do not include housing capital funds, provider training programs, and outreach activities.

link coming **MIDD Data Dashboard**

CD-01 Law Enforcement Assisted Diversion

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

- In 2021, the program served 852 people.
- Participants experienced 84 percent fewer jail bookings over the long term.

CD-02 Youth Detention Prevention Behavioral Health Engagement

The Youth Connection Services program, funded by this initiative, is part of King County's coordinated and expanding approach to supporting youth and young adults who are involved with or at risk of being involved with the juvenile legal system. A Child and Family Therapist, Program Director, Parent Partner, and youth peers provide short-term, community-based behavioral health support to youth and their families.

- Outcome results are not available in 2021 because not enough participants have available data.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

CD-03 Outreach and In Reach System of Care

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

- In 2021, 518 people received services to help meet basic needs such as: shelter, food, and access to medical care, if needed.
- Participants experienced 82 percent fewer episodes of crisis services and 80 percent fewer jail bookings over the long term.
- 22 percent of service participants were connected to ongoing behavioral health services.
- Supported in part by this initiative, Catholic Community Services shifted to a 24/7 enhanced shelter model and opened a permanent supportive housing building in Kent.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

> *"The support that I have received from the Youth Connection Services (YCS) Parent Partner has been unbelievable. Her example of strength and confidence after enduring similar situations gave me hope for the first time. If I told you she saved my life it would seem I am exaggerating. I see my worth now. She was that guiding light through the darkness but also, she had kind true words I needed to hear to help me. She recognized my strength and helped me see it too!"*
>
> **– Jayce, parent and Youth Connection Services participant**
>
> **Initiative CD-02: Youth Detention Prevention Behavioral Health Engagement**

To learn more about **CD initiatives**, please see the **2021 Performance Measurement Results Section**.

CD-04 South County Crisis Diversion Services/Center

South County Crisis Diversion Services/Center works with CD-06: Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team to expand access to and availability of in-community 24/7 crisis response services for south King County first responders who engage with individuals experiencing a behavioral health crisis. The initiative supports one mobile crisis team.

- In 2021, 784 people received services.
- 26 percent of participants in 2021were linked to publicly-funded behavioral health treatment within one year of receiving services.
- Two years after enrollment, participants experienced 35 percent fewer emergency department admissions, 63 percent fewer jail bookings and 26 percent fewer psychiatric inpatient hospitalizations.

CD-05 High Utilizer Care Teams

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

- In 2021, 48 people received services.
- Participants experienced 91 percent fewer episodes of crisis services, 73 percent fewer emergency department admissions and 50 percent fewer psychiatric inpatient hospitalizations over the long term.
- Provider developed a new partnership within Harborview and with Seattle Fire Department's Health One Team and provided mentorship to the new Swedish High Utilizer Navigator Program.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

CD-06 Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team

The Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team provides King County's first responders with alternatives to jail or hospitals when engaging with adults in behavioral health crisis. Known as the Crisis Solutions Center, the initiative has three program components: the Mobile Crisis Team, the Crisis Diversion Facility, and Crisis Diversion Interim Services. The initiative stabilizes and supports people in the least restrictive settings possible while linking them to community-based services.

- In 2021, this initiative served 2,387 people.
- Participants experienced 79 percent fewer episodes of crisis services, 43 percent fewer emergency department admissions, 68 percent fewer jail bookings and 30 percent fewer psychiatric inpatient hospitalizations over the long term.
- The Crisis Solutions Center remained open throughout COVID. Provider altered services and workflow to ensure physical distancing measures were in place and to match the higher acuity of those being served.

To explore MIDD's overall results, visit the MIDD Data Dashboard.

To learn more about **CD initiatives**, please see the **2021 Performance Measurement Results Section**.

CD-07 Multi-Pronged Opioid Strategies

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

- In 2021, this initiative served 1,806 people.
- Participants experienced 59 percent fewer emergency department admissions and 76 percent fewer jail bookings over the long term.
- For the duration of the pandemic, outreach in shelters and encampments and low barrier access to medication never stopped.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

CD-08 Children's Domestic Violence Response Team

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

- In 2021, CDVRT served 120 children and youth representing 68 families.
- 45 percent of participants were meeting treatment goals in 2021.

CD-09 Behavioral Health Urgent Care — Walk in Clinic

This initiative was not funded in the King County 2021-2022 Adopted Budget.

CD-10 Next-Day Crisis Appointments

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

- In 2021, 807 people received services.
- Participants experienced 79 percent fewer episodes of crisis services, 46 percent fewer emergency department admissions and 12 percent fewer psychiatric inpatient hospitalizations over the long term.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

Medication for opioid use disorders (MOUD)

MOUD refers to treatment for opioid use disorder through the use of medication. Previously called medication-assisted treatment (MAT), the terminology update is recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA) in recognition of the central role medication plays in treatment for substance use disorders. Medication is prescribed so that a person experiencing opioid use disorder can manage their symptoms and begin their pathway of recovery.

To learn more about **CD initiatives**, please see the **2021 Performance Measurement Results Section**.

CD-11 Children's Crisis Outreach Response System

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

- In 2021, CCORS served 1,186 children and youth.
- Outcome data on youth crisis events were not available in 2021 due to complications with the provider's data system. King County expects the provider's data system issues will be resolved in 2022.

> *"Everything we're going through is harder on [my son] than me. CCORS had a tremendous impact. When I felt like I was doing the worst job as a mom, like I was just completely failing, they were just like, 'No Mom, you're doing great; you're going to be OK.' I think that meant more than anything."*
>
> **– A parent**
>
> **Initiative CD-11: Children's Crisis Outreach Response System**

CD-12 Parent Partners Family Assistance

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

- In 2021, Parent Partners Family Assistance reached 134 youth, parents, caregivers and community members.
- 58 percent of participants reported an increase in family empowerment and advocacy skills in 2021.
- Staff improved the intake process and experience for participants, which resulted in better engagement with participants and improved documentation.
- Expanded outreach efforts resulted in an increase of new participants.

CD-13 Family Intervention and Restorative Services

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

- In 2021, 157 people received services.
- Of the youth who left the program in 2021, 90 percent successfully completed services.
- 90 percent of participants had no new juvenile legal system charges filed in the 12 months following their enrollment; 52 percent had no new juvenile legal system referrals.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

To learn more about **CD initiatives**, please see the **2021 Performance Measurement Results Section**.

CD-14 Involuntary Treatment Triage

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

- In 2021, 102 people received services.
- Participants experienced 76 percent fewer episodes of crisis services, 38 percent fewer emergency department admissions and 30 percent fewer psychiatric inpatient hospitalizations over the long term.
- On the front lines of direct care with COVID-19, staff responded to every referral without gaps in direct evaluation services and program processes.

CD-15 Wraparound Services for Youth

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

- In 2021, this initiative served 72 youth.
- Outcome data on youth crisis events were not available in 2021.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

CD-16 Youth Respite Alternatives

This initiative was not funded in the King County 2021-2022 Adopted Budget.

CD-17 Young Adult Crisis Stabilization

Young Adult Crisis Stabilization provides community-based behavioral health supports to housing providers for young adults (ages 18 to 24 years), including those experiencing their first episode of psychosis. Mobile response teams serve young adults in transitional housing, rapid rehousing, permanent housing and shelters, working to meet the unique needs of young adults and supporting shelter staff in responding to crisis events.

- In 2021, this program served 24 young adults.
- Participants experienced 50 percent fewer episodes of crisis services.

CD-18 Response Awareness, De-escalation and Referral

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

- In 2021, RADAR served 364 individuals, and referred 159 participants to follow-up services.
- Participants experienced 60 percent fewer episodes of crisis services, four percent fewer emergency department admissions, and 67 percent fewer jail bookings, in the second year after receiving MIDD services.

To learn more about **CD initiatives**, please see the **2021 Performance Measurement Results Section**.



Emerson had been struggling with their mental health, but things had been getting worse. After experiencing paranoia, hallucinations, and suicidal thoughts, they knew they couldn't wait any longer to get help. As a young person who also worked in the behavioral health field, they knew to connect with Crisis Connections and self-referred to the CORS-YA program.

Emerson shared with CORS-YA staff that they were feeling especially triggered by the stress of work and wanted to find a way to remain in the workforce without it taking such toll on them. Emerson found it especially helpful the way CORS-YA staff gave context for how they may be struggling with both their inner and outer worlds and suggested strategies Emerson could try to create balance given their lived experience and chosen field of work.

CORS-YA staff helped Emerson develop a safety plan, find new ways to cope, and identify additional resources for continued support.

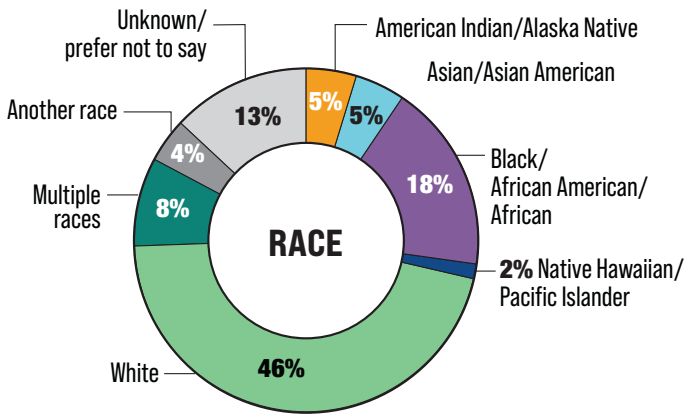
Initiative CD-17: Young Adult Crisis Stabilization

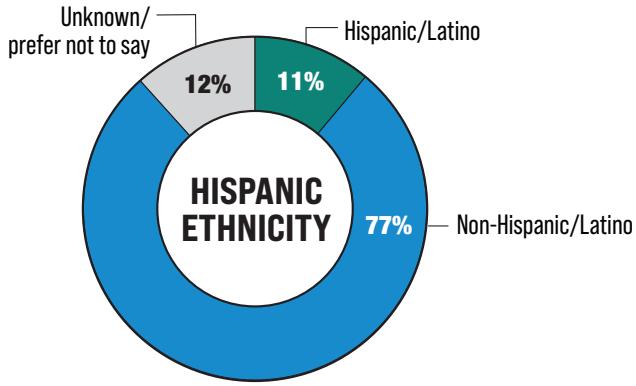
RECOVERY AND REENTRY (RR)

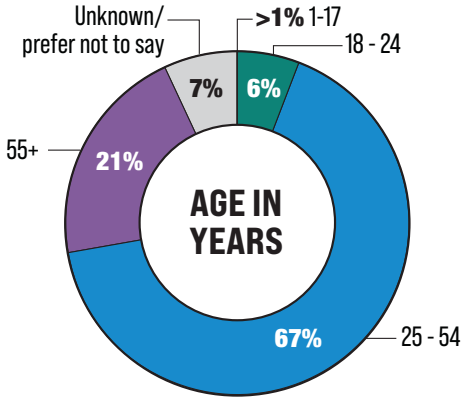
RR initiatives help people become healthy and reintegrate into the community safely after a crisis.

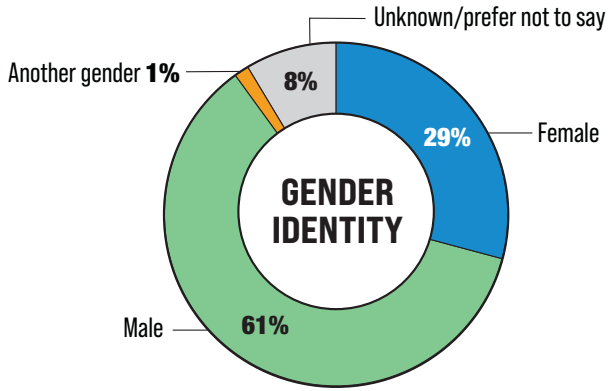
Services focus on the needs of the whole person to support recovery and sustain positive change. Programming includes providing stable housing, services for people experiencing homelessness, employment support services, peer-based recovery supports, and community reentry services after incarceration.

RR: 3,204 people served









Race groups are mutually exclusive. Individuals who selected more than one race category were counted as 'Multiple Races.' Ethnicity data are collected separately from race data. At this time, data on ethnicity are only collected on Hispanic/Latino ethnic identity. Individuals who selected "Another Gender" indicated their gender identity was not listed in the response options. This includes but is not limited to persons identifying as transgender, non-binary, intersex, questioning, and/or gender non-conforming.

Demographics include information for individuals served by MIDD programming and are unduplicated across programs. If an individual was served by two MIDD programs in 2021, they are counted within both programs, but only counted once in the total. Totals may not add up to 100% due to rounding. Demographic information may not be available or relevant for all programs. Demographic counts do not include housing capital funds, provider training programs, and outreach activities.

link coming **MIDD Data Dashboard**

RR-01 Housing Supportive Services

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



- In 2021, 793 people received services.
- Participants experienced 91 percent fewer episodes of crisis services, 74 percent fewer emergency department admissions, 70 percent fewer jail bookings and 37 percent fewer psychiatric inpatient hospitalizations over the long term.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

RR-02 Behavioral Health Services at Community Center for Alternative Programs

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

- In 2021, this program served 60 people.
- Participants experienced 51 percent fewer jail bookings over the long term.

RR-03 Housing Capital and Rental

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

- In 2021, 44 new permanent supportive housing units completed construction and opened in Seattle, to stably house people experiencing behavioral health conditions.
- The Housing Finance Program awarded funds to two additional permanent supportive housing projects with MIDD funding, one in Bellevue and one in Burien. These projects will provide more than 180 units of permanent supportive housing when completed.
- In 2021, rental assistance vouchers helped house 16 people.
- Initiative budget was significantly reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

To explore MIDD's overall results, visit the MIDD Data Dashboard.

To learn more about **RR initiatives**, please see the **2021 Performance Measurement Results Section**.



"I was welcomed into a strong home of other fellow women strong in their recovery. I was never judged or turned away for having this major federal case. I was blessed with my own room, a bed, furniture, cable/internet and all the essentials to live well. But, most importantly, I was given a new chance at life. Since the day I moved into Oxford House, I have done absolutely everything in my power to re-create my whole existence and fight for those around me."

– Amanda, Oxford House resident

Initiative RR-04: Rapid Rehousing Oxford House Model

RR-04 Rapid Rehousing Oxford House Model

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

- In 2021, 300 people received services.
- 74 percent of participants reported that their substance use decreased or was stable at a low level and 69 percent reported no substance use at all at their most recent measurement.
- Participants experienced 50 percent fewer emergency department admissions and 93 percent fewer jail bookings over the long term.
- Four new Oxford Houses opened in 2021, adding 34 beds.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

RR-05 Housing Vouchers for Adult Drug Court

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

- In 2021, 48 people in ADC received MIDD-funded housing support.
- 67 percent of participants reported that their substance use decreased or was stable at a low level and 62 percent reported no substance use at all at their most recent measurement.
- Participants experienced 78 percent fewer jail bookings over the long term.

In 2021, Adult Drug Court strengthened its focus on helping participants transition from drug court housing into permanent housing by initiating Housing 101, a weekly virtual workshop led by a drug court housing case manager, to help guide participants through the process of applying to permanent housing waitlists.

Initiative RR-05: Housing Vouchers for Adult Drug Court

To learn more about **RR initiatives**, please see the **2021 Performance Measurement Results Section**.

RR-06 Jail Reentry System of Care

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

- In 2021, 284 people accessed interim housing through this initiative.
- Participants experienced 76 percent fewer jail bookings over the long term.
- Provider streamlined a process to move individuals released from municipal jails into substance use disorder treatment and/or medication assisted treatment.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

RR-07 Behavioral Health Risk Assessment Tool for Adult Detention

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

- In 2021, 36 people received services.
- 73 percent of participants reported that their substance use decreased or was stable at a low level and 49 percent reported no substance use at all at their most recent measurement.
- Participants experienced 87 percent fewer jail bookings over the long term.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

RR-08 Hospital Re-entry Respite Beds

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

- In 2021, this initiative provided behavioral health services to 287 people.
- 60 percent of participants who exited the program in 2021 successfully met their treatment goals.
- Participants experienced 52 percent fewer emergency department admissions over the long term.

RR-09 Recovery Café

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

- Outcome results are not available in 2021 because program is ramping up.
- Participants received on-site health services through a new partnership with Country Doctor and Bastyr University.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.



To learn more about **RR initiatives**, please see the **2021 Performance Measurement Results Section**.

John was admitted to Hospital Re-entry Respite after being hospitalized multiple times for heart failure and other serious health issues. At 41 years old, his heart was in such bad shape that he wasn't expected to recover.

"On day one, I had no hope. I was so sick," John said. "I was talking to my mom about going back to Puerto Rico because that is where I wanted to die."

John struggled with mobility, used a wheelchair, and had to take breaks coming down the hallway to catch his breath. He was "sick and tired," sharing with the team about his long history of homelessness, social isolation, and history of using opiates and crack cocaine.

In the past, John had a deep distrust of the healthcare system and often missed medical appointments. But at Respite, John says the message he received from staff was, "We don't care that you have an addiction." For once, he felt accepted, not judged, and saw that the team wanted to treat his medical condition and not just focus on his substance use.

"You guys gave me hope," he said.

The nursing team built a trusting relationship with John and coordinated with the cardiology clinic to control his heart failure.

"In four months, John made one of the most remarkable recoveries I have seen with near normalization of his heart function," said his provider at the cardiology clinic. "This level of recovery would not have been possible without the holistic and intensive services he received through Respite."

The team also worked with John to address other needs key to his recovery. He stabilized on Suboxone treatment, reduced his drug use significantly, and connected with other services. Best of all, John was approved for permanent housing in Bellevue.

John says he will not forget the faces of the providers at Respite who saved his life. Now, he anticipates the day his mother will be able to visit him from Puerto Rico in his new housing. "Never lose hope in life," John said. "Everything is possible."

Initiative RR-08: Hospital Re-entry Respite Beds



As Recovery Café pivoted to adapt to a new way of connecting, many of their community volunteers stepped up and became Teleconnection Support Callers for Recovery Café. That's how Kathy and Jim first met, and they've spoken every week for a year since.

"I don't know if we would have become as close as we have if we had just met in passing at the Café... Talking every week, I feel like I really know him even though I've never seen his face."

Jim and Kathy met in person for the first time on June 21, 2021.

Initiative RR-11b: Substance Use Disorder Peer Support



RR-10 Behavioral Health Employment Services and Supported Employment

Employment Services provides evidence-based and intensive supported employment services to people living with mental health conditions and/or those living with both mental health and substance use conditions. The program helps people find, obtain, and maintain competitive, integrated employment throughout King County.

- In 2021, 400 people received services.
- 31 percent of participants were employed during 2021.
- Participants experienced 44 percent fewer emergency department admissions and 57 percent fewer jail bookings over the long term.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

RR-11a Peer Bridger Programs

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

- In 2021, 211 people received services.
- Participants experienced 49 percent fewer emergency department admissions and 80 percent fewer psychiatric inpatient hospitalizations over the long term.

RR-11b Substance Use Disorder Peer Support

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

- In 2021, 657 people received services through Peer Washington and Recovery Cafe.
- Participants experienced 47 percent fewer emergency department admissions and 75 percent fewer jail bookings over the long term.

RR-11c Peer Respite

The initiative was not funded in 2021.

To explore MIDD's overall results, visit the MIDD Data Dashboard.

To learn more about **RR initiatives**, please see the **2021 Performance Measurement Results Section**.

RR-12 Jail-based Substance Use Disorder Treatment

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

- In 2021, 32 participants were engaged in treatment.
- COVID-related impacts to jail staffing, jail operations, and jail population have significantly impacted recruitment for and operations of the Jail-based SUD Treatment Program.
- Outcome data are not available in 2021 because not enough of the participants were eligible for these measures.

RR-13 Deputy Prosecuting Attorney for Familiar Faces

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

- In 2021, 50 people received services.
- Participants experienced 75 percent fewer jail bookings over the long term.

RR-14 Shelter Navigation Services

This one-time initiative was not funded in the King County 2021-2022 Adopted Budget.

RR-15 Pretrial Assessment and Linkage Services (PALS)

The PALS program provides corrections oversight and behavioral health services to non-Medicaid enrolled pretrial individuals whose criminal cases are assigned to the Norm Maleng Regional Justice Center and the Federal Way Municipal Court. Individualized, culturally responsive and trauma-informed services include brief intervention, crisis intervention, mental health and/or substance use disorder assessments, outpatient treatment, and linkages to other community-based services. MIDD and King County general funds support this work.

- In 2021, 76 people received services
- Outcome results are not available in 2021 because new program model is ramping up.
- The name of this initiative was changed in 2021 to more accurately describe its programming.



To explore MIDD's overall results, visit the MIDD Data Dashboard.

To learn more about **RR initiatives**, please see the **2021 Performance Measurement Results Section**.

SYSTEM IMPROVEMENT (SI)

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

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

SI-01 Community-Driven Behavioral Health Grants

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

- In 2021, eight provider agencies held a total of 102 events, engaging 1,003 participants.
- Providers served people throughout the County and in every Council District.

The Comunidad Latina de Vashon deployed the county's first behavioral health youth *promotores** on Vashon Island, a project which equipped young people with the skills to support each other during mental health challenges and in crisis.

Initiative SI-01: Community-Driven Behavioral Health Grants



** The Spanish word 'promotores' most directly translates to the English word 'promotes' and is akin to peers.*

International Rescue Committee launched "Attachment Vitamins," a promising practice in addressing the attachment challenges refugee children and families face in the resettlement process.

Initiative SI-01: Community-Driven Behavioral Health Grants

To learn more about **SI initiatives**, please see the **2021 Performance Measurement Results Section**.

SI-02 Behavioral Health Services in Rural King County

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

- In 2021, 3,284 people participated in a total of 265 events or training sessions.
- 169 participants were engaged in services.
- A new partnership brought behavioral health services to East King County schools.

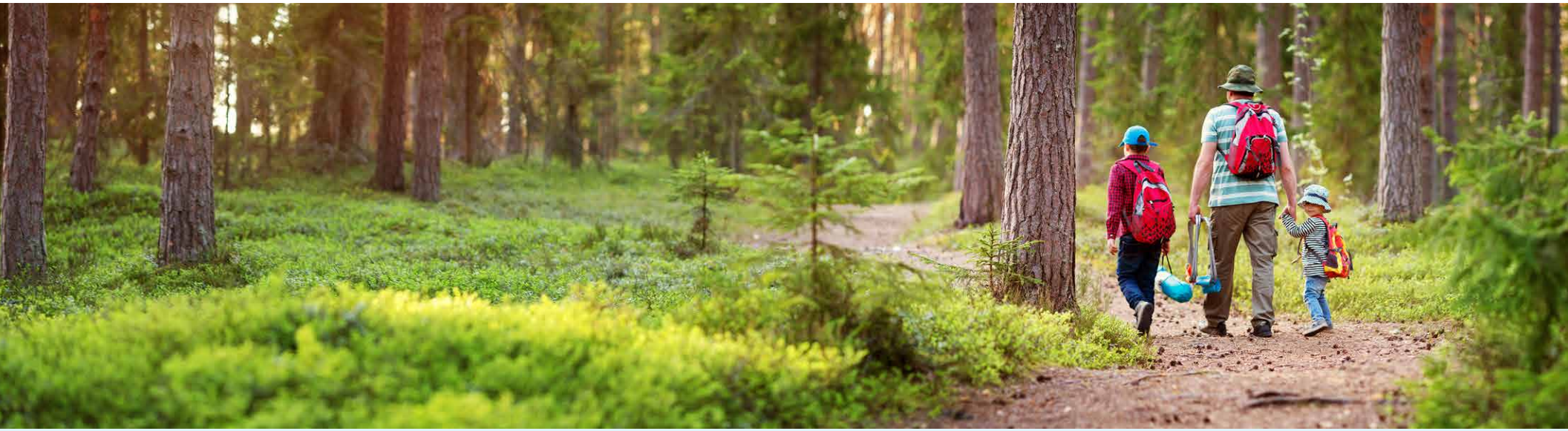
SI-03 Quality Coordinated Outpatient Care

Quality Coordinated Outpatient Care promotes quality improvement and expansion of access to low barrier care across King County, with the goal of improving the quality and quantity of treatment available to low-income clients and building up the capacity and capability of the community behavioral health treatment system.

- In 2021, 15 provider agencies reached out 3,368 times to 2,142 participants about engagement in outpatient behavioral health care through the **KCICN Outreach and Engagement Incentive**.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

SI-04 Workforce Development

Program budget was significantly reduced in response to the COVID-19-driven reduction in sales tax revenue forecast. MIDD maintained financial support of a developmentally appropriate substance use counseling program's licensure for seven providers.

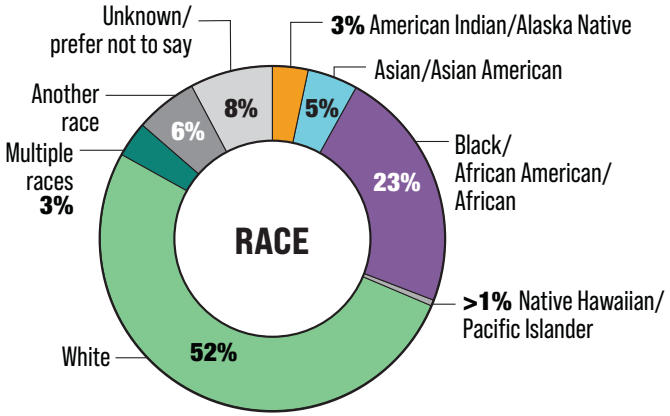


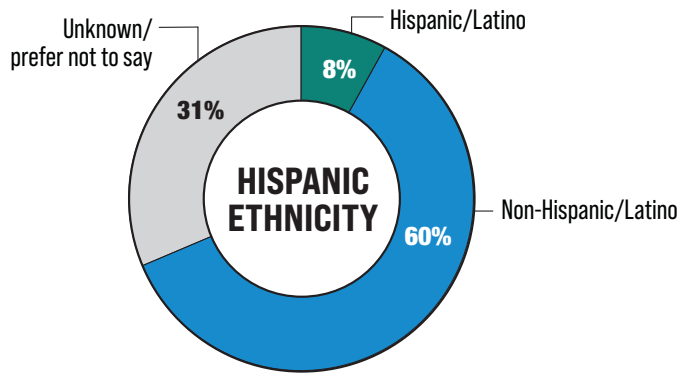
To learn more about **SI initiatives**, please see the **2021 Performance Measurement Results Section**.

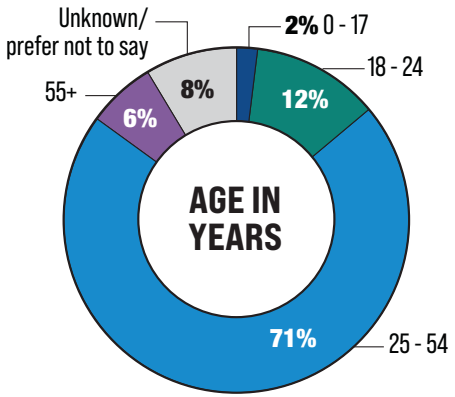
THERAPEUTIC COURTS (TX)

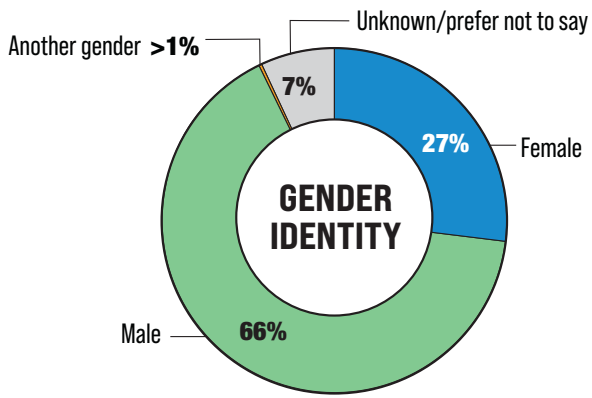
TX initiatives offer people experiencing behavioral health conditions an alternative to the traditional legal system and support them in achieving stability and avoiding further legal system involvement.

TX: 1,207 people served









Race groups are mutually exclusive. Individuals who selected more than one race category were counted as 'Multiple Races.' Ethnicity data are collected separately from race data. At this time, data on ethnicity are only collected on Hispanic/Latino ethnic identity. Individuals who selected "Another Gender" indicated their gender identity was not listed in the response options. This includes but is not limited to persons identifying as transgender, non-binary, intersex, questioning, and/or gender non-conforming.

Demographics include information for individuals served by MIDD programming and are unduplicated across programs. If an individual was served by two MIDD programs in 2021, they are counted within both programs, but only counted once in the total. Totals may not add up to 100% due to rounding. Demographic information may not be available or relevant for all programs. Demographic counts do not include housing capital funds, provider training programs, and outreach activities.

link coming **MIDD Data Dashboard**

TX-ADC Adult Drug Court

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

- In 2021, 476 people received services.
- 65 percent of participants reported that their substance use decreased or was stable at a low level and 56 percent reported no substance use at all at their most recent measurement.
- 99 percent of participants who left the program with qualifying reasons for exits were sheltered at the time of exit.
- Participants experienced 73 percent fewer jail bookings over the long term.
- Program added fentanyl to its drug screen to aid intervention and worked with Public Health to extend the length of MOUD prescriptions for individuals transitioning from jail back to the community in order to ensure continuity of care.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

TX-CC Community Court

Community Court offers an alternative approach for individuals who come into the criminal legal system with significant needs but are at low risk for violent offense. The Community Resource Centers, a component of the program and open to the community at large, provide information and navigation assistance for housing, financial, education, employment and behavioral health services.

- In 2021, 141 people received services.
- Of the 46 participants who left the program in 2021, 80 percent successfully completed services upon exit.
- Participants experienced 87 percent fewer jail bookings over the long term.
- In 2021, this initiative supported the development of a community court in Auburn.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.



To explore MIDD's overall results, visit the MIDD Data Dashboard.

To learn more about **TX initiatives**, please see the **2021 Performance Measurement Results Section**.

Mary had been using drugs on and off for about 15 years when she entered Drug Court. As a result of her substance use and lack of housing, she stole a car and found herself facing prison. She had been to prison before, and knew that she wanted more for her future. But she also knew she would need support to get to where she wanted to be despite all of the challenges in her life.

Mary said that the accountability of Drug Court was one of the things that helped her most, along with a team of caring staff and providers who she felt she "didn't want to let down." Through the program, she received support for both her substance use and her mental health, and she moved into transitional housing where she had her own space where she felt safe.

"I got a lot of support to get on the right path," Mary said. "I needed that much support and I finally got it."

In the program, Mary pushed herself to pursue things that might have been out of her comfort zone in the past. She attended women's meetings, even speaking up sometimes, took online drawing and sewing classes through Path with Art, and worked closely with case managers to pursue her goals.

Mary is now working full-time and has moved into her own apartment. One of the most joyful aspects of her recovery has been reconnecting with her family and her improved relationships. In the past, Mary was incarcerated when her brother married and had his first child, and she missed out on sharing those experiences. Now, Mary interacts with her family in a whole different way.

Recently, her brother had a second baby and Mary was at the baby shower. She is now able to be an involved aunt to her new niece. After seeing her recovery journey, Mary's boyfriend was inspired to reach out for support to stop using as well.

Initiative TX-ADC: Adult Drug Court



TX-FTC Family Treatment Court

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

- In 2021, FTC served 94 children and their families.
- 71 percent of participants reported that their substance use decreased or was stable at a low level and 61 percent reported no substance use at all at their most recent measurement.
- Participants experienced 92 percent fewer jail bookings over the long term.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast

TX-JTRAC-BHR Juvenile Therapeutic Response and Accountability Court-Behavioral Health Response

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

- In 2021, 32 people received services.
- Outcome results are not available in 2021 because new program model is ramping up.
- This initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast

TX-RMHC Regional Mental Health and Veterans Court

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

- In 2021, 452 people received services.
- 82 percent of participants who left the program in 2021 were sheltered at the time of exit.
- Participants experienced 67 percent fewer jail bookings over the long-term.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

TX-SMC Seattle Municipal Mental Health Court

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

- In 2021, 60 people received services.
- Participants experienced 88 percent fewer jail bookings over the long term.
- Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

To explore MIDD's overall results, visit the MIDD Data Dashboard.

To learn more about **TX initiatives**, please see the **2021 Performance Measurement Results Section**.

MIDD EVALUATION

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

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

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



Understanding MIDD Results

Results are based on performance measures set in the MIDD 2 Evaluation Plan, established when the MIDD Behavioral Health Sales Tax was renewed in 2017 and approved in 2018 by Motion 15058. MIDD providers and staff occasionally set additional measures as well. All measures use the RBA framework, reflecting short- to long-term results of initiatives' progress.

Short-term outcome results describe participants' experiences within one to two years of MIDD program enrollment. These results are often compared to participants' experiences in a previous year. Details regarding specific measures can be found on the interactive MIDD Data Dashboard under the "How are we doing?" tab.

Long-term outcome results describe MIDD participants' use of public systems three years after their enrollment. These outcomes compare participant data between a baseline year and the third year after enrollment in MIDD-funded services. Results for participants who began MIDD services in 2018 are reported this year. Details regarding long-term outcome results can be found on the interactive MIDD Data Dashboard under the "What are our results long-term?" tab.

2021 results are based on participant service-level information and narrative reports from MIDD providers. For more analysis, methods and year-over-year findings, visit the interactive MIDD Data Dashboard.

link coming **MIDD Data Dashboard**



Continuous improvement in 2021

In 2021, MIDD made several improvements to performance measurement and evaluation approaches based on opportunities identified by MIDD's partners. These improvements include:

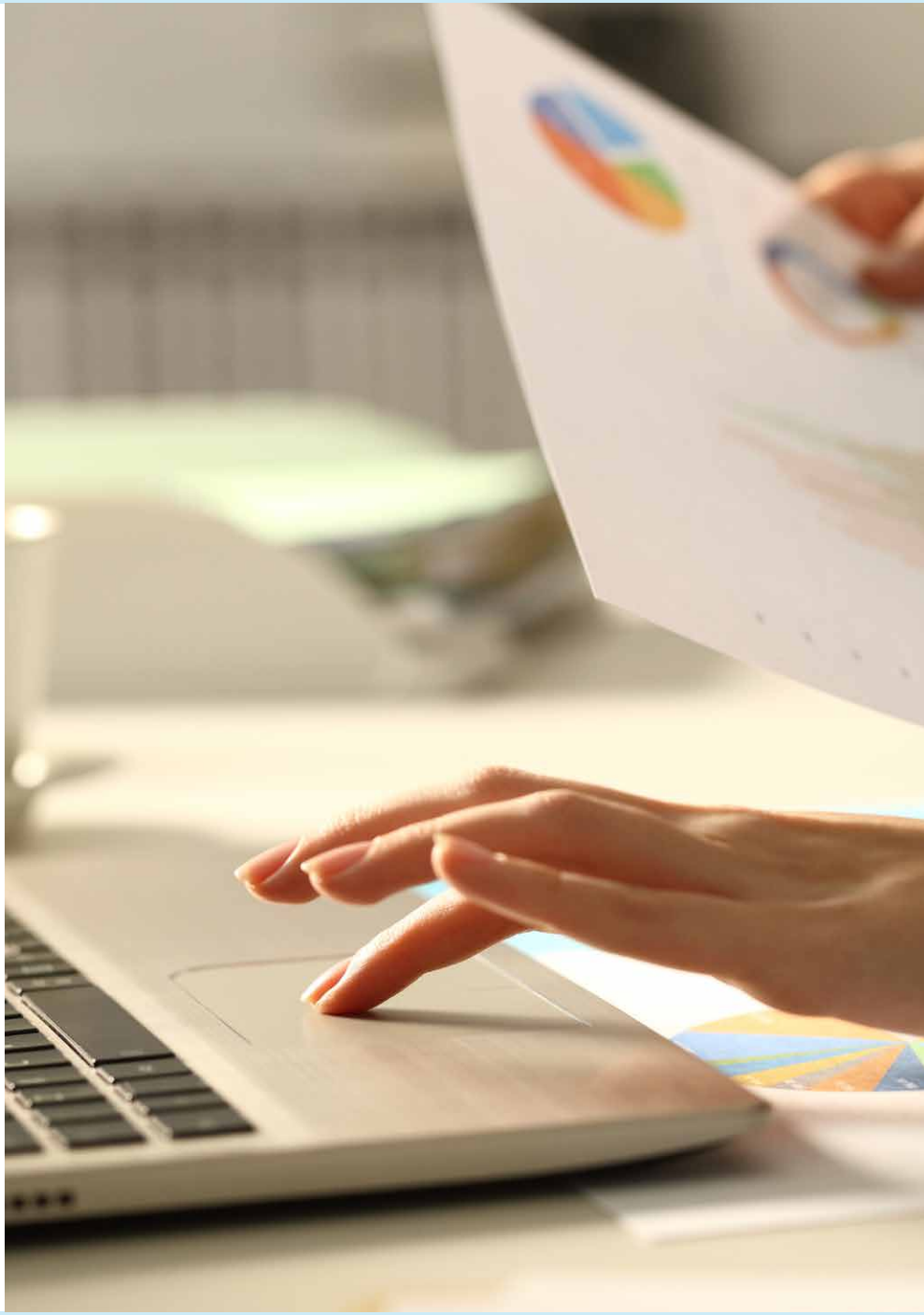
- **Revised long-term outcome methods:** MIDD evaluators worked to improve long-term outcome methods, which now follow participants enrolled in each year of implementation. This improved approach allows for better communication of outcomes over time, as well as factors unique to an individual year's results, such as the COVID-19 pandemic.
- **Broadening emergency department data:** Information used to assess emergency department outcomes is now obtained from Collective Medical Technologies, which includes data from over 95 percent of hospitals in King County.
- **Integration of participant data:** Recent developments in King County's technological infrastructure integrates data across several health and human services datasets on an ongoing basis. This has led to the improved linkage of MIDD participants to outcome data across systems utilizing King County's new integrated data.
- **Establishing the MIDD Evaluation Advisory Group:** In 2021, the MIDD Advisory Committee endorsed the formation of the MIDD Evaluation Advisory Group as recommended by the Steering Committee. The MIDD Evaluation Advisory Group includes representatives from community organizations, MIDD provider agencies, and King County departments, and advises on MIDD evaluation approaches, with a focus on equity and social justice.

link coming **MIDD Data Dashboard**

DATA-INFORMED IMPLEMENTATION ADJUSTMENTS

MIDD applies a continuous improvement approach to its services to ensure that data and other information are used in program and process adjustments.

INITIATIVE	DATA-INFORMED MODIFICATION
PRI-01 Screening, Brief Intervention and Referral to Treatment (SBIRT)	Using emergency department (ED) data as context, providers compared characteristics of individuals who received SBIRT to everyone served in the ED. Clinicians were able to improve SBIRT delivery, such as expanding availability of interpretation services.
PRI-02 Juvenile Justice Youth Behavioral Health Assessments	Program staff continued to monitor how COVID-19 impacted treatment and to make program adjustments to improve service delivery. Reviewing program utilization data also showed that an additional FTE for a Family partnership position was needed to serve the youth and their families.
CD-10 Next Day Crisis Appointments	Staff used service data to assess the utilization of next day appointments. These findings informed service expansion to meet capacity and geographic needs for next day appointments across King County.
CD-13 Family Intervention Restorative Services - FIRS	The FIRS team increased the practice of using out-of-custody voluntary respite more regularly. When things are escalating and family members need a break, in lieu of potential violence or police contact, the young person can now access temporary respite in the FIRS center.
CD-18 Response Awareness, De-escalation and Referral (RADAR)	In the past, staff exited individuals from the program after 90 days passed without engagement with a navigator. Staff learned from MIDD data that Navigators following up on referrals encountered some of the same participants after their 90-day period had ended. As such, the program no longer uses the 90-day threshold. Staff now monitor data to understand if the period of non-engagement should be extended before they exit participants from the program.
TX-FTC Family Treatment Court	King County staff identified who is underserved by this program and worked to contract with agencies that can serve those participants. Program staff made adjustments based on geographic data to better serve participants living in South King County.



link coming **MIDD Data Dashboard**

2021 PERFORMANCE MEASUREMENT RESULTS

Most MIDD initiatives have established performance measures, as found in the MIDD 2 Evaluation Plan. This table shows each initiative's progress against those measures in 2021.

Due to the impacts of the COVID-19 pandemic on programming, no performance targets were set or changed in 2020. The targets included in the 2020 performance measurement tables had been set in 2019 prior to the COVID-19 pandemic. In 2021, targets were re-assessed, and those that needed modifications were adjusted accordingly, based on programming from both 2020 and 2021. Initiatives that changed program models or saw large budget changes had targets set as 'to be determined' ('TBD'). These targets will be reset in future reporting years based on current implementation. Changes to 2021 targets are listed in the 'Updates to performance measure targets' table separately.

In 2021, many MIDD programs served fewer clients in part due to staffing shortages, disruptions to services, surging prices during the pandemic, and constrained systems, including jail and court systems. Complete performance measure information for all initiatives is available on the interactive MIDD Data Dashboard.

Prevention and Early Intervention (PRI)

INITIATIVE	HOW MUCH DID WE DO? Actual # of people served	HOW MUCH DID WE DO? Target # of people served	HOW WELL DID WE DO IT? IS ANYONE BETTER OFF?	2021 NOTES
PRI-01 Screening, Brief Intervention and Referral to Treatment (SBIRT)	2,038	2,050	2,600 people were screened by clinicians for the need for substance use disorder treatment using the SBIRT tool in 2021. 20 percent of participants enrolled in 2020 (N = 2,188) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services. Participants (N = 2,048) had 41 percent fewer emergency department admissions three years after receiving MIDD services.	Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
PRI-02 Juvenile Justice Youth Behavioral Health Assessments (JJYBHA)	127	TBD	79 percent of eligible participants (N = 114) had no new juvenile legal system charges filed, and 54 percent had no new juvenile legal system referrals in the 12 months after enrollment. 28 percent of participants enrolled in 2020 (N = 144) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services.	Continued virtual modality due to COVID-19. Access to quality technology was a challenge for some participants.

Prevention and Early Intervention (PRI) *continued*

INITIATIVE	HOW MUCH DID WE DO? Actual # of people served	Target # of people served	HOW WELL DID WE DO IT? IS ANYONE BETTER OFF?	2021 NOTES
PRI-03 Prevention and Early Intervention Behavioral Health for Adults Over 50	691	1,200	72 percent of participants with repeated assessments (N = 215) showed improvements in their symptoms of depression. 9 percent of participants enrolled in 2020 (N = 534) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services. Participants (N = 462) had 17 percent fewer emergency department admissions three years after receiving MIDD services.	For telehealth services, access to quality technology was a challenge for some participants. Provider experienced ongoing staffing retention and recruitment challenges. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
PRI-04 Older Adult Crisis Intervention/ Geriatric Regional Assessment Team	134	TBD	Participants (N = 77) had 19 percent fewer emergency department admissions in the first year after receiving MIDD services.	The Geriatric Regional Assessment Team launched in-home clinician visits in 2021, which resulted in increased engagement among participants. Providers experienced ongoing staffing retention and recruitment challenges. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
PRI-05 School-Based Screening, Brief Intervention and Referral to Treatment	10,113 screened	TBD	The program screened 10,113 students in 2021 across 41 schools in 11 different school districts. Of these, 42 percent received a brief intervention and 21 percent were referred to services or resources. Screening identified risk factors that were not previously known to staff among 46 percent of students who received a brief intervention in 2021.	Expanded into five new school districts. School districts transitioned back to in-person services for the 2021-22 school year. Several districts experienced long waitlists and limited schedules for community resources which made it challenging to connect students with referrals and community supports, especially for behavioral health needs.
PRI-06 Zero Suicide Initiative	N/A	N/A	Outcome results were not available in 2021 because of deferred implementation.	Program not funded in King County 2021–2022 Adopted Biennial Budget.
PRI-07 Mental Health First Aid (MHFA)	1,211 trained	2,000	The program conducted 119 trainings in 2021. 87 percent of participants who completed a post-training survey (N = 649) reported that the Mental Health First Aid training was relevant or useful.	MIDD infrastructure and partnerships enabled expansion of services for Teens and Youth MHFA using funding from the Best Starts for Kids (BSK) Levy. Continued virtual modality due to COVID-19. Access to quality technology was a challenge for some participants.

Prevention and Early Intervention (PRI) *continued*

INITIATIVE	HOW MUCH DID WE DO? Actual # of people served	Target # of people served	HOW WELL DID WE DO IT? IS ANYONE BETTER OFF?	2021 NOTES
PRI-08 Crisis Intervention Training for First Responders	322 trained	600	Program conducted 28 trainings in 2021, and 100 percent of participants who completed a post-training survey (N = 74) reported that the Crisis Intervention Training was relevant or useful.	Due to COVID-19, trainings continued to be held virtually. Despite being unable to provide the 40-hour in-person courses, participation in the 8-hour in-service increased substantially in 2021 due to the initiation of a virtual option for training. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
PRI-09 Sexual Assault Behavioral Health Services	239	222	665 people were screened for the need for trauma-informed intervention in 2021. 59 percent of participants who exited the program in 2021 (N = 73) successfully met their treatment goals.	Providers experienced ongoing staffing retention and recruitment challenges.
PRI-10 Domestic Violence Behavioral Health Services and System Coordination	304	400	61 percent of participants with repeated assessments (N = 76) showed improvements in symptoms of depression, and 61 percent showed improvements in symptoms of anxiety.	System coordination and collaboration were challenging due to difficulties engaging during COVID, as well as ongoing workforce turnover through the provider community. Providers noted an increased need for domestic violence services beyond capacity to serve. Building trust through a virtual, remote environment and access to quality technology proved to be a significant barrier for some populations.
PRI-11 Community Behavioral Health Treatment	3,282	3,500	Participants enrolled in mental health treatment (N = 1,147) experienced 44 percent fewer emergency department admissions and 68 percent fewer psychiatric inpatient hospitalizations, three years after receiving MIDD services. Participants (N = 892) had 74 percent fewer jail bookings three years after receiving MIDD services. Participants enrolled in substance use disorder treatment (N = 177) had 83 percent fewer jail bookings three years after receiving MIDD services. Participants (N = 309) had 45 percent fewer psychiatric inpatient hospitalizations three years after receiving MIDD services.	Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.



Crisis and Diversion (CD)

INITIATIVE	HOW MUCH DID WE DO? Actual # of people served	HOW MUCH DID WE DO? Target # of people served	HOW WELL DID WE DO IT? IS ANYONE BETTER OFF?	2021 NOTES
CD-01 Law Enforcement Assisted Diversion	852	750	Participants (N = 146) had 84 percent fewer jail bookings three years after receiving MIDD services. 28 percent of participants enrolled in 2020 (N = 157) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services.	Program expanded and added referral pathways allowing for increased participant engagement.
CD-02 Youth Detention Prevention Behavioral Health Engagement	<10	TBD	Outcome results are not available in 2021 because not enough participants have available data.	Providers experienced ongoing staffing retention and recruitment challenges. Lack of access to young people given remote learning impacted referrals. Programs are adjusting to reforms across the juvenile legal landscape and navigating relationship-building challenges with system partners to support consistent referrals. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
CD-03 Outreach and In Reach System of Care	518	450	Participants (N = 258) had 82 percent fewer crisis service events three years after receiving MIDD services. 22 percent of participants enrolled in 2020 (N = 567) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services. Participants (N = 257) had 80 percent fewer jail bookings three years after receiving MIDD services.	Providers experienced ongoing staffing retention and recruitment challenges. COVID-19 continued to impact coordination, connection, and shelter/housing options. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
CD-04 South County Crisis Diversion Services/Center	784	TBD	Participants (N = 320) had 42 percent fewer crisis service events two years after receiving MIDD services. 26 percent of participants enrolled in 2020 (N = 717) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services. Participants (N = 320) had 35 percent fewer emergency department admissions and 26 percent fewer psychiatric inpatient hospitalizations, two years after receiving MIDD services. Participants (N = 312) had 63 percent fewer jail bookings two years after receiving MIDD services.	Provider experienced ongoing staffing retention and recruitment challenges.

link coming **MIDD Data Dashboard**

Crisis and Diversion (CD) *continued*

INITIATIVE	HOW MUCH DID WE DO? Actual # of people served	Target # of people served	HOW WELL DID WE DO IT? IS ANYONE BETTER OFF?	2021 NOTES
CD-05 High Utilizer Care Teams	48	100	Participants (N = 54) had 91 percent fewer crisis service events three years after receiving MIDD services. 27 percent of participants enrolled in 2020 (N = 37) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services. Participants (N = 54) had 73 percent fewer emergency department admissions and 50 percent fewer psychiatric inpatient hospitalizations three years after receiving MIDD services.	Provider experienced ongoing staffing retention and recruitment challenges. COVID-19 continued to impact the availability of and access to shelter, basic resources, and community supports.
CD-06 Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	2,387	1,875	Participants (N = 1,933) had 79 percent fewer crisis service events three years after receiving MIDD services. 31 percent of participants enrolled in 2020 (N = 2,138) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services. Participants (N = 1,933) had 43 percent fewer emergency department admissions and 30 percent fewer psychiatric inpatient hospitalizations three years after receiving MIDD services. Participants (N = 1,878) had 68 percent fewer jail bookings three years after receiving MIDD services.	Provider experienced ongoing staffing retention and recruitment challenges.
CD-07 Multipronged Opioid Strategies	1,806 overall	2,000	Participants (N=538) had 59 percent fewer emergency department admissions three years after receiving MIDD services, and participants (N = 533) had 76 percent fewer jail bookings. 37 percent of participants enrolled in 2020 (N = 570) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services.	Provider experienced ongoing staffing retention and recruitment challenges. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
CD-08 Children's Domestic Violence Response Team	68 families	85	45 percent of eligible participants served (N = 115) were meeting treatment goals in 2021.	Continued virtual modality due to COVID-19 improved some participants' ability to engage safely. Significant staff turnover and ongoing recruitment challenges led to reduction in participant engagement. Participants increased participation in program activities such as Meet and Greets due to change to virtual medium where they felt safer participating.
CD-09 Behavioral Health Urgent Care-Walk in Clinic	N/A	N/A	Outcome results were not available in 2021 because of deferred implementation.	Program not funded in King County 2021–2022 Adopted Biennial Budget.

Crisis and Diversion (CD) *continued*

INITIATIVE	HOW MUCH DID WE DO? Actual # of people served	Target # of people served	HOW WELL DID WE DO IT? IS ANYONE BETTER OFF?	2021 NOTES
CD-10 Next Day Crisis Appointments	807	800	Participants (N = 569) had 79 percent fewer crisis events three years after receiving MIDD services. 32 percent of participants (N = 534) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services. Participants (N = 569) had 46 percent fewer emergency department admissions and 12 percent fewer psychiatric inpatient hospitalizations, three years after receiving MIDD services.	Providers continued to operate a hybrid model of in-person and telehealth services. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
CD-11 Children's Crisis Outreach and Response System	1,186	1,000	Outcome data on youth crisis events were not available in 2021 due to complications with provider's data system. King County expects the provider's data system issues will be resolved in 2022.	Provider experienced ongoing staffing retention and recruitment challenges. Program continued to operate a hybrid model of in-person and telehealth services.
CD-12 Parent Partners Family Assistance	134	300	62 percent of participants served (N = 125) were meeting treatment goals in 2021. 58 percent of participants served (N = 45) reported an increase in family empowerment and advocacy skills in 2021. 49 percent of participants served (N = 45) reported increased self-management skills in 2021. 64 percent of participants served (N = 45) reported knowledge of systems and how to access resources in 2021.	Provider experienced ongoing staffing retention and recruitment challenges. The program continued to adapt to COVID-19 impacts by providing certain services remotely. Restrictions on gathering led to fewer outreach and engagement opportunities. Program used alternative strategies for engagement, such as paper-mail and email outreach campaigns.
CD-13 Family Intervention and Restorative Services (FIRS)	157	300	Of participants who left the program in 2021 (N = 81), 90 percent successfully completed services. 90 percent of eligible participants (N = 143) had no new juvenile legal system charges filed and 52 percent had no new juvenile legal system referrals in the 12 months after enrollment.	Due to COVID-19 impacts, law enforcement deprioritized responding to lower-level violent crimes and had staffing and retention challenges. This led to fewer referrals to FIRS. Provider experienced ongoing staffing retention and recruitment challenges.

Crisis and Diversion (CD) *continued*

INITIATIVE	HOW MUCH DID WE DO? Actual # of people served	Target # of people served	HOW WELL DID WE DO IT? IS ANYONE BETTER OFF?	2021 NOTES
CD-14 Involuntary Treatment Triage	102	200	Participants (N = 129) had 76 percent fewer crisis events three years after receiving MIDD services. 36 percent of participants (N = 63) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services. Participants (N = 129) had 38 percent fewer emergency department admissions and 30 percent fewer psychiatric inpatient hospitalizations, three years after receiving MIDD services.	Operations were restructured at the King County Correctional Facility, located in Seattle, due to COVID-19. This had a noticeable impact on the number of people served. Decreases in arrests by law enforcement, bookings into the King County Correctional Facility, and charges filed by the King County Prosecuting Attorney's Office all resulted in lower referrals.
CD-15 Wraparound Services for Youth	72	TBD	Outcome results not reported as they rely on CD-11 youth crisis service data that were not available in 2021 (see CD-11 Program Notes).	Provider experienced ongoing staffing retention and recruitment challenges. Significant and sustained staffing shortages reduced the number served and the availability of outcome data. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
CD-16 Youth Respite Alternatives	N/A	N/A	Outcome results were not available in 2021 because the initiative was not active.	Program not funded in King County 2021–2022 Adopted Biennial Budget.
CD-17 Young Adult Crisis Stabilization	24	40	Participants (N = 35) had 50 percent fewer crisis events three years after receiving MIDD services.	Program continued to operate a hybrid model of in-person and telehealth services. Provider experienced periodic staffing shortages due to COVID-19 exposure as well as ongoing staffing retention and recruitment challenges. Provider had limited access to serve young adults in shelter and housing programs due to COVID-19 protocols within those programs. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
CD-18 Response Awareness, De-escalation, and Referral	364	TBD	Participants (N = 346) had 60 percent fewer crisis events two years after receiving MIDD services. 159 participants were referred for follow-up services in 2021. 14 percent of participants (N = 478) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services. Participants (N = 346) had 4 percent fewer emergency department admissions two years after receiving MIDD services. Participants (N = 254) had 67 percent fewer jail bookings two years after receiving MIDD services.	Providers experienced ongoing staffing retention and recruitment challenges.



Recovery and Reentry (RR)

INITIATIVE	HOW MUCH DID WE DO? Actual # of people served	HOW MUCH DID WE DO? Target # of people served	HOW WELL DID WE DO IT? IS ANYONE BETTER OFF?	2021 NOTES
RR-01 Housing Supportive Services	793	690	Participants (N = 245) had 91 percent fewer crisis events three years after receiving MIDD services. 34 percent of participants (N = 71) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services. Participants (N = 245) had 74 percent fewer emergency department admissions and 37 percent fewer psychiatric inpatient hospitalizations, three years after receiving MIDD services. Participants (N = 238) had 70 percent fewer jail bookings three years after receiving MIDD services.	Providers experienced ongoing staffing retention and recruitment challenges. COVID-19 continued to impact the ability to engage tenants in community-building activities. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
RR-02 Behavioral Health Services at Community Center for Alternative Programs	60	40	Participants (N = 68) had 51 percent fewer jail bookings three years after receiving MIDD services.	Provider operated a hybrid model of in-person and telehealth services. COVID-19 impacts on the criminal legal system and law enforcement continued to contribute to a lower number of referrals through that route. Program relied on other referral sources to reach people eligible for services.
RR-03 Housing Capital and Rental	16	N/A	Outcome results are not available in 2021 because not enough participants have available data.	This initiative does not have targets because it mostly funds housing capital projects (buildings). People housed in these capital projects typically receive support services and are tracked through initiative RR-03. The 16 people served in 2021 reflects those whose units were paid for by RR-03. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

link coming **MIDD Data Dashboard**

Recovery and Reentry (RR) *continued*

INITIATIVE	HOW MUCH DID WE DO? Actual # of people served	Target # of people served	HOW WELL DID WE DO IT? IS ANYONE BETTER OFF?	2021 NOTES
RR-04 Rapid Rehousing Oxford House Model	300	333	65 percent of the participants who left services in 2021 (N = 250) successfully stayed sober and completed the program. Of those participants with repeated substance use measures (N = 141), 74 percent reported reduced or stable low use over time, and 69 percent reported no use in their later measures. Participants (N = 70) had 50 percent fewer emergency department admissions three years after receiving MIDD services. Participants (N = 69) had 93 percent fewer jail bookings three years after receiving MIDD services.	Escalating rental costs in King County and COVID-19 impacts made it especially challenging to rent homes that met Oxford House standards. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
RR-05 Housing Vouchers for Adult Drug Court	48	30	11 of the 15 eligible participants who exited services in 2021 successfully graduated from the program. All participants with available housing data (N = 21) were sheltered at exit. Of those participants with repeated substance use measures (N = 48), 67 percent reported reduced or stable low use over time, and 62 percent reported no use in their later measures.	COVID-19 impacts and changes in how felony drug possession are prosecuted led to decreases in the young adult population as a result of decreased program referrals and enrollment overall. Due to COVID-19, program continued remote and hybrid services and worked to increase participants' access to technology.
RR-06 Jail Reentry System of Care	284	250	Participants (N = 203) had 76 percent fewer jail bookings three years after receiving MIDD services. 36 percent of participants (N = 135) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services.	In 2021, municipal jails switched medical providers. As a result, staff ramped up outreach and engagement efforts to set up new pathways for participants. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
RR-07 Behavioral Health Risk Assessment Tool for Adult Detention	36	TBD	8,987 people were screened with the Behavioral Health Risk Assessment Tool for Adult Detention in 2021. Of those participants with repeated substance use measures (N = 77), 73 percent reported reduced or stable low use over time and 49 percent reported no use in their later measures. Participants (N = 50) had 87 percent fewer jail bookings three years after receiving MIDD services.	Short-term staffing shortages impacted capacity to keep up with demand for screenings. Law enforcement and jail policy changes led to fewer adult jail bookings. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

link coming **MIDD Data Dashboard**

Recovery and Reentry (RR) *continued*

INITIATIVE	HOW MUCH DID WE DO? Actual # of people served	Target # of people served	HOW WELL DID WE DO IT? IS ANYONE BETTER OFF?	2021 NOTES
RR-08 Hospital Re-entry Respite Beds	287	350	60 percent of participants who exited the program in 2021 (N = 243) successfully met their treatment goals. Participants (N = 349) had 52 percent fewer emergency department admissions three years after receiving MIDD services.	COVID-19 impacted the program's ability to operate at full bed capacity and link patients to other residential treatment programs. Staff leveraged internal Harborview resources for many patients with critical needs.
RR-09 Recovery Café	50	TBD	Outcome results are not available in 2021 because program is ramping up.	Recovery Café SODO site reopened in 2021 as a gathering space after having served as temporary enhanced shelter as part of King County's COVID-19 response. Participants were hesitant to engage in services during COVID-19. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
RR-10 Behavioral Health Employment Services and Supported Employment	400	800	31 percent of participants (N = 389) were employed at some point during 2021. 36 percent of participants retained a job for at least 90 days. Participants (N = 488) had 44 percent fewer emergency department admissions three years after receiving MIDD services. Participants (N = 484) had 57 percent fewer jail bookings three years after receiving MIDD services.	Partial funding for this initiative was restored toward the end of 2021. Program transitioned back to providing some in-person services.
RR-11a Peer Bridger Programs	211	300	Participants (N = 176) had 49 percent fewer emergency department admissions and 80 percent fewer psychiatric inpatient hospitalizations, three years after receiving MIDD services. 66 percent of participants (N = 144) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services.	Peer Bridger Programs reported an increased demand for detox services. Participants referred to clinical behavioral health services by peers often experienced delays in receiving services due to the shortage of clinical behavioral health staff.
RR-11b Substance Use Disorder Peer Support	657	1,000	Participants (N = 621) had 47 percent fewer emergency department admissions three years after receiving MIDD services. Participants (N = 615) had 75 percent fewer jail bookings three years after receiving MIDD services.	Staff and participants continued to be affected by limited access to technology for remote services and the diminished staffing capacity at mental health agencies.
RR-11c Peer Respite	N/A	N/A	Outcome results were not available in 2021 because the initiative was not active.	Program not funded in King County 2021-2022 Adopted Biennial Budget.

Recovery and Reentry (RR) *continued*

INITIATIVE	HOW MUCH DID WE DO? Actual # of people served	Target # of people served	HOW WELL DID WE DO IT? IS ANYONE BETTER OFF?	2021 NOTES
RR-12 Jail-based Substance Use Disorder Treatment	32	40	9 percent of participants (N = 67) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services. Participants (N = 14) had 71 percent fewer jail bookings three years after receiving MIDD services.	COVID-19 continued to impact jail operations, including restricted jail access. Provider pivoted to window and video visits, which were inconsistent due to sporadic closures by the Department of Adult and Juvenile Detention. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
RR-13 Deputy Prosecuting Attorney for Familiar Faces	50	60	Participants (N = 14) had 75 percent fewer jail bookings three years after receiving MIDD services.	Provider experienced ongoing staffing retention and recruitment challenges. COVID-19 continued to impact referral resources, including shelter options as an alternative to incarceration.
RR-14 Shelter Navigation Services	N/A	N/A	Outcome results were not available in 2021 because the initiative was not active.	Program not funded in King County 2021–2022 Adopted Biennial Budget.
RR-15 Pretrial Assessment and Linkage Services (PALS)	76	TBD	Outcome results are not available in 2021 because new program model is ramping up.	Due to COVID-19, provider implemented a hybrid model, offering both in-person and telehealth services and intensive case management. Provider also increased the number of group sessions to address treatment service accessibility.



System Improvement (SI)

INITIATIVE	HOW MUCH DID WE DO? Actual # of people served	Target # of people served	HOW WELL DID WE DO IT? IS ANYONE BETTER OFF?	2021 NOTES
SI-01 Community-Driven Behavioral Health Grants	1,003 participated	TBD	Provider agencies held a total of 102 community events in 2021, engaging 1,003 participants.	All eight community-based agencies continued virtual service delivery due to COVID-19.
SI-02 Behavioral Health Services in Rural King County	169 3,284 participated	TBD	Four agencies provided direct services for which 169 participants were engaged in services. Five agencies provided 265 trainings and events to 3,284 participants.	Continued virtual modality due to COVID-19. Access to quality technology was a challenge for some participants. Some providers continued in-person for delivery of specialized services in schools and trauma-related services.
SI-03 Quality Coordinated Outpatient Care	2,142	TBD	15 provider agencies reached out 3,368 times to 2,142 participants regarding engagement in outpatient care.	Planning and ramp-up of new incentive programs has taken time. King County launched two incentives for providers: Outreach and Engagement Initiative (effective 2021) and the Pay-for-Performance Incentive (effective 2022). Outcomes reported for Outreach and Engagement measured for October-December 2021.
SI-04 Workforce Development	N/A	N/A	Outcome results were not available in 2021 because the initiative was not active.	Program budget was significantly reduced in response to the COVID-19-driven reduction in sales tax revenue forecast. MIDD maintained financial support of a developmentally appropriate substance use counseling program's licensure for seven providers.

Treatment Courts (TX)

INITIATIVE	HOW MUCH DID WE DO? Actual # of people served	Target # of people served	HOW WELL DID WE DO IT? IS ANYONE BETTER OFF?	2021 NOTES
TX-ADC Adult Drug Court	476	700	Of those participants with repeated substance use measures (N = 294), 65 percent reported reduced or stable low use over time, and 56 percent reported no use in their later easures. 60 percent of participants who exited services in 2021 (N =121) successfully graduated from the program. 99 percent of participants who left the program with qualifying exit reasons (N = 138) were sheltered at the time of exit. Participants (N = 385) had 73 percent fewer jail bookings three years after receiving MIDD services.	COVID-19 and changes in how felony drug possession are prosecuted impacted program referrals and enrollment and the availability of some services. Program adapted by engaging interested parties, expanding peer outreach to participants, developing family support resources, facilitating participant engagement with inpatient treatment and withdrawal management services, and increasing participant access to technology for remote services. Due to COVID-19 impacts, law enforcement deprioritized responding to lower-level crimes and had staffing and retention challenges. This resulted in fewer referrals to the program. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
TX-CC Community Court	141	110	80 percent of participants who left the program in 2021 (N = 46) successfully completed services upon exit. 38 percent of participants (N = 272) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services. Participants (N = 77) had 87 percent fewer jail bookings three years after receiving MIDD services.	Community Court continued to take place in a virtual environment, which presented operational challenges for the courts and technology access challenges for participants. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
TX-FTC Family Treatment Court	94 children	140	Of those participants with repeated substance use measures (N = 56), 71 percent reported reduced or stable low use over time, and 61 percent reported no use in their later measures. 73 percent of participants who left the program in 2021 (N = 22) had a positive exit disposition as defined by the program (such as program completion or a dismissed dependency case). 70 percent of children of participants who successfully completed the program (N = 33) were returned to a positive home situation upon the parent/caregiver's exiting services. Participants (N = 44) had 92 percent fewer jail bookings three years after receiving MIDD services.	Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

Treatment Courts (TX) *continued*

INITIATIVE	HOW MUCH DID WE DO? Actual # of people served	Target # of people served	HOW WELL DID WE DO IT? IS ANYONE BETTER OFF?	2021 NOTES
TX-JTRAC-BHR Juvenile Therapeutic Response and Accountability Court- Behavioral Health Response	32	TBD	Outcome results are not available in 2021 because new program model is ramping up.	The name of this program was changed from TX-JDC: Juvenile Drug Court in 2021 to reflect the current program model more accurately. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
TX-RMHC Regional Mental Health and Veterans Court	452	350	100 percent of eligible participants who successfully completed services (N = 69) were sheltered at the time of exit. Among participants who left the program in 2021 (N = 108) 82 percent were sheltered at exit and 64 percent completed services. 33 percent of participants (N = 93) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services. Participants (N = 161) had 67 percent fewer jail bookings three years after receiving MIDD services.	COVID-19 continued to disrupt program operations and procedures. Program adapted to COVID-19 and provided services for most of 2021. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.
TX-SMC Seattle Municipal Mental Health Court	60	80	Participants (N = 39) had 88 percent fewer jail bookings three years after receiving MIDD services. 35 percent of participants (N = 81) were linked to publicly-funded behavioral health treatment within a year of starting MIDD services.	COVID-19 impacts to King County Correctional Facilities and Seattle Municipal Mental Health Court led to reduced access to defendants in jail and court as well as decreased referrals from criminal legal partners. Initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

Notes:

Actual numbers represent the number of unique individuals with at least one 2021 service, unless otherwise noted.

MIDD's system use outcome methodology has improved in 2021. Results now follow groups of enrolled participants from each year for up to three years, comparing the results to the year before their enrollment. Third year outcome results are based on participants enrolled in 2018. Sample sizes shown for third year outcomes differ in 2021 than in previous years due to these improvements. See evaluation notes for more details.

Some substance use outcome results were not available for 2021 reporting due to limited self-reported data from participants enrolled in publicly-funded substance use disorder treatments. MIDD continues to seek reliable substance use data sources.

'Crisis event' refers to individual-level interactions with publicly-funded King County programs providing crisis response services. These services include: involuntary treatment events, adult crisis stabilization, adult diversion beds, crisis triage diversion beds, mobile crisis teams and crisis diversion facilities. Third year crisis service outcome results are based on participants enrolled in 2018 and compare results to the first year of MIDD services.

Linkage to publicly-funded behavioral health treatment does not include Medicare-funded services.

Abbreviations:

N/A: not applicable (e.g., program was deferred, delayed or inactive in 2021 and therefore did not have performance measurement results)

TBD: to be determined

Updates to performance measure targets

The implementation and evaluation of MIDD-funded programs requires occasional modifications as more and/or better information becomes available over time. The table below displays 2021 updates to initiative targets, reflecting the number of unique individuals receiving at least one relevant program service, along with explanations for any changes made. Targets noted as 'TBD' (to be determined) will be set after further baseline data collection.

2021 Performance and Targets

Performance and targets should be carefully considered within the context of broader impacts on the behavioral health system, including the COVID-19 pandemic, widespread workforce shortages, and supply chain interruptions.

Performance Measure Target Updates

INITIATIVE	PREVIOUS TARGET	NEW TARGET	CHANGES IN 2021
PRI-01: Screening, Brief Intervention and Referral to Treatment	2,500	2,050	Program sustained budget and staffing cuts. County staff and providers adjusted target to align with program capacity.
PRI-02: Juvenile Justice Youth Behavioral Health Assessments	300	TBD	Program model changed. A target will be set after further baseline data collection.
PRI-10: Domestic Violence and Behavioral Health Services & System Coordination	560	400	Program shifted to a more intensive service delivery model. County staff and providers adjusted targets to align with expected program capacity.
CD-01: Law Enforcement Assisted Diversion	350	750	Program expanded and added referral pathways allowing for increased participant engagement. County staff and providers developed adjusted target to align with expected program utilization.
CD-07: Multipronged Opioid Strategies	300	2,000	Program model expanded to include additional scopes of work. County staff and providers adjusted target to align with expected program utilization.
CD-15: Wraparound Services for Youth	650	TBD	Program sustained budget cuts and changes to the program model. A target will be set after further baseline data collection.
RR-06: Jail Reentry System of Care	450	250	Program impacted by limited jail access due to COVID-19. County staff and providers adjusted target to align with expected program capacity.
RR-12: Jail-based Substance Use Disorder Treatment	200	40	Program impacted by limited jail access due to COVID-19. County staff and providers adjusted target to align with expected program capacity.

link coming **MIDD Data Dashboard**

Performance Measure Target Updates *continued*

INITIATIVE	PREVIOUS TARGET	NEW TARGET	CHANGES IN 2021
TX-JTRAC-BHR: Juvenile Therapeutic Response and Accountability Court-Behavioral Health Response	50	TBD	Program model changed. A target will be set after further baseline data collection.
TX-SMC: Seattle Mental Health Municipal Court	130	80	Program impacted by limited jail access due to COVID-19. County staff and providers adjusted target to align with expected program capacity.



2021 PROCUREMENT UPDATE

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

INITIATIVE	RELEASE DATE	AWARD DATE	PROCUREMENT FOCUS	
CD-03: Outreach & In-reach System of Care **CD-07:** Multipronged Opioid Strategies	February 2021	May 2021	Seeking providers to improve access to medical, behavioral health, and related supportive services for individuals experiencing homelessness.	Number of awards: **18 agencies; 8 scopes of service**
RR-01: Housing Supportive Services	August 2021	December 2021	Connecting new and existing non time-limited housing programs to services, operating, and rental assistance funding for households moving out of homelessness. The focus is on permanent supportive housing (PSH) for chronically homeless households.	Number of awards: **7**
RR-03: Housing Capital and Rental	July 2021	December 2021	Preservation and development of affordable housing throughout King County.	Number of awards: **1 MIDD-funded Permanent Supportive Housing project**
SI-01: Community Driven Behavioral Health Grants	October 2021	January 2022	Increasing awareness and access to behavioral health services, building communities of support, and promoting life and wellness assets within BIPOC and LGBTQ+ communities in King County.	Number of awards: **7**

link coming **MIDD Data Dashboard**

2021 FINANCIAL REPORT

2021 MIDD budget reduction process due to COVID-19

When the 2021-22 biennial budget was adopted in late 2020, forecasts for MIDD sales tax revenue at that time projected significant decreases due to the impacts of the COVID-19 pandemic. The projected revenue gap was about 14 percent of the MIDD Fund.

In responding to these immediate budget constraints for critical programming, King County sought to minimize the direct impact on participants. The County:

- Consulted with the MIDD Advisory Committee and applied the Advisory Committee's prioritized principles to budget decisions.
- Froze planned economic adjustments for all MIDD initiatives in 2021 and identified natural programmatic underspend in consultation with MIDD subject matter experts.
- Considered equity and social justice impacts by strategically minimizing or eliminating reductions to initiatives that largely served BIPOC communities.
- Considered long-term impacts to initiatives by ensuring reductions would not dismantle critical behavioral health system infrastructure.
- Reviewed available demographic, geographic and outcome data for each initiative.

Restored funding for most programs in 2022

The July 2021 Office of Economic and Financial Analysis revenue forecast for 2021 increased about 14 percent from the March 2021 forecast adding $9.6 million to 2021 collections. This, combined with an increase to forecasted 2022 collections, allowed the restoration of initiatives reduced in the 2021-2022 adopted budget. Because of the timing of the revised forecast, it was not operationally feasible to restore program budgets during 2021. The County restored most initiative funding for 2022 and included economic adjustments. Due to rapidly fluctuating fiscal forecasts related to the pandemic, workforce shortages, and service de-intensification, many programs had lower COVID-related expenditures and service levels in 2021 compared to originally budgeted plans. With budgets restored and COVID-adapted service delivery, initiatives are likely to spend at more typical rates during 2022.

Please note this report shows year one spending against the 2021-2022 biennial budget and reflects the financial status of the fund as of December 31, 2021.



link coming **MIDD Data Dashboard**

PREVENTION AND INTERVENTION	2021 Annual Budget	2021 Actuals[1]
PRI-01 Screening, Brief Intervention and Referral to Treatment (SBIRT)[2]	$770,445	$654,274
PRI-02 Juvenile Justice Youth Behavioral Health Assessments (JJYBHA)[6]	$627,363	$415,658
PRI-03 Prevention and Early Intervention Behavioral Health for Adults Over 50[2]	$494,381	$470,360
PRI-04 Older Adult Crisis Intervention/Geriatric Regional Assessment Team (GRAT)[2]	$305,714	$305,714
PRI-05 School-Based Screening, Brief Intervention and Referral to Treatment (SBIRT)[8]	$1,632,431	$80,271
PRI-06 Zero Suicide Initiative Pilot[3]	-	-
PRI-07 Mental Health First Aid	$322,137	$299,012
PRI-08 Crisis Intervention Training - First Responders[2,6]	$800,801	$476,089
PRI-09 Sexual Assault Behavioral Health Services	$546,961	$546,961
PRI-10 Domestic Violence and Behavioral Health Services & System Coordination	$685,752	$678,991
PRI-11 Community Behavioral Health Treatment[2,7]	$12,979,020	$10,703,200
Subtotal Prevention and Intervention	**$19,165,005**	**$14,630,531**

CRISIS DIVERSION	2021 Annual Budget	2021 Actuals[1]
CD-01 Law Enforcement Assisted Diversion (LEAD)	$4,294,177	$4,244,772
CD-02 Youth Detention Prevention BH Engagement[2,8]	$834,743	$552,725
CD-03 Outreach & In Reach System of Care[2]	$365,411	$356,474
CD-04 South County Crisis Diversion Services/Center	$550,000	$520,654
CD-05 High Utilizer Care Teams[2]	$238,095	$233,139
CD-06 Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	$6,451,184	$5,863,856
CD-07 Multipronged Opioid Strategies[2,7]	$3,260,687	$2,789,230
CD-08 Children's Domestic Violence Response Team	$302,675	$302,725
CD-09 Behavioral Health Urgent Care-Walk In Clinic Pilot[3]	-	-
CD-10 Next Day Crisis Appointments[2]	$297,170	$297,172
CD-11 Children's Crisis Outreach and Response System (CCORS)	$605,350	$417,028
CD-12 Parent Partners Family Assistance	$579,082	$568,757
CD-13 Family Intervention Restorative Services (FIRS)[7]	$1,167,948	$905,281
CD-14 Involuntary Treatment Triage	$161,068	$161,068
CD-15 Wraparound Services for Youth[2,7]	$1,801,907	$1,421,841
CD-16 Youth Respite Alternatives[2,3]	-	-
CD-17 Young Adult Crisis Facility (CORS-YA)[2]	$897,966	$897,960
CD-18 Response Awareness, De-escalation and Referral (RADAR)[6]	$390,000	$225,434
Subtotal Crisis Diversion	**$22,197,463**	**$19,758,115**

link coming **MIDD Data Dashboard**

RECOVERY AND REENTRY	2021 Annual Budget	2021 Actuals[1]
RR-01 Housing Supportive Services[2]	$2,085,258	$2,085,258
RR-02 Behavioral Health Services at Community Center for Alternative Programs	$117,742	$107,930
RR-03 Housing Capital and Rental[2]	$300,000	$300,000
RR-04 Rapid Rehousing-Oxford House Model[2,9]	$464,575	$616,000
RR-05 Housing Vouchers for Adult Drug Court	$302,141	$302,142
RR-06 Jail Reentry System of Care[2]	$840,308	$840,308
RR-07 Behavioral Health Risk Assessment Tool for Adult Detention[2]	$276,168	$271,831
RR-08 Hospital Re-entry Respite Beds	$997,176	$1,040,088
RR-09 Recovery Café[2,6]	$251,545	$137,546
RR-10 BH Employment Services & Supported Employment[2]	$1,024,726	$970,001
RR-11A Peer Bridger Programs[7]	$649,376	$524,084
RR-11B SUD Peer Support	$176,101	$168,677
RR-11C Peer Respite[3]	-	-
RR-12 Jail-based SUD Treatment[2]	$412,752	$373,411
RR-13 Deputy Prosecuting Attorney for Familiar Faces	$174,973	$173,397
RR-14 Shelter Navigation Services[3]	-	-
RR-15 Pretrial Assessment and Linkage Services (PALS)	$223,000	$223,000
Subtotal Recovery and Reentry	**$8,295,841**	**$8,133,674**

SYSTEM IMPROVEMENTS	2021 Annual Budget	2021 Actuals[1]
SI-01 Community Driven Behavioral Health Grants	$355,000	$362,244
SI-02 Behavioral Health Services in Rural King County	$355,000	$342,202
SI-03 Quality Coordinated Outpatient Care[2,7]	$4,200,001	$192,674
SI-04 Workforce Development[2]	$5,500	$5,483
Subtotal System Improvements	**$4,915,501**	**$902,603**
THERAPEUTIC COURTS		
TX-ADC Adult Drug Court[2,6]	$3,550,640	$2,844,096
TX-CC Community Court [2,6]	$459,329	$314,985
TX-FTC Family Treatment Court[2]	$1,851,687	$1,650,423
TX-JTRAC-BHR Juvenile Therapeutic Response and Accountability Court-Behavioral Health Response[2,6]	$1,017,866	$795,168
TX-RMHC Regional Mental Health Court and Regional Veterans' Court[2]	$3,891,233	$3,737,129
TX-SMC Seattle Mental Health Municipal Court[2]	$86,523	$71,050
Subtotal Therapeutic Courts	**$10,857,278**	**$9,412,851**
Behavioral Health Fund Support[4]	$7,500,000	$7,500,000
Administration & Evaluation[2]	$4,059,002	$2,325,676
Prior Year Adjustments[5]	-	$1,481,036
TOTALS BY STRATEGY AREA AND INITIATIVE	**$76,990,090**	**$64,144,487**

link coming **MIDD Data Dashboard**

2021 Financial Report Footnotes

[1] This table reflects the 2021 annual budget and 2021 annual expenditures of the 2021-2022 biennial budget.

[2] This initiative budget was reduced in response to the COVID-19-driven reduction in sales tax revenue forecast.

[3] This initiative was not funded in the King County 2021-2022 adopted budget.

[4] "Behavioral Health Fund Support" represents strategic assistance to the Behavioral Health fund in support of integrated managed care.

[5] "Prior Year Adjustments" represents payments for obligations encumbered in the prior budget period that were paid in 2021.

[6] This initiative had lower actual expenditures than originally budgeted due to COVID-19 related impacts to conducting in-person services.

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

[8] This initiative is supported by braided funds from other local levies. Other term-limited funds were drawn down in 2021 prior to using MIDD funds. The 2021 underspend has been obligated for 2022.

[9] This initiative budget was reduced in response to COVID-19 related impacts on the sales tax revenue forecast. However, the full reductions were not realized as client services were required to ramp down over time due to pre-established housing commitments already in-place. Funding has been restored for 2022 and spending will return to pre-COVID levels.

MIDD ADVISORY COMMITTEE

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

MIDD Advisory Committee centers equity in 2021

Equity was a major focus in 2021 for the MIDD Advisory Committee, a unique partnership of leaders from the health and human services and criminal legal communities. This year, the Advisory Committee developed an equity framework to guide budgetary and policy related recommendations of the MIDD and drafted an equity definition to guide Advisory Committee priorities.

> *"The MIDD Behavioral Health Sales Tax Fund provides essential services to those in our community who need behavioral health supports the most. Our community's participation in funding and creating these services is tremendous. In 2021, the MIDD Advisory Committee took concrete steps toward ensuring that equity and social justice are integrated into every decision guiding MIDD programming. We're excited by the direction MIDD is headed and our collaboration with the Department of Community and Human Services."*
>
> **– Judge Ketu Shah and Claudia D'Allegri, MIDD Co-Chairs**

MIDD Advisory Committee Equity Definition

The MIDD Advisory Committee ensures that the implementation and evaluation of strategies and programs funded by the MIDD sales tax revenue are transparent, accountable, collaborative, and effective.

We believe that all community members should have equitable access to affordable behavioral health services that respect and value their unique beliefs, cultures, identities, languages, lived experiences, and notions of health and well-being as strengths to promote recovery and resilience.

We acknowledge that our society is rooted in systems of racism and oppression. Our behavioral health system contributes to the inequitable distribution of benefits and burdens which perpetuates avoidable health inequities in our community.

Through intentional partnerships and investment in organizations committed to equity, the MIDD Advisory Committee commits to eliminating policies, practices, attitudes, and cultural messages that reinforce inequitable behavioral health outcomes.

link coming **MIDD Data Dashboard**

Membership Roster as of December 31, 2021

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

Ketu Shah, Co-Chair
Presiding Judge, King County Superior Court
Representing: Superior Court

Anita Khandelwal
Director, King County Department of Public Defense (DPD)
Representing: King County DPD

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

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

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

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

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

Dennis Worsham
Interim Director, Public Health-Seattle & King County
Representing: Public Health-Seattle & King County

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

Jeanne Kohl-Welles
Councilmember, Metropolitan King County Council
Representing: King County Council

Jeff Sakuma
Health Integration Strategist, City of Seattle Human Services Department
Representing: City of Seattle

Jessica Molberg
Director of Behavioral Health, Coordinated Care of Washington
Representing: Managed Care Organization

Jorene Reiber
Deputy Chief Administrative Officer, King County Superior Court
Representing: King County Uniting for Youth

Joshua Wallace
Executive Director, Peer Washington
Representing: Recovery Services Organization

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

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

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

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

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

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

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

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

Muguette Guenneguez
Executive Director, National Alliance on Mental Illness – Greater Seattle
Representing: National Alliance on Mental Health (NAMI)

Patti Cole-Tindall
Interim Sheriff, King County Sheriff's Office
Representing: Sheriff's Office

Steve Larsen
Chief of Administration, Department of Adult and Juvenile Detention (DAJD)
Representing: King County DAJD

Sunny Lovin
Director of Outpatient Behavioral Health Services, Harborview Medical Center
Representing: Harborview Medical Center

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

Trenecsia Wilson
Trauma and Behavioral Health Systems Coordinator, Coalition Ending Gender Based Violence
Representing: Domestic Violence Prevention Service Provider

MIDD PARTNERS

MIDD services are carried out in partnership with these contractors and provider agencies. Explore the new online **MIDD Provider Inventory** to learn more about providers and to see which geographic areas they serve.

African American Reach and Teach Health Ministry (AARTH)	African Leaders Health Board	Asian Counseling and Referral Services
Association of Zambians in Seattle	Atlantic Street Center	Auburn School District
Bothell Police Department	Catholic Community Services of Western WA	Center For Human Services
Center for Multicultural Health	Childhaven	City of Bellevue
City of Bothell	City of Kenmore	City of Kent
City of Kirkland	City of Lake Forest Park	City of Seattle Human Services Department
City of Shoreline	Coalition Ending Gender-based Violence	Collective Medical Technologies
Community House Mental Health Agency	Congolese Integration Network	Consejo Counseling and Referral Services
Country Doctor	Crisis Connections	Department of Public Defense
Domestic Abuse Women's Network	Downtown Emergency Services Center (DESC)	Encompass
Equity in Education Coalition	Evergreen Treatment Services	Family Treatment Court
Friends Of Youth	Global to Local	Guided Pathways - Support for Youth and Families
Harborview Behavioral Health Services	Harborview Abuse and Trauma Center (HATC)	Harborview Housing First
Harborview Medical Center	Harborview Outpatient Mental Health and Addiction Services	Hepatitis Education Project
Hero House NW	Highline School District	IKRON of Greater Seattle
Institute for Family Development	Integrative Counseling Services	Intercept Associates
International Community Health Services (ICHS)	International Rescue Committee	Kelley-Ross Pharmacy
Kennedy High School	Kent School District	Kent Youth and Family Services
Khmer Community of Seattle King County (KCSKC)	Khmer Health Board	King County Behavioral Health Advisory Board
King County Council	King County Department of Adult and Juvenile Detention	King County Department of Judicial Administration

continued

King County Department of Public Defense	King County District Court	King County Executive Office
King County Family Treatment Court	King County Prosecuting Attorney's Office	King County Public Hospital District # 2
King County Sexual Assault Resource Center	King County Sheriff's Office	King County Superior Court
Lake City-Northgate Senior Center Project	Lake Washington School District 414	Latino Community Fund of Washington State
LifeWire	Lutheran Community Services Northwest	Managed Care Organizations
Mercer Island School District	Mother Africa	Mother Nation
MultiCare Behavioral Health	National Alliance on Mental Illness - Eastside	National Alliance on Mental Illness - Greater Seattle
National Alliance on Mental Illness - South King County	National Alliance on Mental Illness (NAMI)-	Navos
Neighborcare Health	New Beginnings	New Traditions
Northshore Family and Youth Services	Northshore School District	Oxford House International
Pacific Islander Community Association of Washington	Peer Washington	Pioneer Human Services
Plymouth Housing	Public Defender Association	Public Health - Seattle & King County
Puget Sound Educational Services District	Recovery Café	Refugee Women's Alliance
Renton Area Youth Services	Ryther	SeaMar Community Health Centers
Seattle Counseling Services	Seattle Indian Health Board	Seattle Public Schools
SeeQuiLouw	Seneca Family of Agencies	Skykomish School District
Snoqualmie Valley Community Network	Snoqualmie Valley School District	Somali Health Board
Sound	Sound Cities Association	Sound Generations
Southeast Seattle Senior Center (SESSC)	Southeast Youth and Family Services	Southwest Youth and Family Services
Spectrum Health Systems	St. Anne Hospital	St. Francis Hospital
Tabernacle Missionary Baptist Church	Tahoma School District	The DOVE Project
The Integrity Nurse Consultants	The Seven Challenges	Therapeutic Health Services

continued

Transitional Resources	Tukwila School District	Ukrainian Community Center of Washington
University of Washington Addictions, Drug & Alcohol Institute	UTOPIA Washington	Valley Cities Behavioral Health Care
Vashon Island School District	Vashon Youth and Family Services	Vietnamese Health Board
WAPI Community Services	Washington Criminal Justice Training Commission	Washington State Hospital Association
WCHS, Inc	Y Social Impact Center - Behavioral Health Services	YMCA of Greater Seattle
Youth Eastside Services		

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