

## Strategy Revisions

Strategy		Date of Revision	Revision
1a1	Mental Health Treatment	07/01/2010	Clubhouse Services added. <sup>1</sup>
1a2	Substance Use Disorder (SUD) Treatment	01/01/2009	Buprenorphine <sup>2</sup> at Detoxification program added.
1a2	Substance Use Disorder (SUD) Treatment	01/01/2010 - Youth Transportation 07/01/2014 - Outreach	Treatment support activities added: <ul style="list-style-type: none"> <li>Youth Transportation</li> <li>O outreach.</li> </ul>
1a2	Substance Use Disorder (SUD) Treatment	10/01/2014	Detoxification beds added.
1a2	Substance Use Disorder (SUD) Treatment	01/01/2011	1811 Case Management added.
1a2	Substance Use Disorder (SUD) Treatment	5/01/2015	Peer services added.
1a2	Substance Use Disorder (SUD) Treatment	10/01/2013	Sobering services added.
1b	Outreach & Engagement	03/01/2009	<p>At the time the MIDD plan was initially adopted, a final service design was not proposed for this strategy because other initiatives related to people experiencing homelessness were in the process of being implemented. In winter 2008-09, two assessments occurred to help inform the programming of these funds:</p> <p>Health Care for the Homeless conducted a needs assessment.</p> <p>Public Health conducted an analysis of the numbers and characteristics of homeless people seen in the King County Jail.</p> <p>The revised design included: (1) Increase homeless program-based mental health/chemical dependency outreach and engagement services at selected homeless program sites in East King County, South King County, and Seattle. Services will be prioritized for those sites with the highest</p>

<sup>1</sup> 1. A Clubhouse is a community intentionally organized to support individuals living with the effects of mental illness and certified by the International Center for Clubhouse Development (ICCD). Through participation in a Clubhouse, members are given opportunities to rejoin the worlds of friendships, family, important work, employment, education, and to access the services and supports they may individually need. A Clubhouse is a restorative environment for people who have had their lives drastically disrupted, and need the support of others who believe that recovery from mental illness is possible for all.

<sup>2</sup> Buprenorphine is used in medication-assisted treatment (MAT) to help people reduce or quit their use of heroin or other opiates. <http://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>

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			<p>numbers of people with histories of jail and/or hospital involvement.</p> <p>(2) Increase chemical dependency outreach and engagement for homeless Native Americans</p>
1c	Emergency Room Intervention	09/15/2011	Four new FTE Chemical Dependency Professionals (CDP) in south King County were planned. Three FTEs were filled in 2011. One FTE resigned in 2011 and was not refilled. Two new FTEs were maintained.
1d	Crisis Next Day Appointments	11/1/2008	<p>The original plan did not identify specific additional treatment and stabilization services. A stakeholder process was planned to develop the specific components.</p> <p>Enhanced stabilization services added to plan: Additional brief, intensive, short-term treatment to resolve the crisis, benefits counseling and psychiatric medication access.</p>
1e	Chemical Dependency Trainings	03/01/2009	Reimbursement was expanded beyond books and tuition to include the costs of testing to become a CDP and annual recertification. A Science to Service/Workforce Development Coordinator was hired. This position was responsible for providing technical assistance/training to the provider community about the selection and implementation of evidence-based treatment activities and assured that the selected programs were implemented and delivered with fidelity to the model. The position also monitored the utilization of the tuition reimbursement program.
1e	Chemical Dependency Trainings	09/23/2010	BHRD had a pilot project with the University of Washington (UW), School of Social Work, to develop a program within the School of Social Work to allow MSW students to jointly receive their CDP certificate.
1f	Parent Partners Family Assistance	11/01/2012	Originally Strategy 1f's design involved funding parent and youth partners throughout the behavioral health system to support families seeking assistance. After some consideration it

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			was decided that a different plan was needed to fulfill the goals. Family, youth and system partner roundtables were held to gather information regarding the opportunities and challenges to the successful support of families. Input from the meetings and best practices research was used in the redesign. It was determined that a Family Support Organization (FSO) <sup>3</sup> could most effectively meet community and family needs and the implementation plan was revised to fund a FSO. Start-up activities began in mid-October 2011. Contracting with Guided Pathways – Support for Youth and Families (GPS) started on 11/01/2012.
<b>1g</b>	Older Adults Prevention	01/01/2010	Decreased FTEs and funding.
<b>1g</b>	Older Adults Prevention	01/01/2011	Decreased FTEs.
<b>2b</b>	Employment Services	01/01/2009	Added incentive payments for job retention outcomes. Added the SUD population in a modified employment services in 2015/2016 pilot.
<b>4c</b>	School-Based Services	07/01/2010	At the time of the MIDD Implementation Plan adoption, MIDD Strategy 4c was still under development and beginning the stakeholder planning phase. Originally, the strategy was written as if every school district in the county would receive funding. The allocation amount did not allow for adequate distribution to every school district, so it was changed to be open and available to every school district. The process was designed to ensure the four geographical regions of the county had equal distribution of funding if there were applications received and awards available to those areas. The services included prevention, early intervention, brief treatment and referral to treatment.
<b>4c</b>	School-Based Services	10/23/2014	The MIDD 4c strategy was awarded by a competitive request for proposals (RFP) in 2010. The RFP was for five

<sup>3</sup> A family-run support organization is an organization directed and staffed by family members who have personal life experience parenting a child with a serious emotional or behavioral disturbance and/or a substance use disorder. 1057-10\_ad1.pdf (1f Request for Proposal Addendum 1)

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			years (expiring in June 2015). The County originally notified its 13 projects (with 10 providers) that the contracts were ending due to the RFP timeline ending. The County decided, due to the MIDD expiring January 1, 2017, that the projects were to be extended to the end of MIDD I.
<b>8a</b>	Family Treatment Court (FTC)	10/01/2010	FTC was funded with a blend of funding sources from the Veterans and Human Services Levy, MIDD funding, and general fund support that became unavailable. There were extra costs not budgeted in 2010 assigned to the Veterans and Human Services Levy. The 2011 Adopted Budget, Ordinance 16984, Section 69, Proviso 1 directed the King County Department of Community and Human Services (DCHS) Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), now BHRD, to develop a report regarding the FTC. A workgroup developed the FTC report. The resulting strategy revision was a cap of no more than 60 children at any given time and no more than 90 children per calendar year for the performance target retroactive to 10/01/2010.
<b>8a</b>	Family Treatment Court (FTC)	10/01/2014	This strategy was revised to expand the number of target children served from 90 to 120. Due to the Department of Public Defense work coming within King County and cases moving to an FTE model for FTC, the target for the number of children to be served could be increased.
<b>9a</b>	Juvenile Drug Court	07/01/2012	Co-occurring (mental health and chemical dependency) track added. Expanded participants to include youth receiving engagement service prior to opting in.
<b>10a</b>	Crisis Intervention Team Training	04/01/2010	Contracted with Washington State Criminal Justice Training Commission (WSCJTC) to implement the Crisis Intervention Team Training (CIT) program.
<b>10b</b>	Adult Crisis Diversion	4/01/2010	1.0 FTE BHRD Program Manager was added to coordinate the Crisis Diversion Services (CDS) strategy, staff the MIDD OC CDS strategy sub-

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			committee and provide general support to the implementation of the MIDD plan.
<b>10b</b>	Adult Crisis Diversion	08/12/2012	The original plan included interim “respite” housing for homeless individuals ready to leave the Crisis Diversion Facility (CDF) in need of temporary housing while permanent supported housing was being arranged. This was revised to include people that were not homeless but in need of stabilization beyond the CDF three day limit.
<b>11a</b>	Increase Jail Liaison Capacity	11/01/2015	The location of services was revised from the King County Work and Education Release (WER) site to serve the population in a community-based setting.
<b>11b</b>	Mental Health Courts (MHC)	2/19/2009	At the time of the MIDD Implementation Plan adoption, MIDD Strategy 11b was still under development. This strategy enhanced services and capacities at existing mental health courts to increase access to programs for eligible adult misdemeanants throughout King County. Service enhancements were to include expanded mental health court treatment services programming within the City of Seattle Municipal Mental Health Court and the City of Auburn Municipal Mental Health Court. King County Regional Mental Health Court was made available to any misdemeanor offender in King County who was mentally ill, regardless of where the offense was committed.
<b>11b</b>	Mental Health Courts (MHC)	08/08/2011	Removed City of Auburn Mental Health Court, added Veteran’s Court pilot.
<b>11b</b>	Mental Health Courts (MHC)	06/05/2014	Strategy funds were used to expand residential treatment beds and housing units for therapeutic court participants.
<b>12c</b>	Psychiatric Emergency Services Linkage	11/1/2008	At the time of the MIDD Implementation Plan adoption, MIDD Strategy 12c was still under development. Two case managers were added to Psychiatric Emergency Services.
<b>12d</b>	Behavior Modification Classes	03/20/2009	The original goal of this strategy was to increase efficiency in the treatment and programming operations at

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			Community Center for Alternative Programs (CCAP). As originally constructed this would be done through freeing up CCAP staff to do more programming by contracting out urinalysis (UA) supervision, by the Community Corrections Division (CCD) case workers. Due to several administrative barriers, it was determined that the best way to accomplish greater efficiency was to offer behavior modification programming instead. The revised strategy increased the scope and effectiveness of the services offered at CCAP and appropriately addressed the changing service needs of court-ordered participants. Moral Reconation Therapy (MRT), an evidence-based practice, was implemented at CCAP in April 2009.
15a	Adult Drug Court	01/01/2010	Services for women with co-occurring disorders ended due to declining MIDD revenue.
15a	Adult Drug Court	06/01/2012	Changed the 1.0 FTE subcontracted Wraparound position targeted to young adults, to transitional housing for young adults.
16a	New Housing & Rental Subsidies	11/01/2012	Facility closed. Funds transferred to remaining program to extend duration of subsidies.