



King County

Behavioral Health and Recovery Division

Department of
Community and Human Services

CNK-HS-0400
Chinook Building
401 Fifth Avenue, Suite 400
Seattle, WA 98104

206-263-9000

206-296-0583 Fax (Reception)
206-205-1634 Fax (Clinical Services)
7-1-1 TTY/TDD

April 22, 2016

Dear Behavioral Health Partner, Community Members, and Stakeholders,

Today we deliver a major milestone for King County's Mental Illness and Drug Dependency (MIDD) Renewal: the **MIDD II initial draft funding and programmatic recommendations** are released for public review and comment. These recommendations are a component of the Service Improvement Plan (SIP) called for by Ordinance 17998 that is being drafted by King County.

A tremendous amount of work has gone into developing these recommendations from an array of people: community members, MIDD Oversight Committee members, county staff, and policymakers and separately elected officials have influenced the recommendations outlined today. Thank you to each one of you who participated in one of our 19 community meetings or focus groups, completed a survey, attended a MIDD Oversight Committee meeting, submitted a New Concept, consulted on a briefing paper, or served on one of the four community briefing paper panels. MIDD Renewal work has been intentionally undertaken in a transparent, accessible and participatory way. Our next step in this process is receiving community feedback on the initial draft funding and programmatic recommendations for MIDD II.

As you may know, we received about \$180 million in suggestions through the MIDD New Concept process for the \$63 million of projected MIDD II 2017 revenue. One hundred and forty new concepts were submitted. From those 140 concepts, 90 briefing papers were completed and reviewed by four community briefing paper panels. King County staff have spent the last month and a half scoping the many, many exciting concepts into programs to meet MIDD revenue projections. This work has been driven by feedback from our Community Conversations, focus groups, and information gleaned from the electronic MIDD survey along with balancing the county's priorities with serious emerging issues.

The MIDD II initial draft funding and programmatic recommendations that are outlined today are **high level**. Detailed programmatic descriptions, implementation plans, outcome data or evaluation measures are not provided. In most cases, this work requires further development. In addition, it necessarily involves internal and external partners to King County like providers or other stakeholders, and will thus be embarked upon throughout the balance of 2016 and into 2017.

The development MIDD II initial draft funding and programmatic recommendations were significantly influenced by community voices and priorities.

MIDD II Funding and Programmatic Focus Areas

- **Funding services and programs to keep people out of or returning to jail and the criminal justice system, including upstream prevention and diversion activities.**
- **Investing in a treatment on demand system that delivers treatment to people who need it when they need it so crises can be avoided or shortened.**
- **Creating community driven grants processes so geographic and culturally diverse communities can customize behavioral health services for their unique needs.**

Key MIDD II Assumptions

- **MIDD II framework organizes MIDD services and programs into four overarching strategy areas: Prevention and Intervention, Crisis Diversion, Recovery and Reentry, and System Improvement. The MIDD II initial draft funding and programmatic recommendations include these four areas along with two additional areas to give a complete picture of MIDD: Therapeutic Courts and Administration, Evaluation, and Reserves**
- **Mental health and substance use services are combined, reflecting Behavioral Health Integration.**
- **Most MIDD I programs are maintained; some are merged or will be retooled during the implementation planning or request for proposal (RFP) process.**
- **Leveraged Medicaid replaces MIDD funding in certain areas*.**
- **Best Starts for Kids is proposed to pick up \$1.2 million of new programming related to children and youth.**
- **MIDD II evaluation framework will be developed after the programs and funding levels are adopted and will involve providers to help determine outcomes and measures.**

- **MIDD II initial draft funding and programmatic recommendations are for 2017 only. When the SIP is transmitted, it will include a spending plan for the 2017-2018 county biennium.**

* Please note that draft MIDD II Medicaid assumptions impact services and programs of the Behavioral Health and Recovery Division (BHRD) as well as services and programs of our external providers. Because getting the Medicaid assumptions right is so important and the world of Medicaid is rapidly evolving, we have engaged a consulting firm to review our Medicaid assumptions. We hope that this work will be finalized by the May 26th MIDD Oversight Committee meeting, but it may take longer. The results may generate some revisions to the MIDD II draft funding and programmatic recommendations: should our assumptions be too high or not robust enough, funding levels will require adjustment prior to transmittal of the Service Improvement Plan to the Council in August.

Process and next steps for the MIDD II funding and programmatic recommendations:

- Public comment on the MIDD II initial draft funding and programmatic recommendations will be accepted starting today through **Friday, May 6 at 5 PM**. Please see the link at the end of this memo.
- These initial draft MIDD II funding and programmatic recommendations will be discussed at the April 29th MIDD Oversight Committee. A public comment period is set aside during the meeting for those who sign up at the meeting; two minutes per person. The meeting is in the Chinook Building, 401 5th Avenue, Rooms 121-123. It starts at 12:15 and is slated to end at 2 PM. Please note that other Oversight Committee business will be discussed at the 4/29 meeting in addition to these recommendations.
- King County staff will review all of the feedback to determine what, if any, MIDD II funding and programmatic recommendations might be suggested for revision. All public feedback will be catalogued, including the names/organizations of those providing feedback. All feedback will be appended and included with the SIP that is transmitted to the Council in August.
- Revised draft MIDD II funding and programmatic recommendations will be reviewed by the MIDD Oversight Committee at its May 26th meeting, with action on the recommendations expected at that meeting. A public comment period is set aside during the meeting for those who sign up at the meeting; two minutes per person.
- The MIDD II funding and programmatic recommendations will be included in the SIP that is transmitted by the Executive to the King County Council in August. The SIP will be posted for review and public comment in June. Please see the MIDD website for details and timeline for June and July activities. MIDD WEBSITE: <http://www.kingcounty.gov/MIDDrenewal>

Please note that the MIDD II funding and programmatic recommendations approved by the MIDD Oversight Committee may be amended or changed by the Executive prior to transmittal to the Council or by the Council during its deliberations.

King County's MIDD II is being developed in a clear and straightforward way: four strategy areas that reflect a continuum from prevention to crisis services, linked to outcomes. We are intentionally collaborating with initiatives like Best Starts for Kids so that we can braid services and funding. MIDD II will focus on increasing diversity and geographic availability of services providers. We are integrating our behavioral health system, working with partners, and "busting silos" so that services are person, not program centered.

Thank you for your ongoing support of King County and of MIDD. We look to you as our partners and stakeholders to help us recommend meaningful changes to MIDD II that further our work to promote opportunities for all communities and individuals to realize their full potential. We look forward to hearing from you about these recommendations and MIDD in general.

If you have questions about the initial draft MIDD II funding and programmatic recommendations, please email kelli.carroll@kingcounty.gov or jim.vollendroff@kingcounty.gov.

Public Comment Link to Survey Monkey

<https://www.surveymonkey.com/r/DraftMIDD2RecommendationsPublicCommentByMay6>

Kind Regards,
Kelli Carroll

Strategic Advisor
Behavioral Health and Recovery Division
King County Department of Community and Human Services

April 22, 2016

DRAFT INITIAL MIDD II Funding and Programmatic Recommendations DRAFT

		MIDD II Rec Funding 2017
Prevention & Intervention		
Screening and Assessment		3,434,943
Education and Training		1,500,000
Strategy Total		4,934,943

Crisis Diversion		
Outreach and Engagement		2,600,000
Services and Treatment		8,025,000
Youth Crisis Services		5,960,000
Strategy Total		16,585,000

Recovery and Reentry		
Housing		4,625,499
Care During Transitions		1,501,000
Community Supports		1,200,000
Strategy Total		7,326,499

System Improvement		
Coordination, Partnerships, and Integration		1,590,900
Non Medicaid, Capacity and Access		18,075,000
Strategy Total		19,665,900

Therapeutic Courts		
Adult Drug Court		3,940,401
Regional Mental Health & Veteran's Court		3,076,771
Family Treatment Court		1,060,438
Juvenile Drug Court		874,328
Seattle Muni MHC		93,150
Strategy Total		9,045,089

Administration, Evaluation, Reserves		
Administration		4,038,379
Reserves		1,400,000
Strategy Total		5,438,379

2017 MIDD Revenue	63,000,000
Recommendations Total	62,995,810
Balance	4,190

Key Justice Related Initiatives		
LEAD		2,000,000
Alt to Detention for Youth		1,000,000
South County Crisis Diversion		1,500,000
FIRS		700,000

Key Policy Initiatives		
Opioid Response		1,500,000
Housing Capital and Rental Asst.		1,900,000
Treatment on Demand		800,000
Expand Rainy Day Reserve		750,000
Emerging Issues Reserve		650,000
Community Behavioral Health Svcs Grants		350,000
Rural Behavioral Health Services Grants		350,000

Key Assumptions for MIDD II 2017 Recommendations
Medicaid replaces MIDD revenue in certain areas \$4.8 M
Therapeutic Courts 2016 budgets + 3.5% inflator; no expansions or new courts
Proposing Best Starts for Kids picks up \$1.2 M in new progs for children and youth
MIDD allocations may change with revised Medicaid assumptions

April 22, 2016 **INITIAL DRAFT** MIDD II FUNDING
PROGRAMMATIC RECOMMENDATIONS-Updated 4/28/16

MIDD II Strategy Area: Prevention and Intervention				
MIDD II Number	MIDD II Initiative Title	High Level Program Description	Initial MIDD II Recomm. Amnt.	Notes
PRI-I	Screening, Brief Intervention and Referral To Treatment-SBIRT	Early intervention and referral to treatment for those with less severe addiction issues who are seen in hospital emergency rooms in order to reduce the risk of more serious chemical dependency.	700,000	
PRI-II	Juvenile Justice Youth Behavioral Health Assessments	Mental health and substance use disorder assessments for youth who enter the juvenile justice system.	500,000	
PRI-III	Prevention and Early Intervention Behavioral Health for Adults Over 50	Prevention and intervention services for older adults; screening for depression, anxiety and substance use disorder for older adults receiving primary medical care in the health safety net system. Positive screens are enrolled in the Mental Health Integration Program (MHIP), a short-term behavioral health intervention based on the Collaborative Care Model.	472,819	
PRI-IV	Older Adult Crisis Intervention/Geriatric Regional Assessment Team - GRAT	Provides specialized outreach crisis and mental health assessment, including a substance use screening for King County residents age 60 years and older experiencing a crisis in which mental health or alcohol and/or other drugs are a likely contributing factor and/or exacerbating the situation, and who are not currently enrolled in mental health services	221,000	
PRI-V	Collaborative School Based Behavioral Health Services: Middle and High School Students	Prevention/early intervention for school-based services provided in middle schools and School Based Suicide Prevention providing students and schools suicide prevention trainings.	1,541,124	Merging of two MIDD I strategies; Best Starts for Kids proposed to support expansion of services beyond this base amount.
PRI-VI	NEW Zero Suicide Initiative Pilot	Comprehensive systems based approach to suicide prevention involving behavioral health and health care system and hospitals.	500,000	Expansion of pilot anticipated in future years.
PRI-VII	NEW Mental Health First Aid	Mental Health First Aid training provided by community based agency teaching skills to help someone who is developing a mental health problem or experiencing a mental health crisis.	200,000	
PRI-VIII	Crisis Intervention Training - First Responders	Provides intensive training to law enforcement and other first responders to effectively assist and respond to individuals with mental illness or substance use disorders, better equipping them to help individuals access the most appropriate and least restrictive services while preserving public safety.	800,000	
Prevention and Intervention Sub Total			4,934,943	

April 22, 2016 **INITIAL DRAFT** MIDD II FUNDING
PROGRAMMATIC RECOMMENDATIONS-Updated 4/28/16

MIDD II Strategy Area: Crisis Diversion				
MIDD II Number	MIDD II Initiative Title	High Level Program Description	Initial MIDD II Recomm. Amnt.	Notes
CD-I	NEW Law Enforcement Assisted Diversion (LEAD)	Diverts individuals engaged in low-level drug crime, prostitution, and other collateral crime due to drug involvement, from the justice system. Bypassing prosecution and jail time, directly connecting individuals to case managers who provide immediate assessment, crisis response, and long term wrap-around services to address individuals with behavioral issues from cycling through the criminal justice system.	2,000,000	
CD-II	NEW Youth and Young Adult Homelessness Services	A coordinated approach supporting youth and young adults experiencing homeless with acute behavioral health needs and/or a history of trauma to succeeding in safe and stable housing.	300,000	
CD-III	Outreach & In reach System of Care	An integrated outreach framework that is focused on individuals across King County who are experiencing homelessness and crisis system involvement. Focuses on integration of various outreach efforts.	300,000	May be Medicaid Waiver eligible.
CD-IV	NEW South County Crisis Diversion Services/Center	Establishes crisis diversion multi-service center or services in south King County to serve individuals in behavioral health crisis who are coming into contact with first responders, as well as those individuals in South King County who may need preventative and pre-crisis support and/or outreach.	1,500,000	Assumes MIDD funds are leveraged with Medicaid resources.
CD-V	High Utilizer Care Teams	Provides Screening, Brief Intervention and Referral to Treatment , financial counseling, and benefits application assistance at Harborview's Emergency Department High Utilizer Case Management Program (HUP) at Harborview Medical Center, serving individuals who are frequently seen in emergency department or psychiatric emergency services.	250,000	
CD-VI	Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	Provides King County first responders with a therapeutic, community-based alternative to jails and hospitals when engaging with adults who are in behavioral health crisis. Three program components are included: Mobile Crisis Team, Crisis Diversion Facility, and Crisis Diversion Interim Services. The programs are intended to stabilize and support individuals in the least restrictive setting possible, identifying & linking them to appropriate and ongoing services in the community.	4,000,000	MIDD resources are reduced in anticipation of Medicaid resources.
CD-VII	NEW Multipronged Opioid Strategies	Includes a continuum of health services and supports for opioid users in King County: based in part on Opioid Task Force recommendations and may include targeted educational campaigns, Medication Assisted Treatment expansion, increase access to Naloxone, enhanced and expanded community needle exchanges and other options to be identified.	1,500,000	
CD-VIII	Children's Domestic Violence Response Team	Provides a cross-system collaborative model teaming mental health therapists and domestic violence advocates to deliver early intervention for children who have been exposed to domestic violence and for their non-abusive parent.	275,000	

**April 22, 2016 INITIAL DRAFT MIDD II FUNDING
PROGRAMMATIC RECOMMENDATIONS-Updated 4/28/16**

CD-IX	NEW Behavioral Health Urgent Care-Walk In Clinic Pilot	Creates an Urgent Care walk-in Clinic for any adult resident of King County experiencing a behavioral health crisis and is in need of immediate assistance.	500,000	Expansion of pilot anticipated in future years.
CD-X	Children's Crisis Outreach and Response System - CCORS	A countywide crisis response system for King County youth up to age 18 who are in mental health crisis. Services provided to children, youth, and families where the functioning of the child and/or the family is severely impacted due to family conflict and/or severe emotional or behavioral problems, and where the current living situation is at imminent risk of disruption.	700,000	
CD-XI	Parent Partners Family Assistance	Provides parent training and education, 1:1 parent partner support, 1:1 youth peer support, a community referral and education help line, social and wellness activities for families, and advocacy.	410,000	
CD-XII	NEW Family Intervention Restorative Services - FIRS	An alternative to court involvement that provides services for King County youth who are violent towards a family member.	700,000	
CD-XIII	NEW Involuntary Treatment Triage	Enables local evaluation process for individuals with severe and persistent mental illness who have been charged with a serious misdemeanor offense who may have competency issues; supports system improvement for involuntary commitment process.	150,000	
CD-XVI	Wraparound Services for Youth	Provides a team and strength based approach for youth with complex needs who are multi system involved and their families; supports youth in their community and within their family culture.	3,000,000	MIDD resources are reduced in anticipation of Medicaid funding based on Washington State implementation of WISe (Wraparound with Intensive Service program model).
CD-XVII	NEW Youth Mental Health Alternatives to Secure Detention	Will establish a community placement specialized alternative to secure detention for children and youth who are detained in juvenile detention and who have mental health, substance use disorder (SUD) related or other behavioral health needs. The youth utilizing the beds would be supported with a full continuum of therapeutic behavioral health services.	1,000,000	
Crisis Diversion Sub Total			16,585,000	

April 22, 2016 **INITIAL DRAFT** MIDD II FUNDING
PROGRAMMATIC RECOMMENDATIONS-Updated 4/28/16

Recovery and Reentry				
MIDD II Number	MIDD II Initiative Title	High Level Program Description	Initial MIDD II Recomm. Amnt.	Notes
RR-I	Housing Supportive Services	Provides an array of supportive services to assist individuals with mental illnesses/substance use issues with extremely low income to remain successfully housed.	2,000,000	
RR-II	Housing Capital and Rental	Creates housing for with extremely low income households with mental illness and/or substance abuse issues.	1,900,000	
RR-III	Behavior Modification Classes at CCAP	Provides behavioral health education and intervention, and addresses criminogenic risk factors specifically associated with domestic violence (DV)Community Center for Alternative Program (CCAP).	76,000	
RR-IV	NEW Rapid Rehousing-Oxford House Model	Provides vouchers for clean and sober housing for individuals in recovery.	500,000	
RR-V	Housing Vouchers for Adult Drug Court	Provides housing Vouchers for Adult Drug Court participants.	225,499	
RR-VI	Jail Reentry System of Care	Provides integrated services for individuals at the point of release from a jail facility within King County and reentry into communities. Services include facility-based release planning function, short-term facility and community-based re-entry/boundary spanning function, and discharge continuity.	425,000	
RR-VII	Hospital Re-Entry Respite Beds	Supports Edward Thomas House Medical Respite Program providing comprehensive recuperative care after an acute hospital stay for people who are living homeless, and those with disabling substance use and mental health conditions.	1,000,000	
RR-VIII	NEW Recovery Café	Supports services provided at Recovery Café, an alternative therapeutic supportive community for women and men traumatized by homelessness, addiction and other mental health issues.	250,000	
RR-IX	BH Employment Services & Supported Employment	Provides employment Services for Individuals with behavioral health conditions, also known as "Supported Employment".	950,000	
Recovery and Reentry Sub Total			7,326,499	

April 22, 2016 **INITIAL DRAFT** MIDD II FUNDING
PROGRAMMATIC RECOMMENDATIONS-Updated 4/28/16

MIDD II Strategy Area: System Improvements				
MIDD II Number	MIDD II Initiative Title	High Level Program Description	Initial MIDD II Recomm. Amnt.	Notes
SI-I	Sexual Assault Behavioral Health Services and System Coordination	Provides mental health services of at two of King County's community sexual assault programs, increasing access to early intervention services for mental health issues; includes prevention of severe mental health issues for survivors of sexual assault throughout King County, and increased coordination between programs serving sexual assault survivors who are experiencing mental illness, substance abuse and domestic violence.	620,000	
SI-II	NEW Behavioral Health Risk Assessment Tool for Adult Detention	Would implement a comprehensive jurisdictional risk/need assessment tool for King County that, when applied countywide, will identify the risk of re-offense but will specifically categorize the criminogenic needs of the individual.	470,900	
SI-III	Domestic Violence and Mental Health Services & System Coordination	Co-locates a Licensed Mental Health Professional with expertise in domestic violence and substance use disorders at four community-based domestic violence victim advocacy programs around King County. Also provides training and consultation on DV and related issues between mental health, substance abuse, sexual assault and DV agencies throughout King County.	500,000	
SI-IV	NEW Peer Support & Peer Bridgers Pilot	Provides peer to peer services; trained peers assist in supporting recovering people and their families to stay in recovery longer and become part of the recovery community.	750,000	Expansion of pilot anticipated in future years.
SI-V	Community Behavioral Health Treatment	Provide behavioral health services to those who are not receiving and/or eligible for Medicaid. Provides services that are part of the treatment continuum that are not Medicaid funded such as sobering, outreach, clubhouses, and drug testing.	11,600,000	
SI-VI	Caseload Reduction	Provides workload reduction support to increase the number of direct service staff in participating community mental health agencies. By funding more or different staff positions, overall caseload size can be reduced with the goal of improving the frequency and quality of services delivered to clients.	4,000,000	Assumes revision of existing caseload reduction strategy
SI-VII	Workforce Development	Training, education, and workforce development support.	725,000	Assumes revision of existing training and education strategy
SI-VIII	Next Day Crisis Appointments	A clinic-based, follow-up crisis response program providing assessment, brief intervention and linkage to ongoing treatment. Provides an urgent crisis response follow-up (within 24 hours) for individuals who are presenting in emergency rooms at local hospitals with a mental health crisis, or as a follow-up to the Designated Mental Health Professionals (DMHPs) who have provided an evaluation for involuntary treatment and found the person not eligible for, or could be diverted from detention with follow-up services.	300,000	

**April 22, 2016 INITIAL DRAFT MIDD II FUNDING
PROGRAMMATIC RECOMMENDATIONS-Updated 4/28/16**

SI-IX	NEW Community Driven Behavioral Health Grants	Provide funding, technical assistance, and evaluation for grant supporting targeted community-initiated behavioral health-related services or programs designed by particular cultural or ethnic communities to address issues of common concern. This approach would replicate the structure of the successful King County Community Service Area Program's existing Community Engagement Grants, except that this concept would be organized around particular populations rather than by geographic locations.	350,000	
SI-X	NEW Behavioral Health Services In Rural King County	Provide and improve access to behavioral health services in rural King County, especially the seven community service areas (CSAs) that experience a lack of behavioral health services. These CSAs are: Bear Creek/Sammamish, Snoqualmie Valley/Northeast King County, Four Creeks/Tiger Mountain, Greater Maple Valley/Cedar River, Southeast King County, West King County unincorporated areas, and Vashon/Maury Islands.	350,000	
System Improvement Sub Total			19,665,900	

April 22, 2016 **INITIAL DRAFT** MIDD II FUNDING
PROGRAMMATIC RECOMMENDATIONS-Updated 4/28/16

Therapeutic Courts				
MIDD II Number	MIDD II Initiative Title	High Level Program Description	Initial MIDD II Recomm. Amnt.	Notes
TX-FTC	Family Treatment Court	Family Treatment Court is an alternative to regular dependency court and is designed to improve the safety and well being of children in the dependency system by providing parents access to drug and alcohol treatment, judicial monitoring of their sobriety and individualized services to support the entire family.	1,060,438	2016 budget with 3.5% inflator
TX-ADC	Adult Drug Court	Adult Drug Diversion Court is a pre-adjudication program that provides eligible defendants the opportunity to receive drug treatment in lieu of incarceration.	3,940,401	2016 budget with 3.5% inflator
TX-JDC	Juvenile Drug Court	Juvenile Drug Court's team approach helps young people get help for substance abuse via 9- to 24-month intensive community-based treatment programs, family engagement, and frequent court monitoring, which together motivate participants to maintain school or employment and complete community service or other court-ordered conditions.	874,328	2016 budget with 3.5% inflator
TX-RMHC	Regional Mental Health and Veterans Courts	Regional Mental Health Court engages, supports and facilitates the sustained stability of individuals with mental health disorders within the criminal justice system, while reducing recidivism and increasing community safety, using a wraparound approach to needs assessment, positive feedback, problem solving, and accountability.	3,076,771	2016 budget with 3.5% inflator
TX-SMC	Seattle Mental Health Municipal Court		93,150	2016 budget with 3.5% inflator
Therapeutic Courts Sub Total			9,045,088	
Administration, Evaluation, Reserves				
MIDD II Number	MIDD II Initiative Title	High Level Program Description	Initial MIDD II Recomm. Amnt.	Notes
ADM	Administration & Evaluation	Staffing, fiscal, contracting, internal support, and evaluation	4,038,379	
ENR	Emerging Needs Reserve	Would be available for unexpected or evolving needs	650,000	A process to request these funds will be recommended in the SIP
RDR	Expansion of Rainy Day Reserve	Would support strategies in case of economic downturn	750,000	In addition to existing reserve of 5.25% of MIDD revenues
Admin, Evaluation, Reserves Sub Total			5,438,379	