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Mental Illness and Drug Dependency

2008 Annual Report



Mental Illness and Drug Dependency Oversight Committee
As approved March, 2009

**Mental Illness and Drug Dependency
2008 Annual Report**

MIDD Oversight Committee Membership Roster

<p>Shirley Havenga, Chief Executive Officer (Co-chair) Community Psychiatric Clinic Representing: Provider of mental health and chemical dependency services in King County</p> <p>Susan Rahr, Sheriff (Co-chair) King County Sheriff's Office Representing: Sheriff's Office</p> <p>Bill Block, Project Director, Committee to End Homelessness in King County Representing: Committee to End Homelessness</p> <p>Linda Brown, Board Member, King County Alcohol and Substance Abuse Administrative Board Representing: King County Alcohol and Substance Abuse Administrative Board</p> <p>Nancy Cole, Executive Director, National Alliance on Mental Illness (NAMI) - Greater Seattle Representing: NAMI in King County</p> <p>Merril Cousin, Executive Director, King County Coalition Against Domestic Violence Representing: Domestic violence prevention services</p> <p>Nancy Dow-Witherbee, Chair, King County Mental Health Advisory Board Representing: Mental Health Advisory Board</p> <p>Bob Ferguson, Councilmember Metropolitan King County Council Representing: King County Council</p> <p>David Fleming, Director and Health Officer Public Health—Seattle & King County Representing: Public Health</p> <p>Jaime Garcia, Executive Director, Health Work Force Institute, Washington State Hospital Association Representing: Washington State Hospital Association/King County Hospitals</p> <p>Helen Halpert, Assistant Presiding Judge, King County Superior Court Representing: Superior Court</p> <p>Mike Heinisch, Executive Director, Kent Youth and Family Services Representing: Provider of youth mental health and chemical dependency services in King County</p> <p>David Hocraffer, Director, King County Office of the Public Defender Representing: Public Defense</p> <p>Darcy Jaffe, Assistant Administrator, Ambulatory & Allied Care Services Representing: Harborview Medical Center</p> <p>Norman Johnson, Executive Director, Therapeutic Health Services Representing: Provider of culturally specific chemical dependency services in King County</p>	<p>Bruce Knutson, Director, Juvenile Court, King County Superior Court Representing: King County Systems Integration Initiative</p> <p>Barbara Linde, Presiding Judge, King County District Court Representing: District Court</p> <p>Marilyn Littlejohn, Executive Manager, Human Services Representing: City of Seattle, Office of the Mayor</p> <p>Jackie MacLean, Director, King County Department of Community and Human Services (DCHS) Representing: King County DCHS</p> <p>Donald Madsen, Director, Associated Counsel for the Accused Representing: Public defense agency in King County</p> <p>Barbara Miner, Director, King County Department of Judicial Administration Representing: Judicial Administration</p> <p>Phil Noble, Councilmember, City of Bellevue Representing: City of Bellevue</p> <p>Kurt Ofsthus, Discharge Planner, NAVOS Inpatient Services Representing: Labor, representing a <i>bona fide</i> labor organization</p> <p>Mario Paredes, Executive Director, Consejo Counseling and Referral Service Representing: Provider of culturally specific mental health services in King County</p> <p>Dan Satterberg, King County Prosecuting Attorney Representing: Prosecuting Attorney's Office</p> <p>Mary Ellen Stone, Director, King County Sexual Assault Resource Center Representing: Provider of sexual assault victim services in King County</p> <p>Crystal Tetric, Associate Director for Health Care Operations, Seattle Indian Health Board Representing: Council of Community Clinics</p> <p>Dwight Thompson, Mayor Pro Tem City of Lake Forest Park Representing: Suburban Cities Association</p> <p>Kathy Van Olst, Director, King County Department of Adult and Juvenile Detention Representing: Adult and Juvenile Detention</p> <p>Sheryl Whitney, Assistant County Executive Representing: County Executive</p> <p>Oversight Committee Staff: Andrea LaFazia, Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) Cindy West, Office of Management and Budget Bryan Baird, MHCADSD</p>
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**Mental Illness and Drug Dependency
2008 Annual Report**

Letter from the co-chairs for the 2008 Annual Report

As co-chairs of the Mental Illness and Drug Dependency Oversight Committee (MIDD OC) we are pleased to share with you the Mental Illness and Drug Dependency 2008 Annual Report.

This report offers a summary of the activities and accomplishments of many individuals and stakeholders working to implement the one-tenth of one percent sales tax approved by the King County Council in 2007 to improve access to mental health, substance abuse and therapeutic courts services for people who are homeless or involved in the criminal justice system.

The Oversight Committee, convened in June 2008, was actively involved in the review of the MIDD Oversight, MIDD Implementation and MIDD Evaluation Plans. We are delighted to report on the substantial progress that has been made over the past year with the resources provided by the new sales tax.

MIDD Implementation and Evaluation Plans. A major activity since April 2008 has been the completion of the MIDD Implementation and Evaluation Plans. There are thirty-seven separate strategies within five implementation areas: community-based care, programs targeted to help youth, jail and hospital diversion programs, housing, and new strategies. The committee established a process for sharing these strategies with the public and soliciting public comments, including participating in a number of stakeholder meetings and focus groups, to ensure opportunities for community involvement.

Strategy Implementation. Many of the MIDD strategies are designed to enhance the existing mental health and substance abuse service delivery systems. One example of this service enhancement centers on the strategy to improve access to treatment services to individuals not enrolled in Medicaid. Once MIDD funding authorization was received in October 2008, sixteen outpatient mental health providers, two opiate substitution therapy providers and twenty-nine outpatient chemical dependency providers began offering mental health and substance abuse treatment services to non-Medicaid clients. The influx of funding into the mental health and substance abuse service delivery systems meant that people on waiting lists could access needed treatment services immediately.

We hope you enjoy reading our 2008 Annual Report and learning more about the important programs and services the sales tax revenue provides to improve and stabilize the lives of people with mental illness and chemical dependency in our communities. Thank you for your support of, and investment in, the MIDD.

Shirley Havenga
Chief Executive Officer
Community Psychiatric Clinic
Co-Chair

Sue Rahr
King County Sheriff
Co-Chair

The Mental Illness and Drug Dependency Plan in King County guides a community wide effort to improve the lives of those impacted by mental illness and chemical dependency by diverting them from jails and hospitals into proper mental health and substance abuse treatment.

Mental Illness and Drug Dependency 2008 Annual Report

Background

After hearing from hundreds of speakers over the course of more than a year, the Metropolitan King County Council voted on November 13, 2007 to enact a one-tenth of one percent sales tax to fund the strategies and programs outlined in King County's Mental Illness and Drug Dependency (MIDD) Action Plan. The tax funded programs are designed to stabilize people suffering from mental illness and chemical dependency, by diverting individuals from jails, hospitals and emergency rooms and into proper treatment.

An extensive exploration of the possibility of utilizing the sales tax option in King County began with the passage of Council Motion 12320, which yielded a three-part MIDD Action Plan completed in June 2007. The Council accepted the action plan via Motion 12598 in October 2007, and authorized the sales tax levy collection via Ordinance 15949 approved on November 13, 2007.

Ordinance 15949 called for the development of three separate plans – an Oversight Plan, Implementation Plan and Evaluation Plan – all of which we completed prior to funds being released. On April 28, 2008, the King County Council passed Ordinance 16077 approving an Oversight Plan and establishing the MIDD Oversight Committee. The Oversight Committee was convened in June 2008.

The MIDD Implementation and Evaluation Plans were approved by the Council via Ordinance 16261 and 16262 on October 6, 2008 and implementation of strategies began on October 16, 2008. The work to develop

those plans and implement strategies was conducted by the Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) and the Office of Management and Budget (OMB).

King County is moving forward with the implementation of 37 unique strategies designed to prevent and reduce mental illness and chemical dependency through improved access to mental health, chemical dependency and therapeutic court services. This first annual report provides updates on the strategies that are underway.

Overarching policy goals for MIDD programs:

1. A reduction in the number of mentally ill and chemically dependent people using costly interventions, such as, jail, emergency rooms, and hospitals.
2. A reduction in the number of people who recycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency.
3. A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults.
4. Diversion of mentally ill and chemically dependent youth and adults from initial or further justice system involvement.
5. Explicit linkage with, and furthering the work of, other Council directed efforts including, the Adult and Juvenile Justice Operational Master plans, the Plan to End Homelessness, the Veterans and Human Services Levy Service Improvement Plan and the King County Mental Health Recovery Plan.

**Mental Illness and Drug Dependency
2008 Annual Report**

MIDD Sales Tax Annual Report Requirements

In calling for an annual report on sales tax implementation and progress, the King County Council included specific requirements, requiring the King County Executive to:

Prepare and submit, by April 1, an annual summary report for the programs supported with the sales tax revenue for council review and acceptance by motion.

The annual report for the MIDD, shall include:

- a. a summary of quarterly report data;*
- b. updated performance measure targets for the following year of the programs;*
- c. recommendations on program and/or process changes to the funded programs based on the measurement and evaluation data;*
- d. recommend revisions to the evaluation plan and processes; and*
- e. recommend performance measures and performance measurement targets for each mental illness and drug dependency strategy, as well as any new strategies that are established. New or revised performance measures and performance measurement targets for the strategies shall be identified and included in the April 1, 2009 annual report and in each annual report thereafter.*

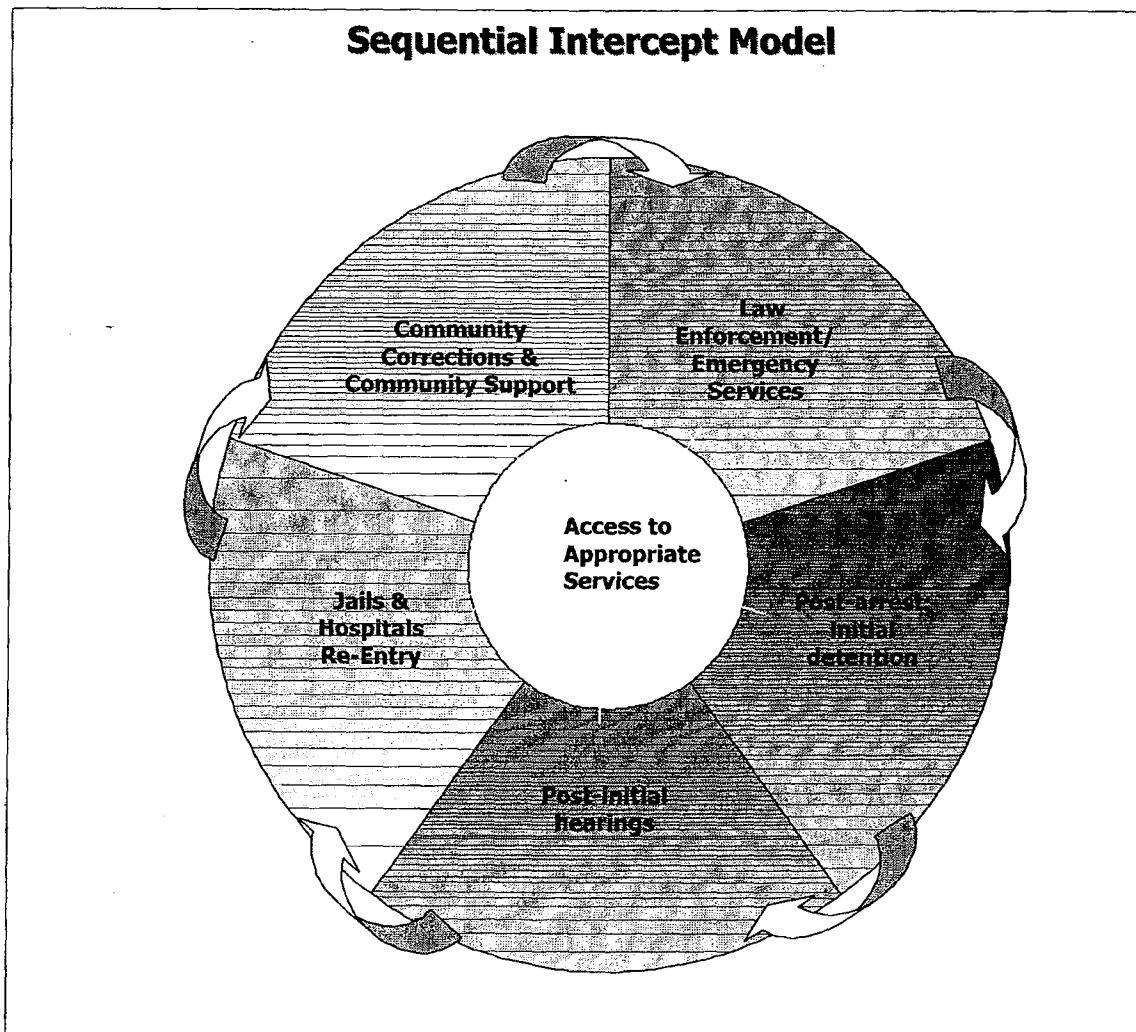
This first annual report provides updates on each of these areas, including a summary of 2008 progress for each identified overarching policy goal.

Executive Summary

- Of the \$36 million MIDD revenues collected in 2008, **75% (or \$27 million)** was committed to community based mental health and substance abuse service providers, therapeutic courts, other community based human service providers, and for new dedicated housing units.
- **Over 1,500 individuals and agencies** were directly impacted by MIDD revenues in 2008.
- After months of planning and stakeholder input the **MIDD Implementation and Evaluation Plans** were approved by Council.
- **65 unique entities received contracts** for MIDD programming in 2008.
- MIDD Oversight Committee members **contributed over 1,000 individual hours** in 2008 to committee business, including leading and participated in many subcommittees and strategy planning workgroups.
- Crisis Diversion Facility Planning Workgroup members **visited five crisis diversion facilities** in Whatcom, Skagit, Pierce and Yakima counties. Two workgroup members were also able to visit the Bexar County program in San Antonio.
- The **MIDD Oversight Committee was created** and 30 individuals were seated.
- **Ten workgroups** were created for the MIDD planning and oversight, which included: Housing needs (MIDD Strategy 16a); Crisis Diversion Facility strategy planning workgroup (MIDD Strategy 10b); Mental Health Court Strategy (MIDD Strategy 11b); New Strategy Request workgroup; School Based Mental Health and Substance Abuse Services Strategy (MIDD Strategy 4c); Historical Control Group workgroup; Medical Respite advisory committee (MIDD Strategy 1b); Domestic Violence and Sexual Assault planning workgroup (MIDD Strategies 13a, 13b and 14a); City of Seattle new strategies development workgroups (MIDD Strategies 17a and 17b); and an Evaluation Planning workgroup.

Mental Illness and Drug Dependency 2008 Annual Report

The key components of the MIDD are based on the Sequential Intercept Model developed by the National GAINS Center for People with Co-occurring Disorders in the Justice System.



At the center of the sequential intercept model is access to appropriate services. These services include the best clinical practices that have been demonstrated to be most effective in preventing the criminalization of people with mental illness and chemical dependency. Services must be available to those who need them regardless of ability to pay or insurance coverage, and they must be provided by well-trained, experienced, and supportive staff. The MIDD is designed to provide services at interception points in order to prevent and reduce needless incarceration and hospitalization of those suffering from mental illness and chemical dependency.

The following section highlights each of the county policy goals and summarizes key progress on goal implementation for 2008.

MIDD Oversight Committee

2008 Achievements

The MIDD Oversight Committee met seven times during 2008.

In accordance with Ordinance 16077, members of the Oversight Committee met as an interim oversight group in April and May 2008 to collaborate with MHCADSD in the development of the Implementation and Evaluation Plans until the full Oversight Committee could be seated. Jackie MacLean, Director of the Department of Community and Human Services, chaired the interim group. The full Oversight Committee met for the first time on May 29, 2008 and on that date, the interim group expired. The Oversight Committee met in May and June 2008 to develop the committee's operating rules.

On June 19, 2008, the Oversight Committee adopted the operating rules and elected its co-chairs, King County Sheriff Sue Rahr, and Shirley Havenga, Chief Executive Officer of Community Psychiatric Clinic.

MIDD Oversight Committee members contributed over 1,000 individual hours in 2008 to committee business, including leading and participating in many subcommittees and strategy planning workgroups. Subcommittee and workgroup involvement included discussions and recommendations on the following issues: Housing needs (MIDD Strategy 16a); Crisis Diversion Facility strategy planning workgroup (MIDD Strategy 10b); Mental Health Court Strategy (MIDD Strategy 11b); New Strategy Request workgroup; School Based Mental Health and Substance Abuse Services Strategy (MIDD Strategy 4c); Historical Control Group workgroup; Medical Respite advisory committee (MIDD Strategy 1b); Domestic Violence and Sexual Assault planning workgroup (MIDD Strategies 13a, 13b and 14a); City of Seattle new strategies development workgroups (MIDD Strategies 17a and 17b); and an Evaluation Planning workgroup.

MIDD Crisis Diversion Facility planning update

- *Crisis Diversion Facility identified as one of the top priorities by community stakeholders during development of MIDD*
- *In depth planning began in April 2008 with all day meeting of community stakeholders with consultants from the national GAINS Center and the Bexar County Jail Diversion Program.*
- *Community stakeholder meetings with representation from law enforcement, courts, hospitals, advocates, consumers and treatment providers were held in May, August and October of 2008.*
- *Workgroups convened to develop recommendations in the areas of transportation and crisis teams, location and facility design, licensing, target population, and backdoor resources/respice.*
- *Workgroup members visited other crisis diversion facilities in Whatcom, Skagit, Pierce and Yakima counties. Two workgroup members were also able to visit the Bexar County program in San Antonio.*
- *The University of Washington, Master of Social Work intern working on this project researched the literature on crisis and jail diversion programs.*

Mental Illness and Drug Dependency 2008 Annual Report

The Oversight Committee solicited public comments on the MIDD Implementation Plan and the MIDD Evaluation Plan and each plan was posted for two weeks for stakeholder review. MHCADSD received comments from 50 stakeholders on the Implementation Plan and 15 comments on the Evaluation Plan. Overall, the public comments were positive in nature and many pertained to the implementation of the MIDD. Comments were received on the following topics: system level outcomes and policy goals, housing, long-term care, medication, drug court, general support of the MIDD, specific evaluation matrix comments, and unions. All of the stakeholder comments were reviewed by MHCADSD staff and incorporated into the Implementation Plan where appropriate.

Stable housing is recognized as a key component to recovery from mental illness and substance abuse. The MIDD Oversight Committee discussed MIDD housing needs at multiple meetings during 2008. The Oversight Committee recommended that unspent revenue from 2008 sales tax collection be allocated to housing, resulting in \$16 million being included in two competitive application processes. The large amount of unspent revenue in 2008 was due to the fact that the sales tax began being collected on April 1, 2008, but no funds could be spent on programs until the King County Council approved the Oversight, Implementation and Oversight Plans in October, 2008.

In September 2008, two new strategies were added to the MIDD Implementation Plan. The Oversight Committee posted the new strategies on the MIDD Web site in order to provide the same opportunity for public comment as had been provided for all of the initial MIDD Implementation Plan strategies. A two-week public comment period was provided, and a summary on the comments were forwarded to the City of Seattle in order to incorporate into the strategies where possible.

The MIDD Oversight Committee created a workgroup to revise the MIDD Mental Health Court strategy (11b). Judge Barbara Linde chaired the workgroup and MHCADSD provided staff support. The workgroup began meeting in late 2008 and met six times before finalizing the strategy. A copy of the Mental Health Court MIDD Strategy 11b recommendation is included as Attachment D.

The MIDD Oversight Committee created a workgroup of the oversight committee which met four times to create a recommendation for a process to consider new strategies for inclusion in the MIDD. A new strategy process was developed in addition to a new strategy recommendation form and new strategy recommendation rating form. The workgroup, chaired by Barbara Miner, began meeting in late 2008 and the recommendation for a new strategy process is attached (Attachment E).

Policy Goal 1: A reduction in the number of mentally ill and chemically dependent people using costly interventions, such as, jail, emergency rooms, and hospitals

Reducing and preventing the number of people with mental illness and chemical dependency using costly interventions such as jail, emergency rooms, and hospitals is a critical step toward breaking the cycle of criminalization of mental illness and chemical dependency and focusing instead on treatment and recovery.

2008 Achievements

- **Over 950 individuals in King County** needing mental health and chemical dependency treatment services were served by the MIDD through strategy 1a, designed to increase access to outpatient mental health and substance abuse services for individuals not on Medicaid. Community-based mental health and chemical dependency service providers provided services to: 650 adults for mental illness, 214 adults for chemical dependency, and 100 youth for substance abuse.

- **Harborview Medical Center Psychiatric Emergency Services** began a project to link individuals to community-based services upon discharge from the emergency room. This strategy addresses the needs of individuals who are repeatedly admitted to Harborview Medical Center due to substance abuse and/or mental illness by providing early identification of mental health and substance abuse needs and facilitating linkages to community treatment and referral to housing and other support services.

- **Harborview Medical Center, Auburn Regional Medical Center, Highline Medical Center, St. Francis Hospital, and Valley Medical Center** developed plans for their Screening, Brief Intervention and Referral for Treatment (SBIRT) programs. Individuals who have abused alcohol and/or other drugs have an increased risk of being involved in automobile and other accidents, as well as a heightened risk for other health problems, which may lead to emergency room admissions. Admissions to hospital emergency services may provide an opportunity to engage individuals who have abused substances into accepting the need for intervention and brief treatment, and prevent future alcohol and drug-related hospitalizations. This strategy (1c) provides delivery of early intervention and treatment services to hospital emergency room patients who have substance use disorders or are at risk of developing these disorders.

Screening, Brief Intervention and Referral to Treatment

SBIRT is a comprehensive public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.

Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

Referral to treatment provides those identified as needing more extensive treatment with access to speciality care.

A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted in medical and social service settings.

**Mental Illness and Drug Dependency
2008 Annual Report**

Policy Goal 2: A reduction in the number of people who recycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency.

Reducing and preventing the number of mentally ill and chemically dependent people recycling through jail with mental illness and chemical dependency is another important element to breaking the cycle of criminalization of mental illness and chemical dependency.

An epidemiological study conducted in 1998 by King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) found that adults in the mental health system who abused drugs and alcohol were five times as likely to have been incarcerated as those who did not abuse drugs and alcohol.

2008 Achievements

- **Increased Criminal Justice (CJ) liaison services.** CJ liaisons provide inmate-clients with mental health or co-occurring mental health and substance abuse problems with screening and assessments and linkages to community services, which includes referring inmate-clients for co-occurring disorder (COD) treatment and reentry case management programs.
- **The Reentry Case Management Services (RCMS)** is a 90-day voluntary program offering intensive case management services. The RCMS program helps individuals transition from jail back into the community. Referrals and linkages to the following services are provided: mental health services, chemical dependency treatment, primary healthcare (including medication, dental, vision), housing acquisition and assistance with applying for permanent housing, pre-employment and employment services, and educational/vocational programs.
- **Re-entry from Jails, Prison and Hospitals.** This intercept point focuses on providing continuity of care when a person is released from institutional care or confinement. While King County already has devoted considerable resources to funding the Criminal Justice Continuum of Care Initiative, the MIDD helps fill the gaps in services. The Criminal Justice Continuum of Care Initiative was initiated in 2003, key elements include: improved mental health and chemical dependency screening and assessments in the jail; liaisons to engage people in the justice system and facilitate links to services; benefits application assistance; voucher programs for mental health, housing and methadone treatment; co-occurring treatment programs; cross systems training; and a strong evaluation component to gauge and track success and failure.

A study recently conducted by the King County Department of Adult and Juvenile Detention found that the average offender who remains in jail stayed 18.5 days in custody in 2007.

Inmates with mental illness requiring special housing stayed an average of 35 days in 2007, or about 16.5 days longer than average.

Policy Goal 3: A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults.

Reducing the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults by providing the best clinical practices have been demonstrated to be most effective in preventing the criminalization of people with mental illness and chemical dependency.

2008 Achievements

- **Expansion of Next Day Appointments (NDA) services** (MIDD strategy 1d) provides follow up to a face-to-face mental health crisis service with timely direct crisis intervention, resolution, referral, and follow-up services. The MIDD funds were utilized to enhance (add an array of services that were not a part of the existing NDA services) to persons who are not currently receiving publicly funded mental health treatment and are experiencing mental health crises.

Caseload size reduction benefits

Large caseload sizes negatively impact a mental health case manager's ability to maintain regular contact with consumers. Regular contact allows the case manager to assist consumers in developing their own illness management strategies; provide psycho-education; provide motivational interviewing for pursuing supported employment services; monitor fluctuations in symptoms so that medication adjustments can be recommended; and provide other treatment services that contribute to consumers' stability and recovery.

With large caseloads, case managers are limited in their ability to provide routine rehabilitation services and instead primarily respond to crises.

The added services included:

- a. Benefits counseling to work with clients to gain entitlements that will enable clients to qualify for ongoing mental health and medical services;
- b. Brief, intensive, short term treatment to resolve the crisis, including motivational interviewing to promote treatment engagement for individuals who are in need of substance use disorder treatment;
- c. Psychiatric medication evaluations that includes access to medications;
- d. Consultation with a client's primary care physician regarding recommended medications to promote ongoing access to needed psychiatric medications; and
- e. Assurance of linkages to ongoing care.

- **The caseload reduction strategy enabled agencies to add additional staff and reduce caseload sizes** (MIDD Strategy 2a). This helps case managers to see consumers more regularly (including outreaching to consumers in their homes or other community settings), to assist them to achieve greater stability and recovery, and to be more responsive to consumers who are in crisis, particularly those who are in, and exiting from jails and hospitals. This strategy includes federal matching funds of \$3 million.

**Mental Illness and Drug Dependency
2008 Annual Report**

Policy Goal 4: Diversion of mentally ill and chemically dependent youth and adults from initial or further justice system involvement.

Diverting mentally ill and chemically dependent youth and adults from initial or further justice system involvement is critical to ensuring that individuals with mental illness and chemical dependency are not criminalized for their illness, but rather provided treatment opportunities.

2008 Achievements

- The King County Adult Drug Diversion Court MIDD expansion and enhancement (strategy 15a) included employment training, housing and housing support services, access to evidence based treatment services, and expanded co-occurring treatment services for women. These services will increase the likelihood of long-term recovery for drug court participants, and decrease jail days, hospitalization and use of other crisis services.
- The MIDD Oversight Committee created a workgroup at the end of 2008 to explore expanding mental health courts in King County. The final recommendation of the workgroup and Oversight Committee is included in Attachment D. The Mental Health Court strategy (11b) was revised to provide expanded services to the three mental health courts in King County (District Court, Seattle Municipal Court and Auburn Municipal Court). The City of Seattle and City of Auburn will receive funds to expand existing mental health court services through enhanced treatment and/or court liaison staffing. The King County District Court will implement “mental health court without borders”, an expansion, which allows municipals to refer cases to the King County Prosecutor to be tried in District Court.
- MIDD provided for increased capacity for social and psychological assessment for juvenile justice youth, through the creation of an online assessment system that will allow juvenile court to consistently screen and access youth for social, psychological and substance abuse issues using an evidence-based tool (strategy 5a).
- MIDD funds provided over 150 individuals with mental illness with the opportunity for enhanced supportive employment services, including entitlement benefits counseling, long-term job retention support, job placement, job coaching, and short-term job retention services (strategy 2b).

The Drug Diversion Court (DDC) provides eligible defendants charged with felony drug and property crimes, the opportunity for drug treatment and access to other ancillary services. If defendants meet the requirements of DDC, their charges are dismissed. If defendants fail to make progress they are terminated from the program and sentenced on their original charge.

The supportive employment work model assumes that all individuals, regardless of the nature or extent of their disabilities, should have the opportunity and support to work in the community. There are no pre-requisite skills needed for community job success. The task, therefore, is not to identify and place "work ready" individuals, but rather to locate and/or modify meaningful jobs in the community and provide training and supports at the job site. Supportive employment options provide individuals with opportunities and reduce the likelihood for criminal justice involvement.

Goal 5: Explicit linkage with, and furthering the work of, other Council directed efforts including, the Adult and Juvenile Justice Operational Master plans, the Plan to End Homelessness, the Veterans and Human Services Levy Service Improvement Plan and the King County Mental Health Recovery Plan.

Coordination of the MIDD with existing Council directed efforts are essential to ensuring that individual with mental illness and chemical dependency are receiving most effective services available. Linkage and coordination helps make certain that funds are spent in a cost effective manner, and helps ensure that individuals in need are the focus.

2008 Achievements

- Both the new housing units created with the help of MIDD funds, and the supportive services provided with MIDD funding, will make substantial contributions to the continuum of MIDD programs that will result in a decrease in homelessness and in the number of individuals cycling through expensive hospital emergency services and jails (linked to the Ten-Year Plan to End Homelessness).
- Consistent demographic data elements were identified for the MIDD evaluation plan, including gathering data on military status in order to link and track veterans and their families (linked to the Veterans and Human Services Levy Service Improvement Plan).
- MIDD funds were included in two competitive application processes (Requests for Proposal (RFP)) conducted in the fall of 2008. One RFP was for homeless housing supportive services, rental assistance, and operating support. Fund sources included the:
 - Veterans and Human Services Levy (\$1 million)
 - The document recording fee surcharge authorized by the state to support county Ten-Year Plans to End Homelessness (\$3 million)
 - United Way of King County (\$2 million)
 - The Seattle and King County Housing Authorities (approximately \$1.5 million in rental subsidies)
 - MIDD supportive services for housing projects (strategy 3a provided \$2 million).
- The MIDD funds will pay for supportive services for five years at two projects serving a total of 110 individuals challenged by chemical dependency and mental illness. These projects are the Wintonia House, managed by the Archdiocesan Housing Authority (92

MIDD Capital Development

MIDD capital development funds made possible 335 new permanent supportive housing units for high need homeless individuals challenged by mental illness and/or chemical dependency

remodeled units for homeless individuals who are high utilizers of the Sobering Center) and Kenyon House, operated by Sound Mental Health (18 new units for homeless persons living with HIV/AIDS in addition to mental illness and/or chemical dependency).

Mental Illness and Drug Dependency 2008 Annual Report

- The second RFP was for capital development, including remodeling of existing housing, in addition to funding new developments. The MIDD was able to contribute over \$16 million to this joint funding process in order to help jump-start projects that had gaps in funding and would otherwise have needed to wait one or more years to complete their funding needs.
- MIDD capital funds (strategy 16a) were used to support seven housing projects totaling 335 permanent supportive housing units for high need homeless individuals challenged by mental illness and/or chemical dependency.
- Funding was provided for projects:
 - Plymouth Housing Group (81 units)
 - Downtown Emergency Service Center (83 units)
 - Sound Mental Health (18 units)
 - Transitional Resources (16 units)
 - Archdiocesan Housing Authority (92 units)
 - Valley Cities Counseling and Consultation (24 units)
 - Community House Mental Health (23 units)

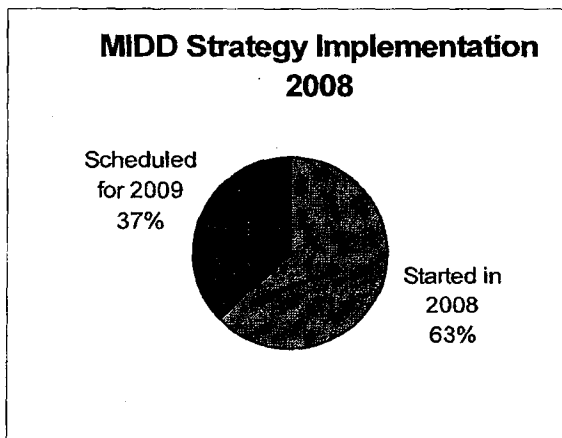
All the units funded by MIDD and other funding sources will be part of the network of permanent supportive housing that will be dedicated to serving formerly homeless individuals with mental illness and chemical dependency, including individuals who are being served by other MIDD strategies.

**Mental Illness and Drug Dependency
2008 Annual Report**

Progress Report on MIDD Strategies Implementation

2008 Progress

On October 16, 2008, MHCADSD revised contracts within the mental health and chemical dependency provider networks for implementation of MIDD Strategy 1a - Increased access to community mental health and substance abuse treatment services. Sixteen outpatient mental health providers, two opiate substitution therapy providers and 29 outpatient chemical dependency providers began providing treatment services to non-Medicaid clients.



As of December 31, 2008, 65 community providers have received 137 unique contracts for the implementation of MIDD programs associated with 22 different MIDD strategies.

See Attachment B for Program Utilization Statistics for each of the 37 MIDD strategies for 2008.

MIDD strategies that started program implementation in 2008:

- 1a1 – Increased Access to Community Mental Health Treatment
- 1a2 – Increased Access to Community Substance Abuse Treatment (outpatient and opiate substitution therapy)
- 1c – Substance Abuse Emergency Room Early Intervention services
- 1d – Mental Health Crisis Next Day Appointments
- 1e – Chemical Dependency Professional Education and Training
- 1h – Expand the Availability of Crisis Intervention and Linkage to On-Going Services for Older Adults
- 2a – Mental Health Caseload Reduction
- 2b – Employment Services for Individuals with Mental Illness and Chemical Dependency
- 3a – Supportive Services for Housing Projects
- 4d – School Based Suicide Prevention
- 5a – Increase Capacity for Social and Psychological Assessments for Juvenile Justice Youth
- 6a – Wraparound Support Services for Emotionally Disturbed Youth
- 10a – Crisis Intervention Training – First Responders
- 11a – Increase Jail Liaison Capacity
- 12a – Increase Jail Re-Entry Program Capacity
- 12b – Hospital Re-Entry Respite Beds
- 12c – Increase Capacity for Harborview’s Psychiatric Emergency Services to Link Individuals to Community Based Services
- 13a – Domestic Violence and Mental Health Services and Systems Coordination
- 13b – Domestic Violence Early Intervention/Prevention
- 14a – Sexual Assault and Mental Health Services
- 15a – Drug Court Expansion and Enhancement of Recovery Support Services
- 16a – Housing Development

Evaluation and Performance Measures

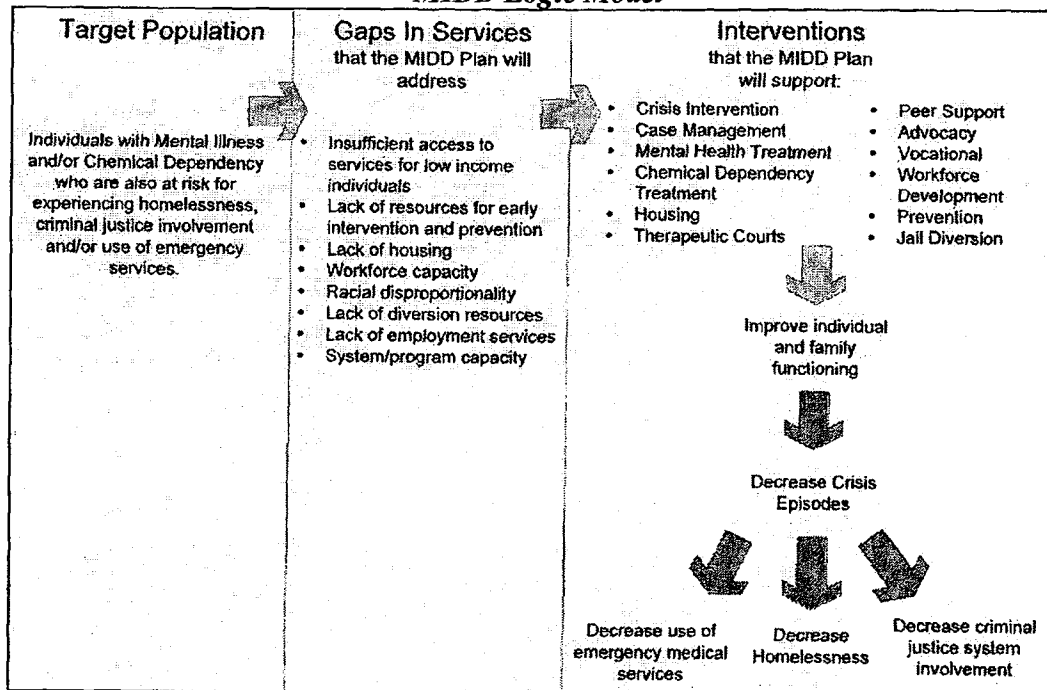
2008 Progress

The MIDD Evaluation Plan was finalized by the King County Council during the fourth quarter of 2008 and approved through County Ordinance 16262 on October 6, 2008.

The MIDD Evaluation Plan establishes a framework for evaluating each of the 17 core strategies and sub-strategies in the MIDD Implementation Plan, by measuring what is done (output), how it is done (process), and the effects of what is done (outcome). Measuring *what* is done entails determining if the service has occurred. Measuring *how* an intervention is done is more complex and may involve a combination of contract monitoring, as well as process and outcome evaluation to determine if a program is being implemented as intended. Measuring the *effects* of what is done is also complex, and will require the use of both basic quantitative and qualitative methods as appropriate

The evaluation framework ties the MIDD goals and strategies to the MIDD results. It lays out the links between what is funded, what is expected to happen as a result of those funds, and how those results will contribute to realizing the MIDD goals and objectives. The schematic diagram below shows the high level relationships between the components of the framework.

MIDD Logic Model



The MIDD Evaluation Team updated program-specific evaluations as the implementation strategies were updated. For those strategies that have been implemented since October 16, 2008, the MIDD Evaluation Team collaborated with the MHCADSD program and contract staff to assure that the evaluation data and reporting needs are reflected in contract language.

Mental Illness and Drug Dependency 2008 Annual Report

A standard set of demographic data and geographic data (including zip codes) has been defined to assure that similar information is available on all individuals served with MIDD funding, regardless of program. The mental health and substance abuse data systems now include new elements that clearly identify individuals served by MIDD funding. Work is underway on a standardized data sharing protocol, a necessary first step to gaining access to data from other entities (e.g., hospital emergency rooms).

As implementation of the MIDD strategies is still in its earliest stage, there are no performance results to report at this time.

Geographic distribution of sales tax expenditures

Data on the geographic distribution of the sales tax expenditures will not be available until the second quarter of 2009. Contracts for 2008 funds included language that requires providers to collect residential ZIP code data of those served.

Updated performance measure targets for the following year of the programs

A performance measure, for the purpose of the MIDD, is a measure that can be monitored on a periodic (e.g., monthly, quarterly) basis to document progress toward implementation of the strategy. Included in Attachment C are the recommended performance measures and performance measurement targets for the MIDD implementation strategies. Subsequent MIDD Annual Reports will include updated performance measure targets for the following year of the programs as warranted.

Recommendations on program and/or process changes to the funded programs based on the measurement and evaluation data

Strategies must be operational for a minimum of one year before outcome data can begin to be collected and analyzed, and an additional 4-6 months is needed for data collection and analysis. As implementation of the MIDD strategies did not begin until October 16, 2008 and 22 out of the 37 strategies began implementation in 2008, there can not be any recommendations based on measurement and evaluation data for any of the strategies until late in 2010.

Recommended revisions to the evaluation plan and processes

As implementation of the MIDD strategies did not begin until October 16, 2008, there will not be any recommended revisions to the evaluation plan and process until the 2009 Annual Report.

2008 Annual Report attachment summary

Per Ordinance, the MIDD Oversight Committee was charged with reviewing four priority issues and submitting recommendations on the following issues:

- Mental Health Court Strategy,
- New Strategy Process Recommendation,
- Housing Report per Budget Ordinance, and
- Historical Control Group Recommendation.

Mental Health Court Strategy Recommendation

Ordinance 16261 directed the MIDD Oversight Committee to revise the MIDD Mental Health Court strategy and submit a recommendation to council in the April 1, 2009 MIDD annual report.

Excerpt from MIDD Implementation Plan Ordinance 16261

SECTION 5. There is a need to expand mental health court services to more residents of King County, in more locations throughout the county, without further fragmenting of the justice system for vulnerable, mentally ill clients. The mental illness and drug dependency oversight committee shall review options for enhancing the delivery of mental health court services and recommend a proposed strategy to provide mental illness and drug dependency funds for mental health courts in King County. In particular, the oversight committee shall recommend an approach to allocating the funds set aside in the spending plan for the purpose of supporting mental health courts. The oversight committee's recommendation for mental health courts shall be submitted to the council along with and in the same manner as the mental illness and drug dependency annual report that is due April, 1, 2009.

The MIDD Oversight Committee proposes that the King County District Court expand their current Mental Health Court (MHC) and make it available to any misdemeanor offender in King County who is mentally ill, regardless of where the offense is committed. A misdemeanor case originating in a municipality in King County that does not have a MHC would be referred by the respective municipal prosecutor to the King County Prosecuting Attorney for a direct filing into the District Mental Health Court. The referral could take place before charges are filed, or later in the proceedings but prior to disposition, whenever it is determined that the individual's mental illness makes the Mental Health Court the best place for the individual to be served. This strategy, along with that of maintaining or increasing the MHC's capacity to serve the "felony drop down" population, would create a truly regional mental health court without borders. The strategy also includes expansion for the City of Seattle Mental Health Court and City of Auburn Mental Health Court to fund court liaison staffing or treatment service expansions.

The MIDD Oversight Committee reviewed the Mental Health Court Strategy (MIDD Strategy 11b) and the council directive for submission of a mental health court recommendation by April 1, 2009. The MIDD Oversight Committee formed a workgroup to draft the recommendation to bring before the full committee in February 2009 for action. Workgroup members included representatives from: City of Auburn, City of Auburn Municipal Court, King County Office of Budget and Management, Council staff, King County District Court, King County Superior

Mental Illness and Drug Dependency 2008 Annual Report

Court, City of Seattle, City of Seattle Municipal Court, King County Prosecuting Attorney Office, King County Office of Public Defense, Public Defense, and King County Department of Community and Human Services. Judge Barbara Linde chaired the workgroup and the Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) provided staff support.

The Mental Health Court workgroup met six times. The workgroup came to a majority agreement for the revised Mental Health Court strategy and the revised strategy was approved by the MIDD Oversight Committee.

A copy of the Mental Health Court MIDD Strategy 11b recommendation is included as Attachment D.

New Strategy Process Recommendation

Ordinance 16261 directed the MIDD Oversight Committee to create a process by which interested parties could propose a new strategy idea for MIDD funding. The MIDD Oversight Committee created a workgroup of the oversight committee who met four times to create a new strategy process recommendation. A new strategy process was developed in addition to a new strategy recommendation form and new strategy recommendation rating form. Workgroup members included representatives from: Council staff, King County District Court, King County Superior Court, Committee to End Homelessness, Domestic Violence and Sexual Assault, Harborview Medical Center, Youth Human Services, and King County Department of Community and Human Services. Barbara Miner chaired the workgroup and MHCADSD provided staff support.

New Strategies are plans of action to achieve MIDD goals. Once new strategies are recommended by the MIDD Oversight Committee and adopted by the King County Council, established county policies on procurement will be followed. New Strategy Recommendations will be considered by the MIDD Oversight Committee at least twice each year. The annual submission due dates are October 31 and April 30. New Strategy Recommendation Forms received between May 1 and October 31 will be reviewed during the October 31 review period and New Strategy Recommendation Forms received between November 1 and April 30 will be reviewed during the April 30 review period.

The MIDD Oversight Committee recommendation for the New Strategy Process, Recommendation Form and Rating Form are included in Attachment E.

Interim Loan Report Recommendation

Per the 2009 Budget Proviso, an amount may be neither encumbered nor expended toward the interim loan program, as described in the executive's 2009 proposed budget under CIP Project number 322801, until the council approves by motion a report that specifies the components, requirements, processes, oversight and reporting of an interim loan program that would be administered by King County. The executive, in collaboration with the mental illness and drug dependency oversight committee, with assistance from council staff and the office of the prosecuting attorney, shall develop the report. Members of the Department of Community and Human Services (DCHS), the Prosecuting Attorney's Office, council staff and other MIDD

Mental Illness and Drug Dependency 2008 Annual Report

Oversight Committee members met to review and discuss the Interim Loan Report program. Cheryl Markham, Program Manager for DCHS Housing and Community Development provided a draft for the workgroup to discuss. The workgroup provided feedback and decided to move the draft forward to the MIDD Oversight Committee with a recommendation for approval.

The proposed King County Interim Loan program is modeled after a successful loan program run by the City of Seattle Office of Housing for non-profit housing developers; since 1998, this program has assisted 15 affordable housing projects with all loans paid back in approximately two years. Loan funds will only be available to acquire and hold property that will be developed or rehabilitated for affordable housing that will include units for homeless households until all permanent financing can be pursued and secured. MIDD Housing Services Funds (Plan 3A) will be available for the loan program to a lesser extent and only for a project that will serve MIDD-eligible tenants.

The MIDD Oversight Committee approved the recommendation for King County Interim Loan program.

Historical Control Group Recommendation

Ordinance 16262 directed the MIDD OC to review and study the concept of establishing a historical control group for evaluative purposes and make a recommendation on establishing a control group to measure recidivism in the King County jail in the April 1, 2009 annual report. Representatives from the Department of Adult and Juvenile Detention, DCHS, and council staff met in order to draft a recommendation to assist the MIDD OC with its analysis.

The MIDD Oversight Committee does not recommend creating a historical control or comparison group at this time, however, the MIDD Evaluation Team will continue to look at each strategy as it comes on-line to look for opportunities for concurrent (contemporaneous) “natural” comparison groups and include these results in the evaluation reports.

The MIDD Oversight Committee recommendation for the Historical Control Group is included in Attachment F.

**Mental Illness and Drug Dependency
2008 Annual Report**

Financial Overview

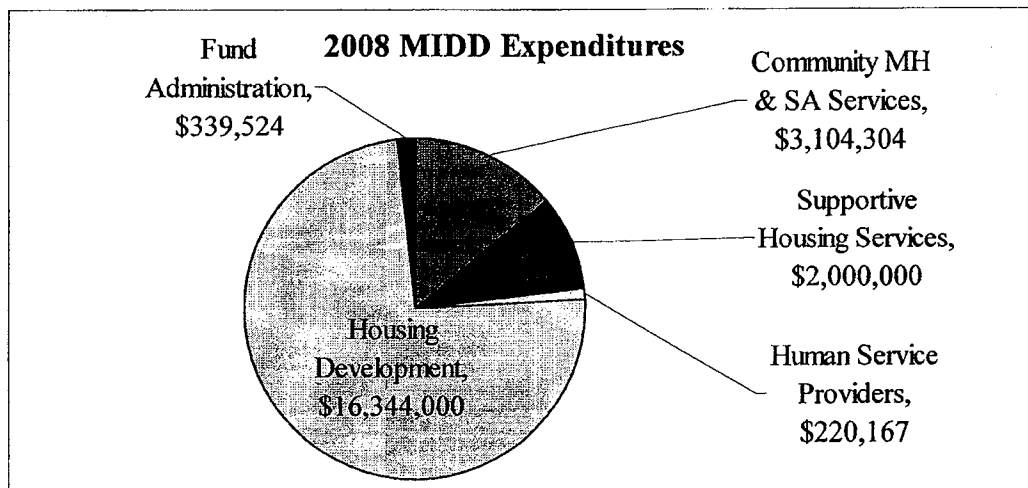
The MIDD sales tax approved by Council in November 2007 will generate more than \$40 million per year for ten years to support a range of mental health, chemical dependency and therapeutic court services for adults and youth in need in King County. By the end of 2008, \$36 million of sales tax funding was available. Of the \$36 million, 75% (or \$27 million) was committed to community based mental health and substance abuse service providers, therapeutic courts, other community based human service providers and to new dedicated housing units. The remaining funds supported administrative costs and built reserves for future new strategies and for revenue stabilization.

2008 Expenditure Status Updates

Actual expenditures varied from the allocation because the final plan was not approved until the fourth quarter of 2008. The first contracts for 2008 were executed for many strategies on October 16, 2008, when authorization for MIDD spending was received. In all, 65 unique entities received contracts for MIDD programming in 2008. Since these contracts were not executed until the fourth quarter of 2008, actual expenditures were less than the initial allocations.

Certain new strategies require a Request for Proposal (RFP) process for implementation. The timing of the ordinance and the winter holidays delayed the timeline for RFP development and release until the first quarter of 2009. One RFP, however, was released in 2008 for Supportive Services for Housing (MIDD #3a) and Housing Development (MIDD #16a). The majority of expenditures associated with these RFPs were captured in 2008.

As of December 31, 2008, the MIDD fund had expended \$22 million to support the MIDD strategies. \$3.1 million was expended on community based mental health and substance abuse providers, \$2 million for supportive housing services, \$220,000 on additional human service providers, \$16.3 million for new housing developments, and \$340,000 on fund administration.



The Financial Status Report in Attachment A provides detailed expenditures by strategy in 2008.

**Mental Illness and Drug Dependency
2008 Annual Report**

In addition to \$22 million in expenditures, the MIDD fund set aside \$1.6 million for additional housing development and rental subsidies, \$1.5 million for the Revenue Stabilization Reserve and \$2.5 million for the New Strategy Reserve.

Financial Outlook for 2009 and Beyond

As a sales tax fund, the MIDD is particularly sensitive to economic cycles. The current recession has put considerable downward pressure on consumer spending and forecasts for sales tax collections will dramatically reduce. In addition, interest earnings will likely decrease, as short-term interest rates remain low. In the near term, actual MIDD fund revenues will be \$4-5 million lower per year than originally anticipated.

Lower revenues, combined with the anticipated ramp up of all strategies may force the MIDD fund to use designated or undesignated fund balance to support ongoing operations as early as 2010. The fund will be closely monitored to make certain that cash flow is available to fund anticipated program costs and that reserves are funded appropriately.

The updated Financial Plan in Attachment G provides updates on revenues and expenditures for 2009 through 2012.

Mental Illness and Drug Dependency 2008 Annual Report

Looking forward to 2009

The MIDD Oversight Committee, MHCADSD staff and the Office of Management and Budget (OMB) staff worked together in 2008 to develop and begin to carry out the MIDD Implementation Plan and to ensure that the sales tax revenue is spent in an efficient and effective manner. In 2009, a number of strategies that were partially implemented in 2008 will be brought to full service delivery scale, and other strategies that were not started in 2008 will be fully implemented by the end of the year. The MIDD Oversight Committee will continue meeting on a monthly basis in order to review and provide feedback on the implementation and effectiveness of MIDD-funded programs in meeting the goals established in Ordinance 15949.

With the lingering economic downturn, there are significant potential challenges facing the MIDD. These include a reduction in sales tax revenue and reductions in state and federal funding for housing, mental health and substance treatment services.

Potential State Changes to MIDD Fund

In addition, the MIDD fund may be impacted by potential supplantation issues as a result of state legislative action in the 2009 session. Current legislative proposals would allow all counties to partially supplant existing funds for mental health programs with money raised by the mental illness/drug dependency sales and use tax until January 1, 2015. If such flexibility is granted by the state, the Executive intends to propose that King County utilize this tool to help address the 2010 funding shortfall in core Mental Health Court and Drug Court functions as well as other mental illness and drug dependency related services.

King County and the MIDD OC are aware of these challenges and are responding proactively, through the creation of a workgroup to develop a prioritization process that could be used on all current and future MIDD strategies. Creating prioritization for the MIDD strategies will allow the county to respond to the reductions in funding and still remain on course with the vision and goals of improving the quality of life for those with mental illness and chemical dependency through prevention and enhanced services.

**Mental Illness and Drug Dependency
2008 Annual Report**

Attachment A

2008 Year End Financial Status Report

Strategy	2008 Expenditures
Community MH & SA Access	
1a Non-Medicaid Outpatient Services MH & SA	757,703
1b Outreach & Engagement - Hospitals, Jails, Crisis	-
1c SA Emergency Room Early Intervention	-
1d MH Crisis Next Day Appointments	28,511
1e CD Professionals Training	16,949
1f Parent Partners Family Assistance	-
1g Older Adults Prevention & Intervention MH & SA	87,500
1h Older Adults Crisis & Service Linkage	-
Quality of Care	
2a MH Caseload Reduction	2,102,421
2b Employment Services MH & SA	111,220
Housing Access	
3a Supportive Services for Housing Projects	2,000,000
Prevention & Early Intervention	
4a Parents In Recovery SA Outpatient Services	-
4b Prevention Services - Children of SA	-
4c School District Based MH & SA Services	-
4d School Based Suicide Prevention	75,000
Juvenile Justice Youth Assessments	
5a Juvenile Justice Youth Assessments	-
Youth Wraparound Services	
6a Wraparound Svc Emotionally Disturbed Youth	-
Youth Crisis Services	
7a Reception Centers for Youth in Crisis	-
7b Expand Youth Crisis Services	-
Family Treatment Court	
8a Expand Family Treatment Court & Parent Support	-
Juvenile Drug Court	
9a Expand Juvenile Drug Court Treatment	-
Pre-Booking Diversion	
10a Crisis Intervention Training - First Responders	-
10b Adult Crisis Diversion Ctr, Respite, Mobile Svc	-
Jail & Diversion Svcs, Therapeutic Courts	
11a Increase Jail Liaison Capacity	7,985
11b MH Court Programs - Increase Services	-
Re-Entry Programs	
12a Jail Re-Entry Program Capacity Increase	18,167
12b Hospital Re-Entry Respite Beds	11,517
12c Harborview PES link to Community Based Svc	9,158
12d Urinalysis Supervision for CCAP Clients	-
Domestic Violence	
13a Domestic Violence and mental health services	41,000
13b Domestic Violence prevention	-
Sexual Assault	
14a Sexual Assault Survivors Services Expansion	37,750
Drug Court Expansion	
15a Drug Court Expansion of Recovery Support Services	19,590
Housing	
16a New Housing units and rental subsidies	16,344,000
Contingency, Data Systems and Administration	
Contingency funds	-
Data Systems / Administration / Evaluation	-
Personnel	229,112
Other Costs	110,411
Total Dollars	\$ 22,007,994
Percentage of Spending Plan	76.91%