



KING COUNTY

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Signature Report

Motion 15554

Proposed No. 2019-0346.1

Sponsors Kohl-Welles and von Reichbauer

1 A MOTION accepting the 2018 annual mental illness and
2 drug dependency evaluation summary report, in
3 compliance with K.C.C. 4A.500.309.

4 WHEREAS, in 2005, the state Legislature authorized counties to implement a
5 one-tenth of one percent sales and use tax to support new or expanded chemical
6 dependency or mental health treatment programs and services and for the operation of
7 new or expanded therapeutic court programs and services, and

8 WHEREAS, in 2007, Ordinance 15949 authorized the levy collection of and
9 legislative policies for the expenditure of revenues from an additional sales and use tax of
10 one-tenth of one percent for the delivery of mental health and chemical dependency
11 services and therapeutic courts, and

12 WHEREAS, in 2016, Ordinance 18333 extended the expiration date of this sales
13 and use tax to January 1, 2026, and

14 WHEREAS, the council called for and approved a service improvement plan, an
15 implementation plan, and an evaluation plan to guide the investment of renewed mental
16 illness and drug dependency sales tax revenue, and the council established five revised
17 policy goals for the programs supported by sales tax funds, and

18 WHEREAS, Ordinance 18407 amended Ordinance 15949, Section 3, to require
19 the executive to develop annual mental illness and drug dependency evaluation summary

20 reports addressing the initiatives, programs and services supported with the sales tax
21 revenue, and required such reports to be submitted to the council by August 1 of each
22 year beginning in 2018, for council review and approval by motion. Ordinance 18407
23 also codified Ordinance 15949, Section 3, as amended, as K.C.C. 4A.500.309, and

24 WHEREAS, the 2018 annual mental illness and drug dependency evaluation
25 summary report, which is Attachment A to this motion, has been developed in
26 coordination with the mental illness and drug dependency advisory committee and is
27 supported by the committee;

28 NOW, THEREFORE, BE IT MOVED by the Council of King County:

29 The 2018 annual mental illness and drug dependency evaluation summary report
30 is hereby approved.

31

Motion 15554 was introduced on 8/21/2019 and passed by the Metropolitan King
County Council on 12/4/2019, by the following vote:

Yes: 9 - Mr. von Reichbauer, Mr. Gossett, Ms. Lambert, Mr. Dunn,
Mr. McDermott, Mr. Dembowski, Mr. Upthegrove, Ms. Kohl-Welles
and Ms. Balducci



KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

A handwritten signature in blue ink, appearing to read "Rod Dembowski", written over a horizontal line.

Rod Dembowski, Chair

ATTEST:

A handwritten signature in blue ink, appearing to read "Melani Pedroza", written over a horizontal line.

Melani Pedroza, Clerk of the Council

Attachments: A. Community wellness and recovery 2018 MIDD Annual Report

Community wellness and recovery

2018 MIDD ANNUAL REPORT



King County

MIDD

Supporting behavioral health and recovery

FROM THE KING COUNTY EXECUTIVE

To our neighbors and King County communities,

I am proud to present the 2018 MIDD Annual Report. King County's MIDD behavioral health sales tax fund supports equitable opportunities for health, wellness, recovery and connections to community for King County residents living with or at risk of behavioral health conditions.

As this report demonstrates, in 2018 we continued MIDD's long track record of supporting people to get well in the community and avoid institutions like jails and hospitals. New data in 2018 also shows that youth and adults in MIDD programs are having fewer behavioral health crises. We also launched new programs to expand MIDD's reach.

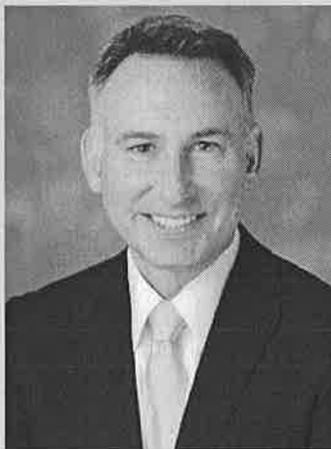
This report shares the stories of several MIDD participants, demonstrating the difference MIDD makes for King County residents and our communities. We're providing flexible and responsive care where people live, improving connections to permanent housing and medical care, and welcoming immigrants and refugees with equitable access to treatment.

I am grateful to the many community partners and King County employees who bring to life our region's values through the MIDD fund. We are a community that strives to include everyone, and promote wellness and health for all.

Thank you for your partnership.



Dow Constantine
King County Executive



FOR MORE INFORMATION

Please visit kingcounty.gov/MIDD

ALTERNATE FORMATS

call 206-263-9100

or TTY Relay 711

THANKS TO OUR PARTNERS

Many organizations in our region partner with King County's Department of Community and Human Services in the implementation of MIDD programs and services. These partners are recognized by name on page 15.

PRIVACY

King County respects the dignity and choices of people who participate in MIDD-funded services. While stories in this report represent the true experiences of actual MIDD service participants who have consented to have their stories shared, names have been changed to maintain confidentiality. Images throughout this report are stock photos, used solely for illustrative purposes.

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To our community,

King County is a resilient and compassionate community that values the health and well-being of all of its residents. In this spirit, King County government, its provider partners, and community members are working together to innovate to address enduring challenges and to deliver tangible impact for residents in our region.

In this report, we outline the implementation and outcomes of MIDD, King County's dedicated 0.1% behavioral health sales tax fund. MIDD is a key resource for behavioral health recovery in King County. MIDD programs are designed to reinforce and build upon the core behavioral health services supported by state and federal funds. By addressing service gaps and expanding capacity, MIDD makes flexible, responsive services available to help King County residents recover and thrive. MIDD services address major issues in our region, from homelessness and opioid use to behavioral health workforce challenges, while advancing equity and social justice via person-centered approaches.

As shown in this report, MIDD continues to be effective in supporting people to recover in their communities, experience fewer crises, and improve wellness.

MIDD implementation in 2018 occurred in the context of our region's innovative approach to major behavioral health system transformation. King County and its behavioral health provider network partnered with managed care organizations to forge a unique integrated care model to begin to address and affect behavioral health and physical health needs together. King County also embraced a restructured coordinating role for the behavioral health crisis system serving all of our region's residents. These major changes were set for implementation in 2019 and represent a first step toward integrated behavioral health and physical health care delivery.

Amid these significant changes, King County continued its work to launch new MIDD initiatives in 2018 deliberately and carefully, completing the launch of six new initiatives this year. While a small number of initiatives were deferred as King County addressed the changing state policy environment, several of them will be a priority for 2019 progress.

As MIDD is implemented alongside King County's two other major local health and human service initiatives—Best Starts for Kids and the Veterans, Seniors and Human Services Levy (VSHSL)—these three dedicated local funds work together to reflect a shared commitment and a conscious decision by the county's residents and elected officials to take action toward equity and opportunity for all.

Thank you for your collaboration to strengthen and support our community.



Kelli Nomura
Director,
King County Behavioral Health and Recovery Division



King County is undergoing transformational change.

King County has experienced rapid growth in recent years and is home to an increasingly diverse population. These changes have brought tremendous opportunities, with the potential to benefit everyone who lives here. Yet systemic challenges persist, driving inequities among the youth, adults, and families who call King County home.

Neighbor to neighbor, community to community, King County residents uphold a responsibility to one another, with a deep commitment to social justice and equity. As the region continues to grow, King County has advanced programs and initiatives to address our region's evolving and complex needs.

The true measure of a region's strength is the health and well-being of its residents and communities. King County is proud to invest in our values, which are centered on the dignity, connection, and opportunities for wellness that every person deserves.

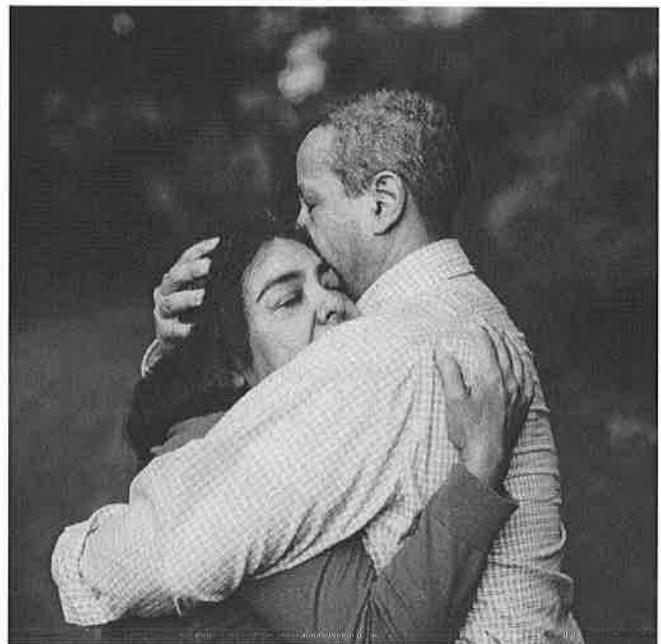
Making King County a welcoming community where every person can thrive

King County's deep commitment to equity and social justice is demonstrated in its three interconnected and integrated flagship human services initiatives: the MIDD¹ behavioral health sales tax fund; Best Starts for Kids; and the Veterans, Seniors and Human Services Levy (VSHSL). Working together, these dedicated funds:

- Bring resources to meet county residents wherever they are, at every stage of life.
- Break down silos, replace isolation with belonging, and transform individual efforts into a network for connection and social support—engaging many agencies, communities, families, individuals, and groups as partners in this effort.
- Build the strength of communities—and build on the strengths of communities.

MIDD: Supporting behavioral health and recovery

MIDD programs and services aim to support people living with or at risk of behavioral health conditions to be healthy, have satisfying social relationships, and avoid legal system involvement. MIDD's culturally relevant prevention and early intervention, crisis diversion, community reentry, treatment, and recovery services, alongside stable housing and income, can support wellness, improve participants' quality of life, and help them thrive in recovery.



¹ The MIDD behavioral health sales tax fund is also referred to as the Mental Illness and Drug Dependency fund.



“With a lot of effort and after attending therapy, I feel I’ve accomplished something. I feel success.”

MIDD IMPACT AND OUTCOMES

Finding support for the way forward, leaving fear behind

Anna was not eligible for Medicaid, yet this single mother of four sought to rebuild her life after a painful history of sexual abuse and domestic violence. She accessed support and found new strength and resilience through outpatient care made possible by MIDD initiative PRI-11 Community Behavioral Health Treatment (page 17). In her own words, Anna tells the story of her painful past, her investment in therapy, and the reward: a vibrant future for herself and her children.

I’m a hardworking woman and—most important—a loving mother to my four children. I’m 31 years old and I’m originally from Mexico. Now my home is in Des Moines. I have some support in my life, but my real supports are my children. I like to play with them in the park, and I love to cook for them.

I grew up in the state of Durango and was raised by my grandparents. My mom left me with them when I was a little girl, and I lived in the same house with my uncles and cousins. I stayed in school until the eighth grade, but my childhood was difficult. Two of my relatives sexually abused me several times.

I was looking for a better life, so I decided to leave my grandparents’ house with my boyfriend. That was the worst mistake, because he had alcohol and drug problems. He beat me and sexually abused me often. That was my life for more than nine years.

I went to Sea Mar Community Health Centers for mental health treatment. I found a case manager, someone who understood what I needed and could help me make the best use of the assistance that was available to me. The program is helping me a lot. Now I can recall the domestic violence—that I was a victim—without becoming overwhelmed.

With a lot of effort and after attending therapy, I feel I’ve accomplished something. I feel success. Now I’m working part time as a house cleaner in restaurants and hotels. My plan is to get a full-time job soon to support my family better.

Now, I’m able to enjoy the people in my life, without fear.

MIDD: A vital resource for behavioral health and recovery

King County has committed to promoting the welfare of all its residents through MIDD, a countywide 0.1% sales tax generating about \$136 million per two-year biennium, specifically for programs and services for people living with or at risk of behavioral health conditions. Across King County, MIDD programs and services respond to community needs, invest in community strengths, and build on community resources. Founded on a person-centered approach and aimed at providing culturally relevant support, MIDD's broad range of initiatives are designed to advance five overarching goals:

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

MIDD-funded programs and services link to the following initiatives:

- Coordinated regional homelessness response initiatives including One Table and All Home
- Physical and Behavioral Health Integration
- Heroin and Prescription Opiate Addiction Task Force
- Best Starts for Kids Levy
- Veterans, Seniors and Human Services Levy
- Zero Youth Detention

...and an implementation focus on five strategy areas that reflect the behavioral health continuum of care:

- Prevention and Early Intervention
- Crisis Diversion
- Recovery and Reentry
- System Improvement
- Therapeutic Courts

MIDD'S RECENT HISTORY: A SNAPSHOT

2016 | The King County Council voted unanimously to extend the MIDD sales tax through 2025. A community-informed Service Improvement Plan for 2017–2025 was created.

2017 | As called for by the County Council, the MIDD 2 Implementation Plan and Evaluation Plan were transmitted, building upon and updating the Service Improvement Plan. Together these three documents outline the mission of MIDD and address key aspects of the fund, from resources to services to evaluation.

2018 | Both MIDD 2 plans were approved by the County Council.

2018 MIDD PARTICIPANTS BY REGION²

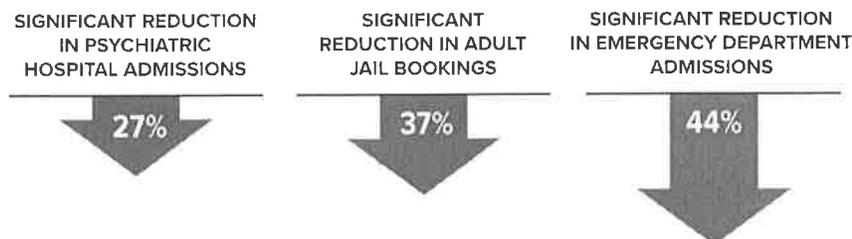


² Totals may not add up to 100 percent due to rounding.

2018 OUTCOME HIGHLIGHTS

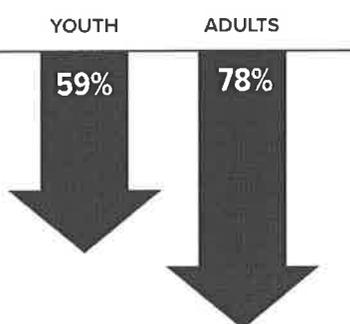
Long-Term Emergency System Use Reduction³

MIDD service participants reduced their use of costly and restrictive services over the long term.

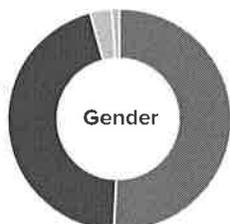


Long-Term Crisis Event Reduction³

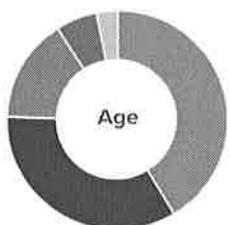
59% of youth and 78% of adults experienced a reduction in crisis events after engaging in MIDD services.



2018 DEMOGRAPHICS⁴

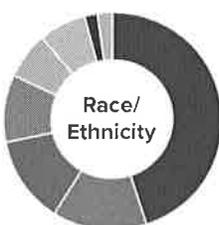


- Female: 45%
- Male: 51%
- Other: 1%
- Unknown: 3%



- 0-17: 34%
- 18-24: 6%
- 25-54: 41%
- 55+: 15%
- Unknown: 3%

26,456 people were served by MIDD in 2018



- American Indian/Alaska Native: 2%
- Asian/Pacific Islander: 10%
- Black: 13%
- Hispanic: 14%
- Multiple races: 7%
- White: 45%
- Other: 2%
- Unknown: 7%

2018 PROGRESS

\$71.3M

invested

100+

community and implementation partners

Adult Drug Court

120%

higher graduation rate for participants who received housing vouchers

Crisis Intervention Training - First Responders

601

first responders and associated partners completed training

Domestic Violence Behavioral Health Services and System Coordination

61%

of participants had reduced depressive symptoms

68%

of participants had reduced anxiety symptoms

Mental Health First Aid

68 trainings

1,125 trainees

³ "Long-term" references a comparison between a baseline year and the third year after services began.

⁴ Totals may not add up to 100 percent due to rounding.



Goals

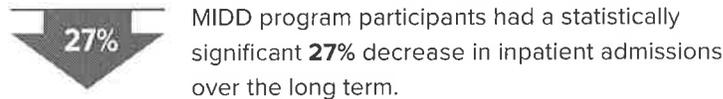
Guided by a thoughtful, strategic, and integrated approach, MIDD programs aim to strengthen the health and well-being of communities across King County. MIDD-funded services provide a network of support and fill service gaps while prioritizing equity and social justice. MIDD initiatives are designed to improve participants' quality of life and help them thrive in recovery through a continuum of care that includes prevention and early intervention, crisis diversion, community reentry, treatment, and recovery services, alongside stable housing and income.

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

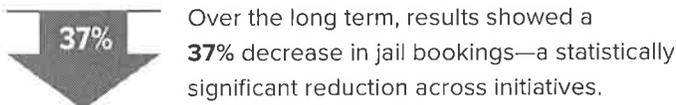
Providing people in need with the best care and supports possible—in the least restrictive and least expensive settings—is a foundational MIDD principle. MIDD initiatives foster participants' connections to community and community-based resources to provide engagement and stability, thereby reducing the need for costly emergency services.

Significant reductions, improving long-term outcomes⁵

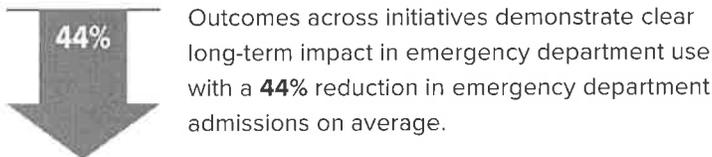
PSYCHIATRIC HOSPITAL ADMISSIONS



ADULT JAIL BOOKINGS



EMERGENCY DEPARTMENT ADMISSIONS



HIGHLIGHTS

- Psychiatric hospital admissions were significantly reduced by **63%**, on average, over the long term for individuals served by RR-11a Peer Bridgers Programs.
- Adult jail bookings were significantly reduced by **58%** over the long term for individuals receiving mental health services in PRI-11 Community Behavioral Health Treatment.
- Emergency Department admissions were significantly reduced by **68%** in the long term for individuals served by RR-01 Housing Supportive Services.

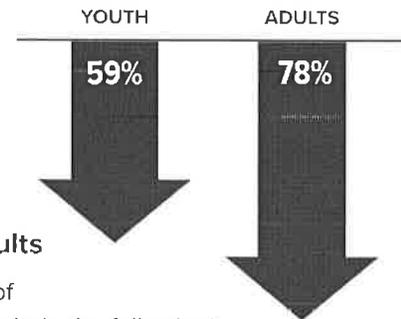
⁵ "Long-term" references a comparison between a baseline year and the third year after services began.

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

This newer MIDD goal seeks to provide appropriate support—at the right time, at the right place—to ensure that a person experiencing a crisis event gets the help they need. New evaluation strategies identified that participants had fewer crisis events.

After an expected initial increase in reported crises as participants connected to behavioral health care, **59%** of youth and **78%** of adults showed a decrease in crisis events over the long term.

Long-term reduction in crisis events for youth and adults after engaging in MIDD services.⁶



Fewer and less often: reducing crisis for youth and young adults

Several MIDD initiatives seek to reduce the number, length, and frequency of behavioral health crisis events among youth and young adults. Outcomes include the following:

- Of youth engaged in CD-11 Children's Crisis Outreach and Response System (CCORS), **49%** experienced a decrease in crisis events.
- Of youth engaged in CD-15 Wraparound Services for Youth, **63%** experienced a decrease in crisis events. Over time, data indicates a statistically significant reduction of **30%**.

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

This goal integrates behavioral health, physical health, and social determinants of health, with a focus on recovery and using a strengths-based approach to improve health and wellness. Signs of improvement are based not only on reduced symptoms, but also on other positive outcomes such as employment and enhanced family relationships.

Positively engaged in treatment, meeting treatment goals

Improved health and wellness are foundational to fulfilling lives and vibrant communities. MIDD-funded initiatives work to meet each person's needs and effectively deliver tangible impact.

REDUCED DEPRESSION AND ANXIETY

- **69%** of the people served in PRI-03 Prevention and Early Intervention Behavioral Health for Adults Over 50 reported reduced depressive symptoms following treatment.
- Of the individuals who participated in PRI-10 Domestic Violence and Behavioral Health Services & System Coordination, **61%** had reduced depressive symptoms and **68%** had reduced anxiety symptoms.
- Over time, **42%** of the adults served by PRI-11 Community Behavioral Health Treatment reported reduced depressive symptoms, while **48%** showed improvement in their anxiety symptoms. Among youth, **75%** reported that they had improvements in depressive and/or anxiety symptoms.

INCREASED EMPLOYMENT

- **Thirty-seven percent** of people served by RR-10 Behavioral Health Employment Services and Supported Employment became employed. Of those who found employment, **77%** retained their jobs, **74%** remain engaged in mental health treatment, and **91%** avoided all jail use.

⁶ "Long-term" references a comparison between a baseline year and the third year after services began.

REDUCED SUBSTANCE USE

- Over time, **69%** of the people who engaged in PRI-11 Community Behavioral Health Treatment reported reduced or consistently lower substance use, and **51%** reported no use at follow-up.
- Of adults who were served by RR-11b Substance Use Disorder Peer Support, **49%** reported reduced or consistently lower substance use over time, and **40%** reported no use at follow-up.

MEETING PERSONAL GOALS

- Of the people who sought treatment from PRI-09 Sexual Assault Behavioral Health Services, **89%** reported relief of trauma symptoms and meeting their self-directed goals or treatment objectives, which included emotional stability, behavior change, and increased coping skills.

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

This goal promotes assessment, intervention, care, and staff training that acknowledges, respects, and integrates participants' and families' cultural values, beliefs, practices, and lived experiences. MIDD programs use a variety of methods to help ensure culturally specific, trauma-informed behavioral health services.

Culturally specific and trauma-informed approaches deliver more responsive services

EXPANDED, INDIVIDUALIZED SERVICES

- A major reorganization in 2018 enabled PRI-02 Juvenile Justice Youth Behavioral Health Assessments to redefine and expand services, which now include a standard of screening for trauma, individualized plans for culturally appropriate recommendations for care, and help to resolve any barriers to accessing services.
- TX-ADC Adult Drug Court assesses each participant individually to determine if they might benefit from attending a culturally specific treatment agency. Peer specialists provide linkage to LGBTQ community supports.
- PRI-10 Domestic Violence and Behavioral Health Services & System Coordination in 2018 provided bilingual services to 134 people (**31%** of the total population served), each in their language of choice. Services were provided in 13 different languages, most commonly Arabic, Russian, Vietnamese, and Cambodian.

STRENGTHENING OUR WORKFORCE

- Of workforce development trainings supported by initiative SI-04 Workforce Development, **25%** focused on topics of culture and trauma, with **35%** of all trainees receiving trauma- and culture-oriented trainings such as a historical trauma training hosted by the Cowlitz Indian Tribe. Experts and new trainers were also recruited to work with clinicians serving individuals with disabilities.
- PRI-08 Crisis Intervention Training – First Responders expanded its curriculum to include a segment on the cultural and systemic impacts of mental health in a community health care system.



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

This goal captures MIDD's strategic approach to supporting and advancing a wide variety of other major policy initiatives through its integrated programs and services. Working together, these initiatives bring King County communities together to achieve impact on a greater scale than they could alone. MIDD is a key contributor to regional efforts to address major community priorities and challenges.

COORDINATED REGIONAL HOMELESSNESS RESPONSE

Initiatives RR-01 Housing Supportive Services, RR-03 Housing Capital and Rental, and RR-14 Shelter Navigation Services support the recommendations of the regional One Table approach to address homelessness and advance All Home's goals to make homelessness in King County rare, brief, and one-time, and to address racial disparities. Multiple other MIDD initiatives (including CD-05 High Utilizer Care Teams and RR-08 Hospital Reentry Respite Beds) aim to reach unhoused people with behavioral health conditions. These initiatives work to support participants to achieve housing stability, as part of integrated services.

PHYSICAL AND BEHAVIORAL HEALTH INTEGRATION

MIDD plays a pivotal role in our region's participation in statewide behavioral health system transformation, including the integration of physical and behavioral health care. Most notably, initiative PRI-11 Community Behavioral Health Treatment provides outpatient services to people who are not eligible for Medicaid. Initiative SI-03 Quality Coordinated Outpatient Care supports the behavioral health system to deliver on outcomes and expand non-Medicaid treatment access.

HEROIN AND PRESCRIPTION OPIATE ADDICTION TASK FORCE

Initiative CD-07 Multipronged Opioid Strategies is implementing recommendations from the multisystem Heroin and Prescription Opiate Addiction Task Force, including programs that support prevention, treatment, and overdose response.

BEST STARTS FOR KIDS LEVY

Initiative PRI-05 School-Based SBIRT aligns with Best Starts for Kids investments through a partnership with school districts to provide middle schools with behavioral health prevention services.

VETERANS, SENIORS AND HUMAN SERVICES LEVY (VSHSL)

MIDD, through initiative PRI-03, and VSHSL both provide funding for screening for depression, anxiety, and substance use disorders for different populations of people receiving primary medical care in the health safety net system. Funds also support enrollment in the Mental Health Integration Program (MHIP) for those who screen positive. For the MIDD-funded Regional Mental Health and Veterans Court (TX-RMHC), VSHSL funds the Veterans Court clinician who assesses veterans involved in the criminal legal system for eligibility for the region's therapeutic veterans courts.

ZERO YOUTH DETENTION

MIDD funds several initiatives that seek to reduce the use of juvenile detention. Initiatives PRI-02 Juvenile Justice Youth Behavioral Health Assessments, CD-02 Youth Detention Prevention Behavioral Health Engagement, CD-13 Family Intervention and Restorative Services, CD-16 Youth Respite Alternatives, and TX-JDC Juvenile Drug Court are furthering the vision of Zero Youth Detention in King County.

—● MIDD evaluation

Measuring Impact

The MIDD evaluation aligns with the five goals adopted by the King County Council, linking each MIDD initiative to one or more goals for the purpose of evaluation, performance measurement, and reporting. The primary focus of MIDD's evaluation activities—set within a Results-Based Accountability framework—is to determine the degree to which MIDD service participants show progress toward these goals. Parallel evaluation approaches have been adopted for the Best Starts for Kids Levy and the Veterans, Seniors and Human Services Levy.

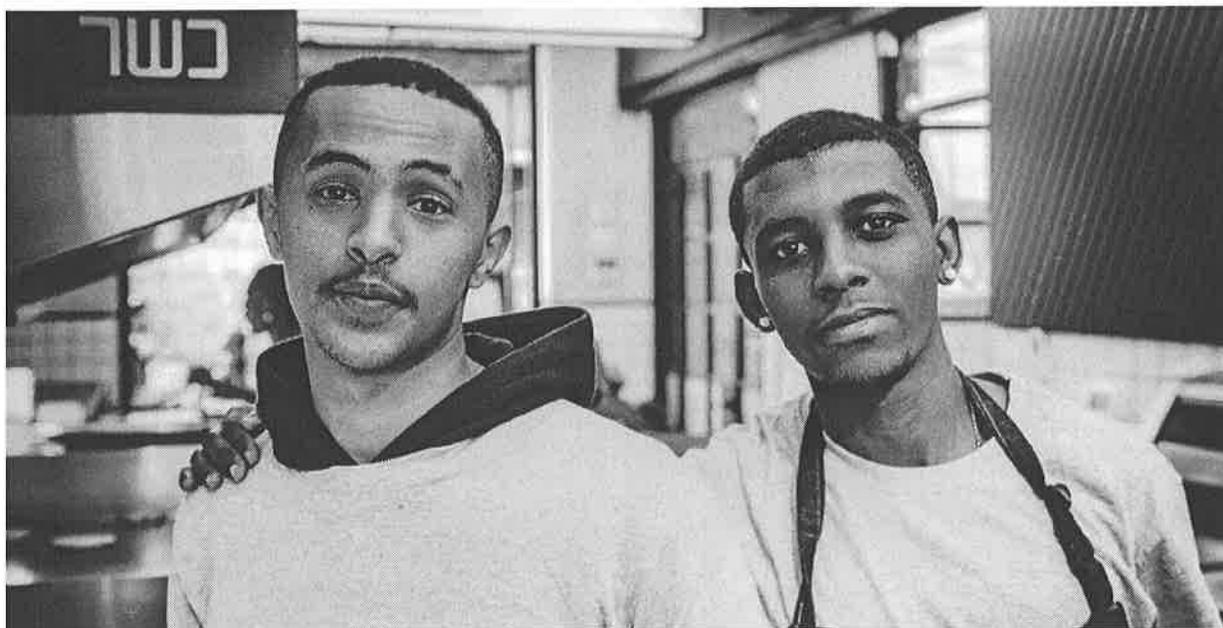
In the context of this report, “long-term outcomes” reference a comparison between the year prior to MIDD services and the third year after services began. An exception is crisis events, for which the first year in services is compared to the third year after services began. “Diversion” refers to individuals who avoid all use of each costly system or stop using each system for three full years after services began.

New evaluation activities in 2018

In response to the adoption of updated goals upon MIDD's renewal in 2017, King County developed new evaluation strategies for new goals that focus on crisis events, culturally appropriate and trauma-informed services, and linkage to other initiatives.

Performance measures tables and technical supplement

Tables showing performance measures and results by initiative, as well as any changes to such measures that occurred in 2018, conclude this report. Highlighted in these tables and throughout the report is a discussion of what this data means, along with context and next steps for those initiatives where improvement is needed. In addition, a companion technical supplement is available at kingcounty.gov/MIDD. This supplement describes evaluation methodologies, provides detailed evaluation results, and describes recent population-level indicators.



MIDD initiatives



MY PEER COACH

A vital support partner on my path to recovery

In a personal letter of thanks, Tony recalls the importance of shared experiences and how these formed the bedrock of his relationship with his peer coach. MIDD initiative RR-11b Substance Use Disorder Peer Support (page 28) provides an array of referrals to community resources, from mental health and medical services to housing, employment, and other informal support systems.

In June 2018, I walked through the doors of a local support group at Peer Seattle⁷ and was forever changed.

I found myself exhausted from addiction and in shambles spiritually, emotionally, and physically. I arrived in Seattle feeling lost and broken and in a moment of desperation and despair. I started coming to recovery meetings daily, and sometimes would attend two in a day. Within a few weeks, I saw a flyer for Peer Recovery Coach Program and was matched with my coach.

I meet with my peer coach weekly. He practices active listening and understands that recovery is a nonlinear process of discovery. He shares his experiences with recovery which gives me hope, because his story resonates with me. I can share my current struggles with recovery and be vulnerable with him. He shows me empathy and nonjudgment every single time we meet. There is a sacredness and mutual respect with my coach, which has been vital in my path of healing.

I began volunteering at the front desk and jumped at the chance to be certified in Mental Health First Aid and Peer Group Facilitator Training. This gave me a sense of purpose and allowed me to feel I could give back to a community that accepted me exactly as I am.

I was encouraged to apply for an internship. This gave me an opportunity to examine my strengths, values, and abilities and how to direct them into permanent employment. Now I'm developing tools, insight, and hope for breaking down internal and external barriers to employment.

In the coming months, I intend to take Trauma-Informed Peer Support (TIPS) training and participate in the Recovery Coach Academy to become a certified Peer Recovery Coach. I've been given the gift of peer support and the passion to pursue it, so I can give back that which has been so graciously, and generously, given to me.

I am forever grateful for the compassion, kindness, and patience Peer Seattle has shown me. In addition to my personal experience, I also get to see the impact that coaching and support groups have on my peers in recovery.

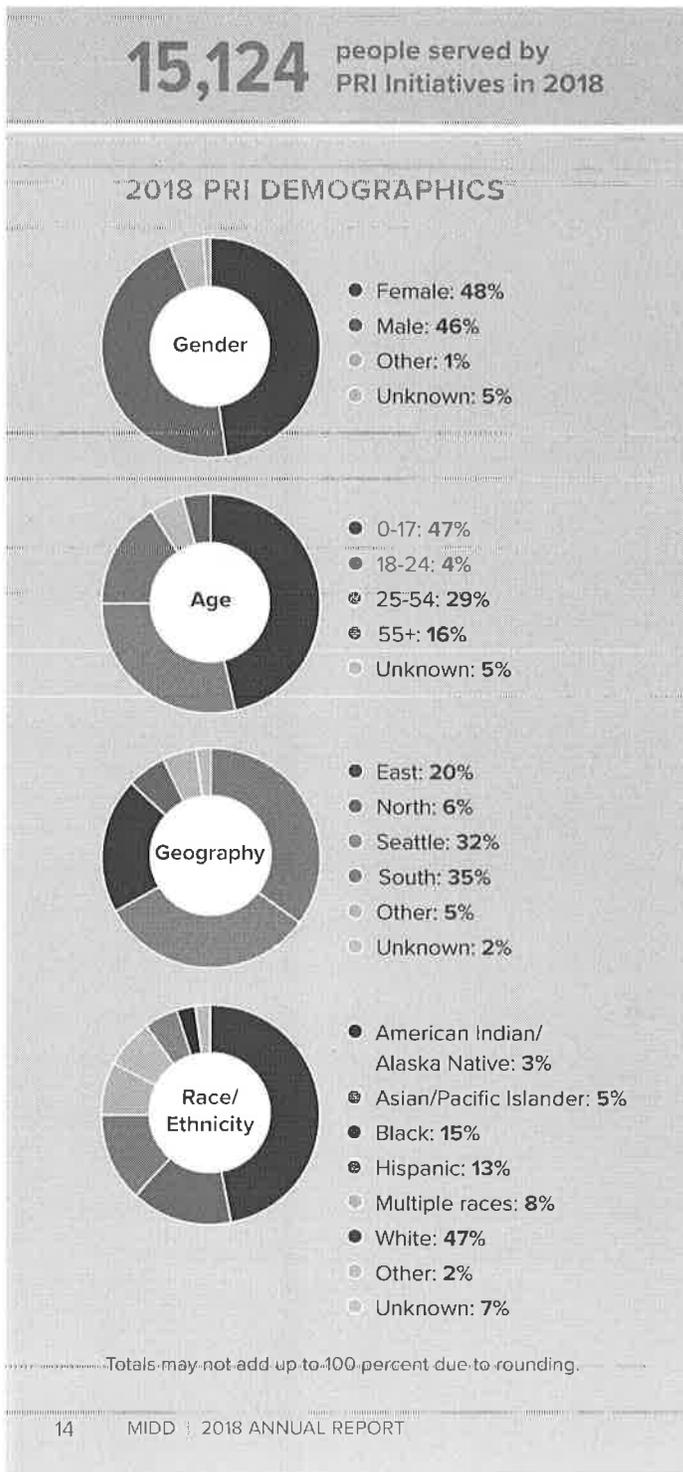
With appreciation,
Tony

[My peer coach] shares his experiences with recovery, which gives me hope, because I find resonance in his story. I can share my current struggles with recovery and be vulnerable with him. He shows me empathy and nonjudgment every single time we meet.”

⁷ Formerly Seattle Area Support Groups (SASG)

Prevention and Early Intervention initiatives

Prevention and early intervention (PRI) initiatives ensure that people get the help they need to stay healthy and keep problems from escalating. Programs include early assessment and brief therapies, as well as expanded access to outpatient care for those without Medicaid coverage.



PRI-01 Screening, Brief Intervention and Referral to Treatment⁸

Through Screening, Brief Intervention and Referral to Treatment (SBIRT), MIDD-funded clinicians met with 2,474 people with substance use risk factors in hospital emergency departments. As part of King County's response to the opioid crisis, SBIRT facilitates access to medication-assisted treatment such as buprenorphine for opioid use disorder. The program supports innovative treatment approaches and provider training. As availability of detoxification services and low-barrier medication-assisted treatment expanded in King County in 2018, in part due to funding from MIDD initiative CD-07, the referral-to-treatment component of SBIRT has been more successful. Among people served by SBIRT with long-term outcomes, emergency department admissions were reduced by 40 percent, on average.

PRI-02 Juvenile Justice Youth Behavioral Health Assessments

The Juvenile Justice Youth Behavioral Health Assessments (JJYBHA) initiative addressed the behavioral health needs of 295 youth involved in the juvenile legal system, through a team approach to assessments and referrals. The program seeks to divert youth with behavioral health needs from initial or continued legal involvement. Of participating youth with repeated substance use measures, 43 percent reported reduced or stable low use over time. Assessments made possible by this initiative ensure timely delivery of subsequent psychiatric and neuropsychological

⁸ PRI-01 Screening, Brief Intervention and Referral to Treatment provides services in hospital emergency departments. See page 15 for information on PRI-05 School-Based Screening, Brief Intervention and Referral to Treatment services in middle schools.

evaluations. In 2018, JJYBHA services were redefined and expanded to institute a standard of screening for trauma, provide individualized plans for culturally appropriate recommendations for care, and help resolve barriers to accessing services.

PRI-03

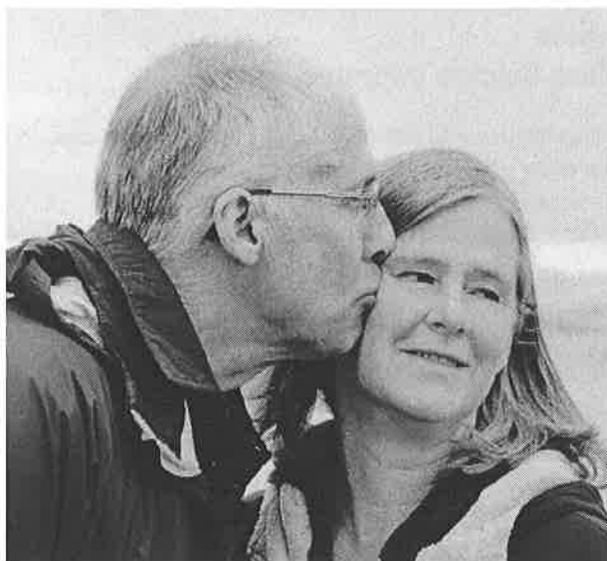
Prevention and Early Intervention Behavioral Health for Adults Over 50

This initiative ensures that behavioral health services are available in primary care settings for adults over 50, to prevent acute illnesses, high-risk behaviors, substance use, and mental and emotional disorders. In 2018, providers at 27 different sites engaged 988 older adults who were receiving primary care via King County federally qualified health centers or Harborview Medical Center for depression and other behavioral health issues. Emergency department admissions were significantly reduced by 47 percent on average over the long term.⁹ Of the individuals who screened positive, more than half were engaged in the Mental Health Integration Program (MHIP). MHIP is a short-term intervention delivered in primary care settings in which primary care providers collaborate and consult with behavioral health professionals to provide evidence-based medications and psychosocial treatments for those who need consistent follow-up. Adults with more severe or complex needs are referred to specialty behavioral health treatment. The scope of the program was further extended by blending MIDD with VSHSL funding that helped the program reach specific target populations.

PRI-04

Older Adult Crisis Intervention/ Geriatric Regional Assessment Team

Planning for a community-informed redesign of the Geriatric Regional Assessment Team (GRAT) program, in partnership with new VSHSL funding, occurred in 2018. A restart of services is slated for 2019. With the added resources, GRAT will provide expanded and culturally appropriate services, including comprehensive assessment, crisis intervention, substance use



screening, and referral/linkage to community resources, for King County residents 55 years or older who may be experiencing a behavioral health crisis.

PRI-05

School-Based Screening, Brief Intervention and Referral to Treatment¹⁰

School-Based Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a structured approach to promoting social and emotional health and preventing substance use among middle school students. In 2018, MIDD funding provided screening services to 1,001 students across King County through prevention and early intervention counselors who helped students address behavioral health issues. Counselors offer assessments, screening, brief interventions, referrals, case management, and behavioral health support groups. MIDD funding also supported prevention training for 5,753 youth and adults. Through an aligned approach co-funded by the Best Starts for Kids Levy, the reach of enhanced behavioral health prevention services grew from 21 to 41 middle schools across 11 different school districts in King County. School-Based SBIRT uses an interactive and teen-friendly tool that is tailored to include cultural considerations and student and parent perspectives and to give instant personalized feedback.

⁹ Data from Harborview Medical Center serves as a proxy for more general emergency department use. See the technical supplement at kingcounty.gov/MIDD for more information.

¹⁰ The name of this initiative was changed in 2018 to more accurately describe its programming. PRI-05 School-Based Screening, Brief Intervention and Referral to Treatment provides services in middle schools. See page 14 for information on Screening, Brief Intervention and Referral to Treatment services in hospital emergency departments.

PRI-06**Zero Suicide Initiative Pilot**

This initiative was deferred during 2018. Please see the letter on page 1 for additional context.

PRI-07**Mental Health First Aid**

Mental Health First Aid (MHFA) prepares people to assist individuals experiencing mental health issues or crises. The program seeks to reduce the stigma associated with behavioral health issues and provide early intervention care by training community-based organizations, professionals, and the general public. MHFA addresses risk factors and warning signs for mental health and substance use issues and provides guidance for listening, offering support, and identifying appropriate professional help. In 2018, Valley Cities Behavioral Health Care was selected to lead the development of a coordinated outreach and awareness-raising effort for MHFA and began broad community outreach through wellness meetings, town halls, health expos, and suicide awareness forums. VCCC coordinated 62 MHFA trainings for 1,125 people across King County.



PRI-08**Crisis Intervention Training –
First Responders**

To improve responses to individuals experiencing behavioral health crises, this initiative provided training in the Crisis Intervention Training for 601 first responders and associated partners. The 40-hour Crisis Intervention Team (CIT) training curriculum was completed by 342 personnel. Crisis Intervention training through the Washington State Criminal Justice Training Commission prepares law enforcement and emergency service providers with skills to de-escalate difficult situations and crises and to ensure that police, fire, and medical personnel are prepared to intervene and to coordinate with behavioral health providers. In 2018, the CIT program supported the King County Sheriff's Office's goal to train all patrol deputies and sergeants as well as offered training to the Seattle Police Civilian Advisory Board, Disability Rights Washington, and the King County Sheriff's Office of Police Accountability, for a total of 38 trainings in all.

PRI-09**Sexual Assault Behavioral
Health Services**

This initiative provided brief, early, evidence-based, and trauma-informed interventions to 236 people who had experienced sexual assault, to reduce the likelihood of longer-term mental health distress by meeting their unique treatment and advocacy needs. Most participants experienced relief from trauma symptoms and a return to healthier functioning after relatively brief treatment; for those with outcomes information, 89 percent met their self-determined goals. MIDD funding provides specialized trauma services to individuals who would not otherwise have access to such services in community behavioral health agencies. Services at one site are adapted specifically to meet the needs of survivors who speak Spanish as a native language and who may share common experiences of immigration, to enhance support to participants who face language, cultural, and other barriers to healing.



PRI-10
Domestic Violence and Behavioral Health Services & System Coordination

This initiative sought to enhance people’s sense of safety and community through co-located programs and supports that address domestic violence, substance use, and mental health. In 2018, mental health professionals with expertise in domestic violence and substance use disorders worked within a network of community-based, low-barrier domestic violence victim advocacy programs throughout King County. They delivered evidence-based and trauma-informed treatment, including culturally specific options, to 434 people, providing relief from trauma symptoms and connection to community resources. Among people with multiple symptom measures available, 61 percent showed improvement in their depressive symptoms and 68 percent showed improvement in their anxiety symptoms. The initiative funded cross-systems training to 227 individuals to educate new behavioral health workers to be more responsive to survivors of domestic violence.

PRI-11
Community Behavioral Health Treatment

MIDD’s largest initiative, Community Behavioral Health Treatment, provided outpatient mental health and substance use disorder treatment services, including medication-assisted treatment for opioid use disorders, to 4,026 people who were not eligible for

Medicaid. By targeting local MIDD funding in this way, King County is addressing what would otherwise be a significant service gap in our community. This funding provides for individuals not covered by Medicaid but with low household incomes, including people who may not have needed insurance coverage or who are undocumented, so that they can receive the same preventive and ongoing outpatient treatment services that are available to Medicaid recipients. Among those with long-term outcomes who received mental health treatment, 63 percent had reduced jail bookings. Among those who received substance use disorder outpatient treatment, 76 percent had reduced jail bookings. This initiative also provides access to Clubhouse services, an internationally certified psychiatric rehabilitation model that provides access to community-based supports for education, employment, and housing while supporting socialization and community engagement.

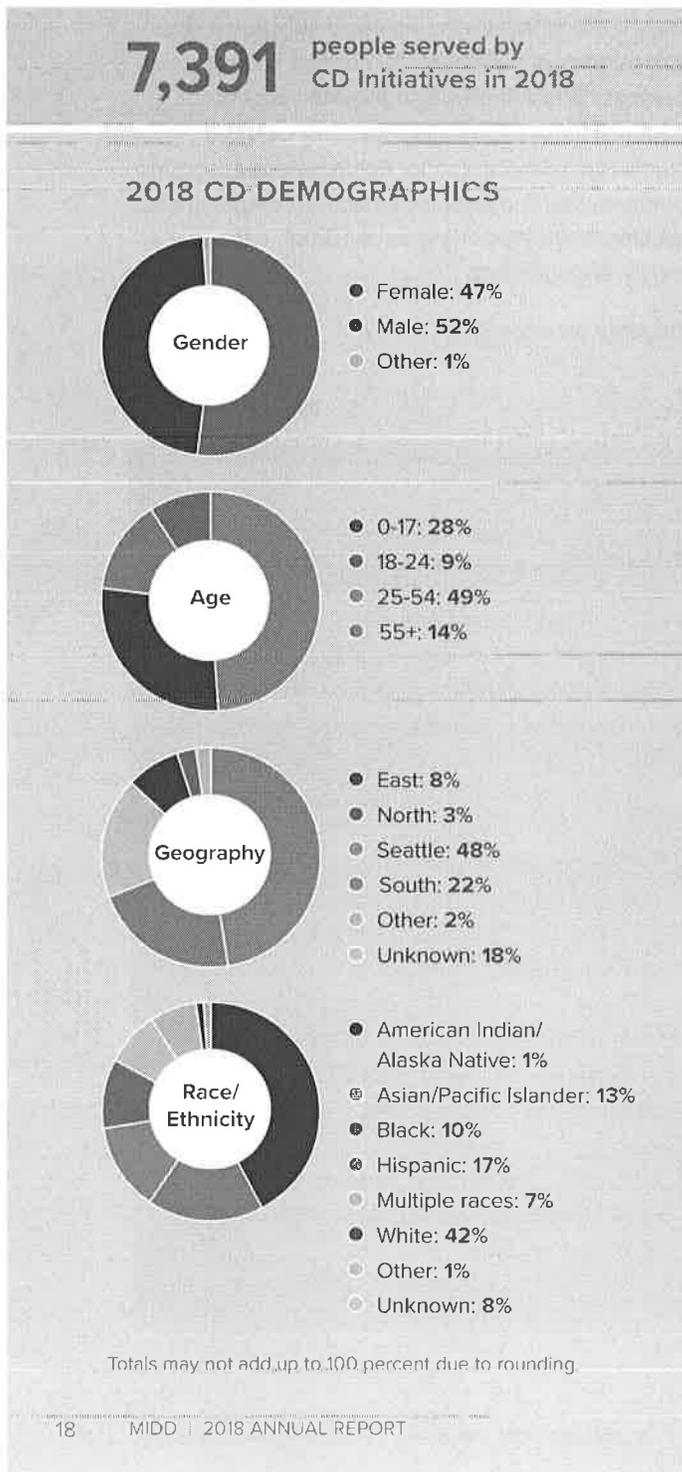
See the story on page 3.

MIDD’s largest initiative delivers clear, long-term impact

- **42%** of participants engaged in PRI-11 treatment services showed improvements in depressive symptoms over time, and **48%** had reduced or stable low anxiety symptoms; among youth, **75%** had reduced or stable low depressive and/or anxiety symptoms.
- **69%** of individuals in treatment reported reduced substance use or stable, low use over time, and **51%** reported no substance use at follow-up.
- **76%** of the people who received substance use disorder treatment had reduced jail bookings over the long term.
- **63%** of the people who received mental health treatment had reduced jail bookings over the long term.

—● Crisis Diversion initiatives

Crisis Diversion (CD) initiatives focus on ensuring that people who are in crisis get the help they need to avoid unnecessary hospitalization or incarceration. Programs include expedited access to outpatient care, multidisciplinary community-based outreach teams, services provided through crisis facilities, and alternatives to incarceration.



CD-01 Law Enforcement Assisted Diversion

Law Enforcement Assisted Diversion (LEAD) diverted people engaged in low-level drug involvement and prostitution away from the criminal legal system and toward intensive, flexible community-based services. Serving 456 people in 2018, LEAD operations expanded in two areas of Seattle, served Metro Transit buses and stops, and began planning for expansion into Burien, while also adjusting eligibility criteria in 2018 to include individuals with significant primary mental health needs. A collaborative community safety effort, the program includes intensive case management that promotes well-being and independence and helps connect participants to housing and employment supports. Forty-four percent of LEAD participants reduced their jail bookings over the long term. The region's shortage of affordable and supportive housing continues to be LEAD's largest barrier to optimizing services to participants.

CD-02 Youth Detention Prevention Behavioral Health Engagement¹¹

This initiative's Youth Connection Services (YCS) program is paired with CD-16 Youth Respite Alternatives and is part of King County's coordinated and expanding approach to supporting youth who are involved, or at risk of being involved, with the juvenile legal system by providing short-term, community-based supports to youth and their families. In 2018, implementation of YCS began, supported by extensive community outreach and partnership development with communities, school resource officers, law enforcement, and King County

¹¹ The name of this initiative was changed in 2018 to more accurately describe its programming.

Family Court Services. Continuous improvements to YCS are ongoing to ensure alignment with other King County initiatives that serve similar demographics and involve similar stakeholders, such as Best Starts for Kids' Stopping the School-to-Prison Pipeline strategy and the Road Map to Zero Youth Detention.

CD-03

Outreach and In Reach System of Care

Outreach and In Reach System of Care delivered community-based outreach and engagement services to 410 individuals with behavioral health conditions to reduce the use of crisis services, emergency departments, jails, crisis facilities, and psychiatric hospitals. The initiative connects people to treatment through three contracted agencies providing integrated physical and behavioral health care to serve downtown Seattle and south and east King County. The initiative also funded a full-time position designed to engage American Indians and Alaska Natives at Chief Seattle Club and King County's sobering center. Results over time demonstrate that adult jail bookings were significantly reduced by 35 percent, on average, and crisis events reduced by 57 percent.

CD-04

South County Crisis Diversion Services/Center

This initiative was deferred during 2018, with implementation of a Mobile Crisis Team set for early 2019. Please see the letter on page 1 for additional context.

CD-05

High Utilizer Care Teams

High Utilizer Care Teams assist people who have complex needs, including physical disabilities, behavioral health conditions, and/or homelessness. Teams provide intensive support in times of crisis by delivering flexible and individualized services that begin in the emergency department or hospital inpatient unit. The program served 96 people in 2018, reducing the use of costly crisis services by building

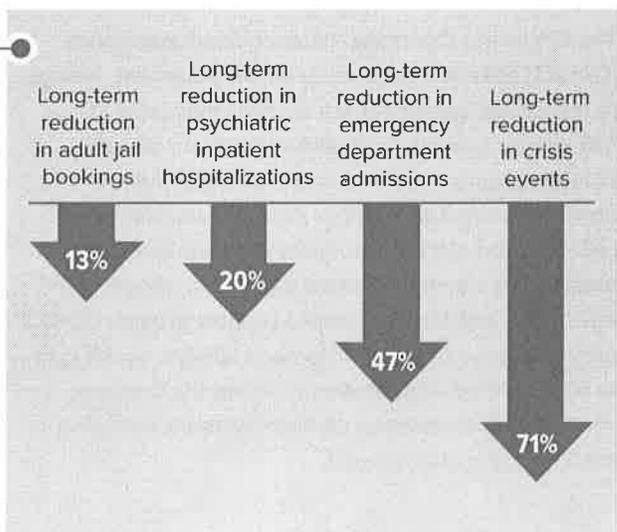
on initial supportive contact and linking service participants to accessible and appropriate community resources. Results over time show that there was a 78 percent reduction in emergency department admissions and that crisis events were reduced by 35 percent. These specialized teams employ trauma-informed approaches as they creatively coordinate services to improve access to treatment, medical detoxification, and transitional housing and reduce barriers by supporting participants' basic needs such as transportation, clothing, and rent.

See story on page 23.

CD-06

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

The Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team provides King County's first responders with alternatives to jail or hospitals when engaging with adults in behavioral health crises. Also known as the Crisis Solutions Center, the initiative served 2,518 people in 2018 between its three program components: the Mobile Crisis Team, the Crisis Diversion Facility, and Crisis Diversion Interim Services. The program stabilizes and supports people in the least restrictive settings possible while linking them to community-based services. Data indicate statistically significant long-term reductions in costly system use



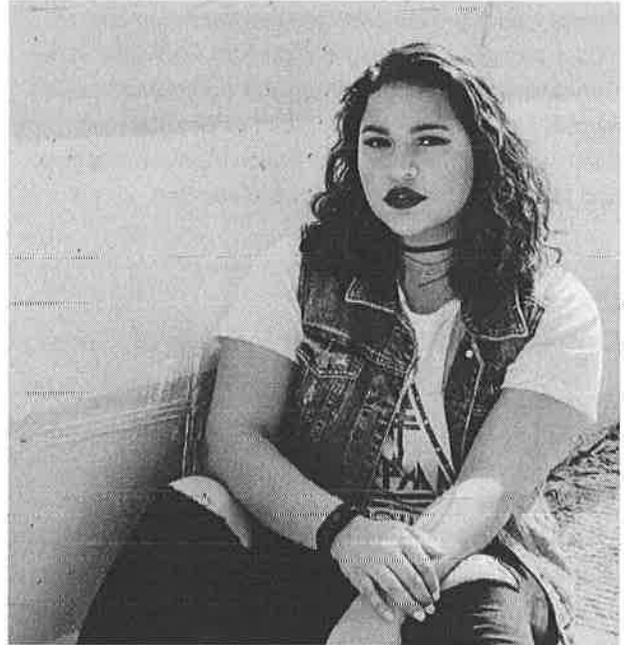
resulting from adult jail bookings (13% reduction), psychiatric inpatient hospitalizations (20% reduction), and emergency department admissions (47% reduction). Crisis events were significantly reduced by 71 percent, on average, over the long term.

CD-07**Multipronged Opioid Strategies**

The Multipronged Opioid Strategies initiative helps to implement the recommendations of a regional task force related to opioid use disorder, with a focus on primary prevention, treatment service expansion and enhancement, and user health and overdose prevention. 2018 was the first full year of program implementation. The initiative directly served 407 people, and results showed a 20 percent reduction in emergency department admissions over the long term. Five community-based organizations were contracted to provide new low-barrier, medication-assisted treatment services to people who have not historically accessed services through traditional providers. This initiative also made possible a broad public awareness campaign promoting safe medication storage and disposal, and distributed overdose reversal medication to opioid users, behavioral health providers, and law enforcement officers, among others.

CD-08**Children's Domestic Violence Response Team**

The Children's Domestic Violence Response Team (CDVRT) provided behavioral health treatment, linkage to resources, and advocacy to 280 individuals in 106 unique families, including children up to age 17 and supportive parents who had experienced domestic violence. Through intensive cross-system collaboration, CDVRT advocates provide culturally meaningful, trauma-informed treatment, parent education, and family-oriented support groups. CDVRT provides services to address each family's needs and to help children and families navigate the complex challenge of connecting multiple systems, including legal, housing, and schools



CD-09**Behavioral Health Urgent Care Walk In Clinic Pilot**

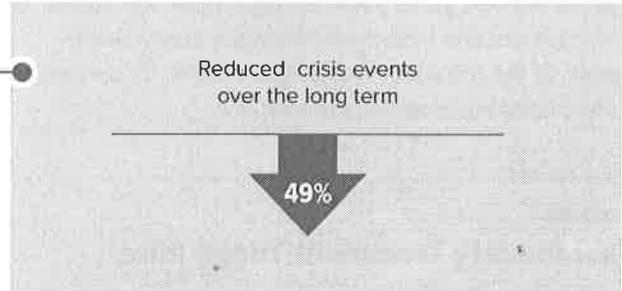
This initiative was deferred during 2018. Please see the letter on page 1 for additional context.

CD-10**Next Day Crisis Appointments**

Next Day Crisis Appointments (NDAs) diverts people experiencing behavioral health crises from psychiatric hospitalization or jail by providing crisis response appointments within 24 hours in Auburn, Bellevue, Burien, Renton, and Seattle, focusing particularly on people who do not have other access to ongoing behavioral health services. A total of 656 individuals used NDAs when they were in behavioral health crisis to access crisis intervention and stabilization, psychiatric evaluation, medication management services, benefits counseling and enrollment, and referrals for ongoing care. Emergency department admissions were significantly reduced—by 56 percent on average—among participants with long-term outcomes, and crisis events were reduced by 72 percent.

CD-11**Children’s Crisis Outreach and Response System**

The Children’s Crisis Outreach and Response System (CCORS) delivered a swift response and stabilization for 1,109 children and youth and their families who were affected by interpersonal conflict or severe emotional or behavioral problems and whose living situations may have been at imminent risk of disruption. Of those enrolled in 2018, 92 percent were stabilized or no longer in crisis when they left the program. Among youth served in both 2018 and earlier years, 49 percent showed fewer crisis events over the long term. Workforce shortages remained a significant implementation challenge, so compensation and training enhancements were implemented to promote retention and responsive services.



CD-12**Parent Partners Family Assistance**

Parent Partners Family Assistance supported 216 youth, parents, caregivers, and community members to obtain services, navigate complex health and service systems, and meet basic needs. This initiative also supported social events, advocacy opportunities, skill building, and individualized support throughout to help parents and youth experiencing behavioral health challenges to achieve and maintain well-being. In 2018, the initiative expanded services into middle and elementary schools in seven King County school districts; established or expanded supportive relationships with Hispanic/Latino families in Auburn and Kent and with African American communities in southeast Seattle, and engaged families struggling with housing insecurity in north Seattle, Highline, and Kent.

“The crisis intervention specialist was extremely understanding, supportive, and very knowledgeable about available resources. She promptly answered my calls and questions. I was also extremely impressed that she and the family advocate came out to our house and my son’s school for visits and follow-ups. We felt like they really cared and wanted to ensure that things were in place for a bright future for our child.”

— CCORS parent

CD-13**Family Intervention and Restorative Services**

Family Intervention and Restorative Services (FIRS) offered a community-based, nonsecure alternative to court involvement and secure detention for 249 youth who had been violent toward a family member, where specialized juvenile probation counselors and

social workers guide youth through a risk and needs assessment and help them develop a family safety plan. Of the 179 youth who exited in 2018, 57 percent completed the program successfully.

CD-14
Involuntary Treatment Triage Pilot

The Involuntary Treatment Triage Pilot provided initial assessments for 233 people with severe and persistent mental health conditions who had been incarcerated in the King County Correctional Facility for serious misdemeanor offenses and found not competent to assist in their own defense and unable to be restored to competency in order to stand trial. Upon the dismissal of such criminal cases, these individuals are evaluated to determine whether they meet the criteria for 90-day involuntary civil commitment, and their behavioral health needs are addressed. This approach significantly expedited evaluation timeliness and decreased the need for emergency departments and designated crisis responders to provide such evaluations.

CD-15
Wraparound Services for Youth

Wraparound Services for Youth engaged 619 children and youth and their families in a team process that builds on family and community strengths and cultures to address specific needs and goals, and supports youth to succeed in their homes, schools, and communities. Wraparound brings together MIDD funding, for children who do not have Medicaid access, with federal funding, for those who do. Among youth served both in 2018 and in earlier years, 63 percent showed fewer crisis events over time. Reductions in caregiver strain over time were also evident. In 2018, enrollment was 26 percent higher than in 2017, and new partnerships were formed with 38 different groups, schools, coalitions, and system partners in the community to increase referrals to the program amid increased capacity goals for children covered by Medicaid.

CD-16
Youth Respite Alternatives¹²

Youth Respite Alternatives is part of King County's coordinated approach to supporting youth who are at risk for involvement in the juvenile legal system for low-level offenses. This initiative provided law enforcement with an alternative to detention for 40 individuals, allowing for more immediate access to comprehensive support services for youth and/or their families via a community-centered approach. In 2018, funding supported the opening of a youth shelter facility in Auburn that provides bed supervision and short-term respite opportunities.

CD-17
Young Adult Crisis Stabilization¹³

Young Adult Crisis Stabilization provides community-based behavioral health and housing services for young adults ages 18–24 years of age with behavioral health needs, including those experiencing their first psychotic break. This initiative extended CD-11, the Children's Crisis Outreach and Response System's (CCORS's) mobile response teams to serve the unique needs of 35 young adults in transitional housing, rapid rehousing, and permanent housing, as well as shelters, in south and east King County and in Seattle.



^{12,13} The name of this initiative was changed in 2018 to more accurately describe its programming.



A “warm hand-off” paves the way for stability and community

A trip to the emergency department often doesn't adequately address the full range of someone's needs. Connections to community care can be critical. A member of the High Utilizer Care Teams, MIDD initiative CD-05 (page 19), recounts the process of building trust and addressing service gaps for a veteran with complex needs, enabling him to access essential community resources.

In my day-to-day work, I find the greatest reward in knowing that I am there for someone who is in crisis and in need of stability. I am on the High Utilizer Care Team, and I usually meet our program participants in a hospital emergency room. It's up to me to try to uncover what their real needs are. Then, through a person-centered, caring approach, I connect each person I support with the organizations and services within the community that provide the resources they need. We call it the “warm hand-off.”

I tell the story of an older veteran named Laurence to best explain the work I do. He was making repeat visits to the hospital emergency room. As we got to know him, we came to understand that he was struggling with diverse physical and behavioral health challenges. He was in a wheelchair, but he was not able to use it independently. He also had more basic needs. He needed some clothes. My team began to connect Laurence to the resources, like one organization that could provide him with an electric wheelchair at a price he could afford.

When we learned more about Laurence, we discovered he was being victimized by people that he viewed to be his helpers. He was clearly in need of supportive housing. In my experience, this makes all the difference.

“I'm just a stubborn old goat,” is something Laurence used to say often. This was because he was fiercely determined to take care of himself, and our team put support in place that allowed him to do so. Laurence also came to understand that help was available to him, regardless of his substance use.

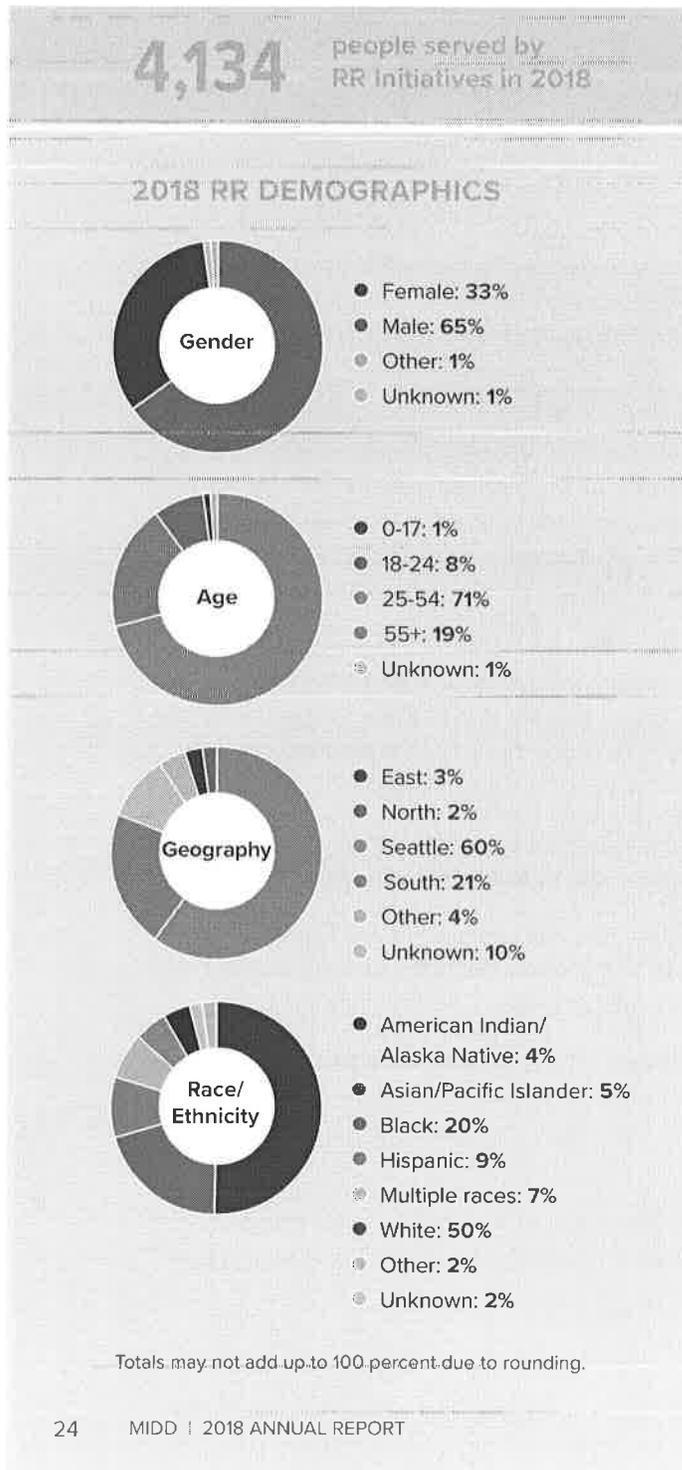
Now Laurence has stable housing, with a nurse in the building who helps with medication refills and scheduling appointments. He stays engaged with a community of people who live in his building. For primary care, he only needs to go a few blocks from where he now lives. With health care, housing, and stability, Laurence has not returned to the hospital emergency room.

Today, Laurence says: “My case worker was the best thing that ever happened to me.” He knows his neighbors and the cute dog that lives on his floor. His outlook has changed, and he's more open and trusting. Today, he has relationships—and real connections—he can build on.

Social Worker, High Utilizer Care Team

Recovery and Reentry initiatives

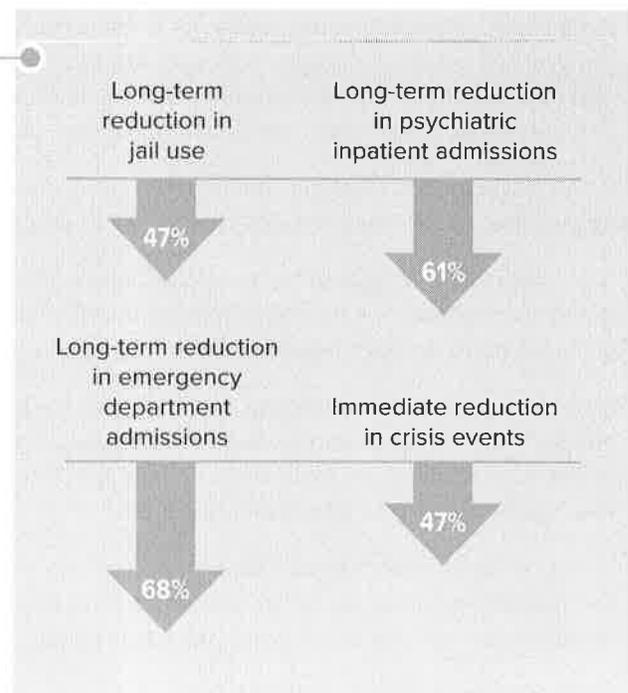
Recovery and Reentry (RR) initiatives help people become healthy and safely reintegrate into the community after crisis. Programs encompass housing capacity, services for people experiencing homelessness, employment, peer-based recovery supports, and community reentry services after incarceration.



RR-01

Housing Supportive Services

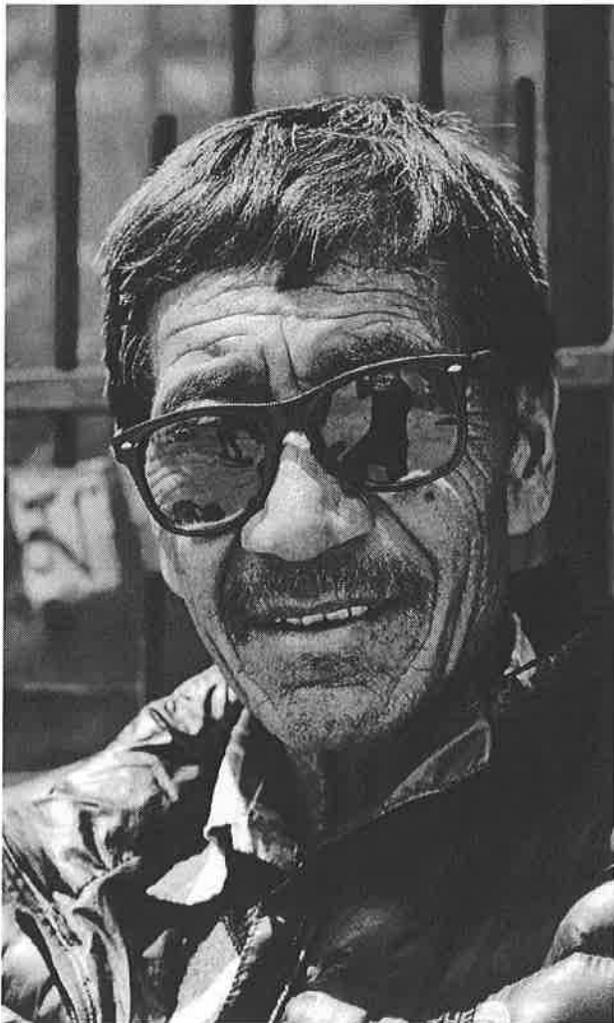
MIDD's Housing Supportive Services initiative serves adults who are experiencing chronic homelessness and who have been unsuccessful in maintaining housing due to unstable behavior and/or difficulty with daily living skills, combining MIDD resources with other King County investments, City of Seattle Office of Housing funds, and Housing Authority support. This initiative served 961 people in 2018. Among those served over the long term, jail use decreased by 47 percent, on average, psychiatric inpatient admissions decreased by 61 percent, and emergency department admissions were reduced by 68 percent. Data also demonstrates an immediate 47 percent reduction in crisis events.



RR-02

Behavior Modification Classes at the CCAP

Behavior Modification Classes at CCAP (Community Center for Alternative Programs) provided evidence-based Moral Reconciliation Therapy (MRT) for 97 adult men charged with domestic violence and with indicators of a substance abuse disorder. MRT seeks to decrease repeat offenses by increasing moral reasoning and accountability through group cognitive behavioral therapy. Adult jail bookings were significantly reduced by 54 percent, on average, for service participants. In 2018, the program expanded capacity from 15 to 30 participants. This was possible despite the ongoing challenge of relatively low referral numbers from prosecutors due to the addition of a new referral pathway through public defense.



RR-03

Housing Capital and Rental

Housing Capital and Rental invests MIDD funds toward the construction and preservation of housing units for individuals with behavioral health conditions and very low incomes, at or below 30 percent of the area median income. People housed in these capital projects typically receive support services that are tracked through initiative RR-01 Housing Supportive Services. In 2018, funding was awarded for future new projects to provide for increased permanent housing capacity of 134 affordable housing units. In addition, among other projects supported by 2018 funds, the rehabilitated Lake Apartments in Burien are operational, and supportive housing owned by Catholic Housing Services in Kent will go under construction in 2019. Additionally, rental assistance vouchers helped house 44 people during the year. Over the long term, housing voucher recipients showed a 49 percent reduction, on average, in psychiatric inpatient hospitalizations.

RR-04

Rapid Rehousing - Oxford House Model

Rapid Rehousing - Oxford House, a new initiative launched in 2018, is a voucher program that offers affordable clean-and-sober housing for people in early recovery who are homeless or at risk of homelessness. In 2018, the program assisted 69 people in 36 different Oxford Houses. Oxford House encourages community involvement by program participants through organized events at local treatment centers, food banks, and fundraisers. Of the participants who exited services in 2018, 53 percent successfully stayed sober and completed the program.

See story on page 26.

RR-05

Housing Vouchers for Adult Drug Court

Housing Vouchers for Adult Drug Court (ADC) helped to disrupt the cycle of homelessness and addiction by supporting recovery-oriented transitional housing units and case management services for 54 people participating in ADC in 2018. This program aims

Securing housing for the next step

The voices of two different individuals celebrate their roads to recovery, which included finding support through RR-04 Rapid Rehousing Oxford House Model (page 25). This MIDD initiative provides clean-and-sober housing for people in early recovery who are homeless or at risk of homelessness.



My name is Dee and I am living in active recovery. I had been using substances in one form or another for 30 years. In November 2017, I made the decision to take the option of self-medication off of the table.

I knew that the absolute best choice for me was to enter Oxford Housing to continue building my foundation in recovery. The three-month grant afforded me the opportunity to immerse myself in the local recovery community. It lifted the stress of having to afford rent straight out of treatment and allowed me the time I needed to find steady employment and once again become an active participant in the community and especially in my own life.

I've been living in Oxford House Northgate in North Seattle now since June 2018. Our home is an incredible example of how sober support housing should work. I chose to go into Oxford for the accountability and support I knew it would provide. The women I live with are strong, courageous, and hilarious, and above all we celebrate our individual successes in our careers, endeavors, and programs. The relationships built in our home are such blessings, and without the initial opportunity given to me through the grant program, my success in recovery would not be as strong as it is today.

“When I was in treatment, I wasn't sure of where I'd be living next. I didn't know where I'd come up with the funds to secure housing. I knew Oxford House would be the best next step for my recovery. Being in Oxford House and having all the opportunity to be surrounded by all the amazing women in recovery will be the key ingredient in my sobriety. I wouldn't be able to do it without the MIDD program.”

to support ADC participants who are experiencing homelessness to remain in the community and to avoid jail and work release, thereby enhancing their ability to successfully complete the drug court program and to obtain employment and next-step housing. Individuals receiving housing vouchers saw an immediate and significant 45 percent reduction in jail bookings.

RR-06

Jail Reentry System of Care

The Jail Reentry System of Care provided reentry case management services to 266 people in 2018, arranging access to behavioral health treatment and public benefits and addressing basic needs for adults while they were in jail and as they transitioned back into the community. Among participants with long-term outcomes, jail bookings were reduced by 47 percent, on average. A Request for Proposal (RFP) was released in late 2018 for this program, and the initiative will now expand to serve south and east King County suburban and regional jails and provide transitional housing assistance as part of a reentry support service package.



RR-07

Behavioral Health Risk Assessment Tool for Adult Detention

The Behavioral Health Risk Assessment Tool for Adult Detention established an evidence-based approach to reentry and reduction of legal system involvement across King County through a comprehensive assessment of the risks and needs of incarcerated individuals. The tool is designed to support equitable treatment via quality decision-making, reducing legal system involvement, and connecting participants to appropriate services. The first of this tool's two components was implemented in 2018.

RR-08

Hospital Reentry Respite Beds

Hospital Reentry Respite Beds, part of a hospital-based medical respite program, offered recuperative physical and behavioral health care to adults experiencing homelessness who were discharged from hospitals but needed multiple additional services to stabilize. Behavioral health services were provided to 259 of the 431 people assessed for such needs in 2018, and 44 percent successfully completed their treatment. Of those who completed treatment, 41 percent were known to be sheltered or transitionally housed at exit. Over the long term, emergency department admissions were significantly reduced, by 45 percent, on average.

RR-09

Recovery Café

This initiative supported expansion of the Recovery Café, providing a second location where people can access support, resources, and a community of care along the entire continuum of recovery assistance. The second location expands access to people in need of recovery support in the SoDo area of Seattle, with a focus on those who are homeless or living in a vehicle. In 2018, a site was secured and community outreach occurred in partnership with local service providers and local businesses. The site was expected to open in 2019.

RR-10

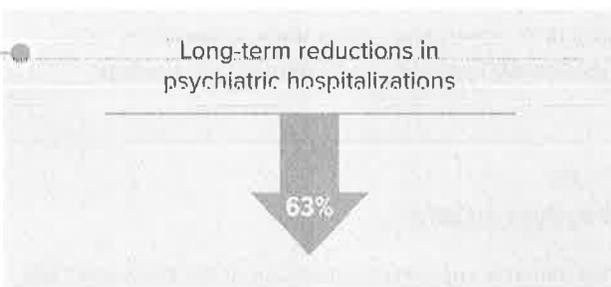
Behavioral Health Employment Services and Supported Employment

This initiative provided evidence-based and intensive supported employment services to 944 people with behavioral health conditions. Of those who completed vocational assessments prior to October 2018 and were eligible for employment outcomes, 37 percent were employed during 2018. Job retentions of at least 90 days were recorded for 77 percent of employed participants. This initiative also had the highest combined rate of adult jail use prevention and diversion (91 percent). In 2018, the Substance Use Disorder Employment Program expanded to offer services at King County's Drug Court to assist individuals with successful reentry in their final stage of drug court participation.

RR-11a

Peer Bridger Programs¹⁴

The Peer Bridger Programs offered transition assistance to 286 adults upon discharge from two local psychiatric hospitals. Peer bridgers who have lived experience with behavioral health issues collaborate with inpatient treatment teams to identify people needing support as they exit psychiatric inpatient care. Over the long term, psychiatric inpatient hospitalizations were significantly reduced by 63 percent, on average.



RR-11b

Substance Use Disorder Peer Support¹⁵

Through this initiative, peer specialists served 1,019 people, bringing their unique experiences and skills to improve participants' ability to maintain recovery. These peers helped participants engage successfully with ongoing treatment services and other supports, diverting people from the criminal legal system and emergency medical settings and removing barriers to access by engaging people prior to treatment, during treatment, and as after-care support. Of those with more than one substance use measure, 49 percent reported reduced use or stable low use over time and 40 percent reported no use in their follow-up measure(s).

RR-12

Jail-based Substance Use Disorder Treatment

This initiative provides substance use disorder treatment services to adult men at the Maleng Regional Justice Center. It is adapted to serve a diverse population, utilizing a trauma-informed, modified therapeutic community approach and cognitive-behavioral interventions to address risk factors for future legal system involvement. Additionally, this initiative provides comprehensive release planning and linkage to appropriate community-based services for participants re-entering the community upon release from custody, including resources to address ongoing treatment needs. Program implementation began in the third quarter of 2018, and 16 people were served.

RR-13

Deputy Prosecuting Attorney for Familiar Faces

This initiative supported prosecutorial resources to help resolve low-level drug offenses and misdemeanor property-related cases for 67 individuals who were making progress in services and treatment, thereby shifting responses to behavioral health crises out of the criminal legal system and into the community-based health and human services system. Of all the Familiar Faces participants served in 2018, 87 percent were provided legal system coordination services. Over the short term, adult jail bookings were reduced by 22 percent.

RR-14

Shelter Navigation Services¹⁶

This initiative supports the outreach worker component of the Seattle Navigation Team. This specially trained team is comprised of outreach staff from Evergreen Treatment Services REACH paired with Seattle Police Department personnel, and connects unsheltered people to housing and critical resources while helping address pervasive challenges related to homelessness in Seattle.

^{14,15} Initiatives RR-11a and RR-11b were separated in 2018, and their names updated, to facilitate more appropriate evaluation and reporting and to more accurately describe their programming.

¹⁶ The name of this initiative was changed in 2018 to more accurately describe its programming.

—● System Improvement initiatives

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

SI-01 Community Driven Behavioral Health Grants

This initiative was deferred during 2018, with implementation anticipated in 2019. Please see the letter on page 1 for additional context.

SI-02 Behavioral Health Services in Rural King County

This initiative was deferred during 2018, with implementation anticipated in 2019. Please see the letter on page 1 for additional context.

SI-03 Quality Coordinated Outpatient Care

Implementation of a 2017 restructure of this initiative continued into 2018, with a focus on supporting physical and behavioral health integration. Unique to 2018, this initiative was blended with other one-time funds to support the behavioral health system to deliver on outcomes during a major transition into integrated managed care, and to support expanded non-Medicaid treatment access. 2018 efforts focused on four areas: outpatient treatment on demand (OTOD), emergency department rapid response teams, outcome measurement development, and strategic non-Medicaid support for essential and expanding crisis services. The OTOD component incentivizes rapid and open access to outpatient treatment, funds supported ongoing evaluation of impact, and coordinates providers to share best practices as they make improvements. In 2018, 23 agencies, serving more than 90 percent of the people who depend on King County's public behavioral health system for treatment access, were participating in the

OTOD component of this initiative. After successful implementation with these traditional outpatient providers, OTOD was expanded to encompass medication-assisted treatment, where early successes have shaped new initiatives to begin in 2019. The emergency department rapid response team component of this initiative was also launched in 2018, to focus on people with behavioral health conditions who frequently use hospital emergency departments. The program emphasizes integrated care and improving participants' community stability, with a goal of generating cost savings. Emergency department rapid response team agencies were selected in late 2018, with teams positioned regionally to serve countywide needs.

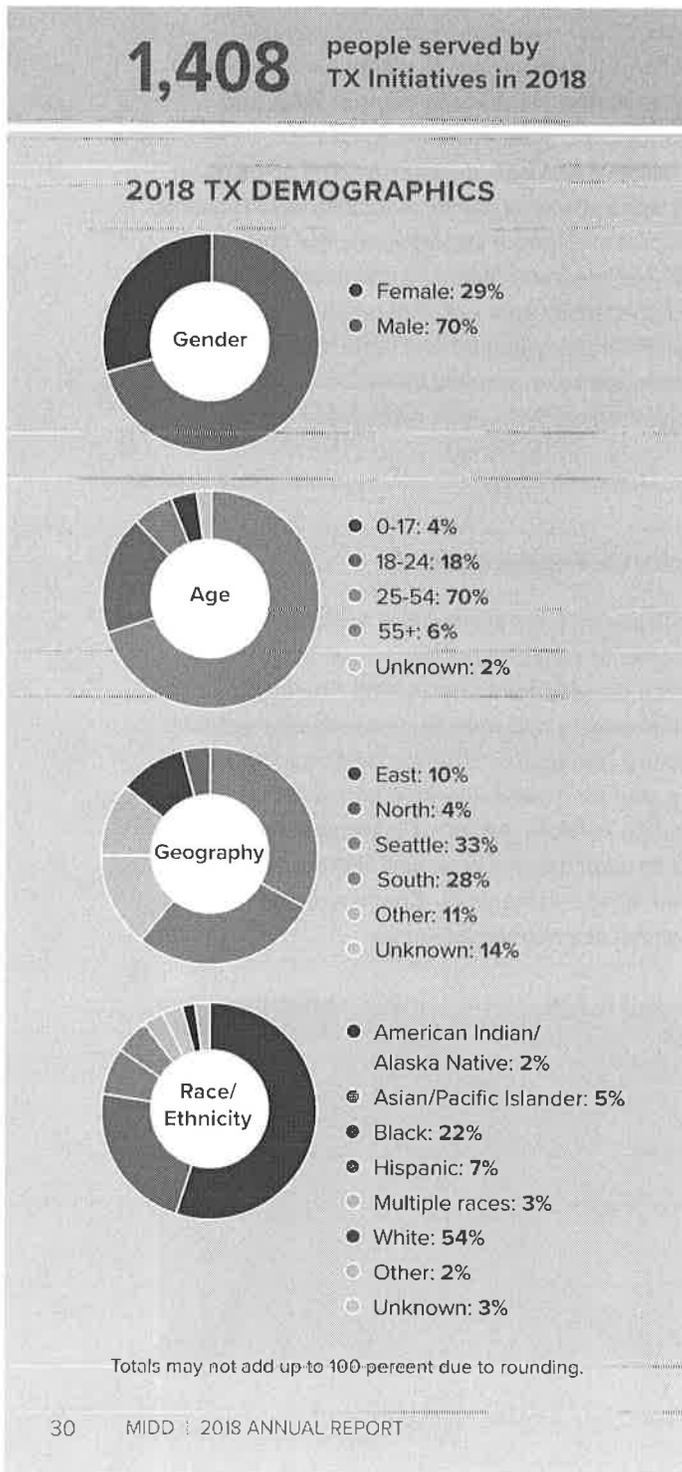
SI-04 Workforce Development

This initiative ensures sustainable, systems-based approaches to supporting a behavioral health workforce development plan in King County by providing training and tools to deliver quality services. An initiative redesign in 2018 focused on a robust training plan for trauma-informed and culturally appropriate services. A total of 1,060 people were trained through this initiative, and another 105 people received reimbursements for Chemical Dependency Professional certification expenses.



Therapeutic Courts initiatives

Therapeutic Courts (TX) initiatives serve people experiencing behavioral health conditions who are involved with the criminal legal system, supporting them to achieve stability and avoid further legal system involvement.



TX-ADC Adult Drug Court (ADC)

Adult Drug Court (ADC) offered structured court supervision and access to services for 754 eligible defendants charged with felony drug and property crimes, providing comprehensive behavioral health treatment and housing services, along with employment and education support and peer services. Among participants with long-term outcomes, jail bookings were reduced by 52 percent, on average. Of those with more than one substance use measure, 45 percent reported reduced use or stable low use over time and 39 percent reported no use in their later measure(s). ADC has 42 transitional housing units available each month, including eight young adult units. All 2018 graduates of ADC who were experiencing homelessness at entry were housed at exit. Participants who received housing vouchers, including those offered by initiative RR-05, were 120 percent more likely to graduate ADC and 38 percent more likely to be employed at exit.

See story on page 32.

TX-FTC Family Treatment Court

Family Treatment Court (FTC) focuses on children's welfare and families' recovery from substance use disorders through evidence-based practices to improve child well-being, family functioning, and parenting skills. In 2018, the initiative served a total of 123 children and their families. FTC's expansion into South King County continued in 2018, sustaining increased service capacity. Among those who exited during the year, half either graduated from the program or had their cases satisfactorily resolved, and 61 percent showed no illegal substance use after beginning FTC.



TX-JDC
Juvenile Drug Court

Juvenile Drug Court (JDC) provided an incentive-driven program to support 61 youth struggling with substance use who had criminal offenses with the goal to reduce their likelihood of continued legal system involvement. Building on national guidelines for coordinated care, JDC has strengthened its approach for court-involved youth who are affected by behavioral health conditions. In 2018, new juvenile legal system data was made available that will serve as a baseline in the future to assess change over time in the number of legal referrals and filings for youth served by MIDD.

TX-RMHC
**Regional Mental Health
and Veterans Court¹⁷**

The Regional Mental Health Court (RMHC) along with the Regional Veterans Court (RVC) served 378 people with behavioral health disorders—77 of whom were veterans—during their involvement in the criminal legal system. RMHC and RVC provide supports that further individuals' stability, reduce legal system involvement, and enhance community safety. Among individuals served over the long term, jail bookings were significantly reduced by 44 percent, on average.

TX-SMC
Seattle Municipal Mental Health Court¹⁸

The City of Seattle Municipal Mental Health Court provided referrals to services for individuals who were booked into jail on misdemeanor charges but found not competent to stand trial due to significant mental health conditions. MIDD funding supported needs assessment, outreach, engagement, and connections to intensive community programs. This initiative underwent a significant redesign in 2018 to increase its coordination with state-funded intensive services that help divert this population from prosecution. After the program was relaunched in November 2018, it provided services to 41 individuals through the remainder of the year.

TX-CCPL
Community Court Planning and Pilot¹⁹

The Community Court pilot project was implemented in the Redmond Community Court in early 2018 and had 76 court participants. The court provides services and monitoring for individuals who come into the criminal legal system with high needs, but who are at low risk for violent offense, through an alternative problem-solving approach. The court's Community Resource Center is open weekly at the Redmond Library, providing information and navigation assistance for housing, financial, education, employment, and behavioral health services.

^{17, 18, 19} The name of this initiative was changed in 2018 to more accurately describe its programming.

Successful recovery and reentry through transitional housing

In his own voice, Steve, a graduate of MIDD initiative TX-ADC Adult Drug Court (page 30), recounts the caring support, camaraderie, and access to housing that helped him get a job and achieve sobriety.

“ In drug court, you can be honest if you mess up, and you won’t get scorched. The cool thing about drug court is that it puts me in a position where I just need to worry about myself and my recovery.”

Having a consistent place of my own to get away from it all has been an important part of my recovery. Yet what has been key to my success is the support and camaraderie that comes from being surrounded by others in sobriety. Everywhere I go—housing, treatment, meetings, and work—I’m meeting like-minded people in recovery doing positive things. Deep down, this is what I wanted to be doing all along.

It’s been quite a journey over the last four years. I was a college student, studying machine technology. Then I had to drop out. A doctor had prescribed opiates to me to recover from a major injury. Then came the day when there were no more prescriptions, I was cut off from the pain relief medication. So, I turned to the street for my supply: heroin and methamphetamines.



Ironically, growing up, I saw people selling drugs to get by. It was all I knew. I sold drugs too, but I never used them. Now I was using and living in hotels, I started cycling in and out of jail on minor charges. Then I was charged with possession of a stolen motor vehicle. It was at that point that I agreed to try drug court.

To be honest, I just wanted to get out of jail quickly and avoid a felony, but I had no intention to change. I was apathetic, but something kept me going to treatment and sober support meetings anyway. I just listened. But soon, I started to relate to the things I was hearing in those meetings, and it was like the seeds started being planted. Drug court connected me to a transitional housing unit through Pioneer Human Services, and I moved in. It gave me the stability to look for a job, and I was hired by the Seattle Conservation Corps.

One of the most helpful things about drug court and transitional housing is the structure and accountability it provides. It works for me because it’s balanced with genuine caring that I wasn’t getting on the streets. In drug court, you can be honest if you mess up, and you won’t get scorched. The cool thing about drug court is that it puts me in a position where I just need to worry about myself and my recovery—so I’m able to be happy and to make my own decisions.

INITIATIVE PROCUREMENT UPDATE

Most MIDD services are contracted to community-based organizations. In order to support and promote coordination across funding sources as well as expanded access, sometimes such services are subject to a formal procurement process such as a Request for Proposals (RFP), Request for Qualifications (RFQ), or Request for Information (RFI). Most often this occurs when services are new, restructured, or redesigned, although some initiatives feature routine RFP cycles. Other MIDD services are provided or managed by other county agencies. The King County Department of Community and Human Services (DCHS) conducted the following procurement processes for MIDD services in 2018:

Initiative number and name	Procurement type	Date procurement released	Implementation start
PRI-02 Juvenile Justice Youth Behavioral Health Assessments	Request for Proposal	March 2018	August 2018
PRI-05 School-Based SBIRT	Request for Proposal	February 2018	September 2018
PRI-07 Mental Health First Aid	Request for Proposal	January 2018	March 2018
RR-01 Housing Support Services	Request for Proposal	August 2018	January 2019
RR-03 Housing Capital and Rental	Request for Proposal	August 2018	January 2019
RR-06 Jail Reentry System of Care	Request for Proposal	October 2018	April 2019
SI-03 Quality Coordinated Outpatient Care	Request for Information	October 2018	December 2018

DATA-INFORMED IMPLEMENTATION ADJUSTMENTS

A continuous improvement approach is applied to MIDD-funded services to ensure that data and other information are used to inform needed program and process updates and changes. The table below provides an overview of data-informed initiative adjustments during 2018.

Initiative number and name	Data-informed modification
PRI-01 Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Collaboration between providers and King County staff members to coordinate timely feedback, clarify data definitions, streamline data collection and provide positive performance feedback contributed to significant improvements for the three agencies offering SBIRT services in their Emergency Departments (ED) in reaching service targets.
PRI-10 Domestic Violence and Behavioral Health Services & System Coordination	The County and providers implemented a quarterly data review in 2018 with the goal to better understand input and results, inform progress toward goals, and to set more realistic targets for numbers served and the collection of repeated outcome measures.
CD-08 Children's Domestic Violence Response Team (CDVRT)	CDVRT partner agencies and King County worked together to promote alignment with performance targets and to re-evaluate the tools and process for reporting core services, population and outcomes, for 2019 implementation.
SI-03 Quality Coordinated Outpatient Care	A collaboration with the regional behavioral health provider network identified adjustments to outpatient treatment on demand (OTOD), such as clarification of the definition of "request for service," to optimize alignment between clinical practice, data, and initiative performance measures.
TX-01 Family Treatment Court (FTC)	Using data to identify and address a 2017 decline in referrals of families of color at the Kent location, FTC significantly expanded outreach to dependency stakeholders and referrals of families of color in early 2018. Two process evaluations improved the efficacy and fit of the family recovery support specialist role by outlining the limits of confidentiality, providing notice, and orienting new team members.

2018 PERFORMANCE MEASUREMENT RESULTS

Most MIDD initiatives have established performance measures, as identified in the MIDD 2 Evaluation Plan. This table shows the progress toward each initiative's key target in 2018. Not Applicable (N/A) means that an initiative was deferred, delayed, or redesigned in 2018, and therefore did not have performance measurement results. Targets show unduplicated individuals with at least one service, unless stated otherwise.

Initiative number and name ● > 85% of target ◐ 65-85% of target ○ < 65% of target

Prevention and Early Intervention	Target number served	Actual number served*	% of target reached	Is anyone better off? How well was it done?
PRI-01 Screening, Brief Intervention and Referral to Treatment (SBIRT)	2,500	2,474 screened	● 99%	Emergency department admissions were significantly reduced by 40%, on average, over the long term for SBIRT participants at 3 area hospitals (n=1,244). The number served improved substantially (from 62% of target in 2017), with increased collaboration and timely feedback between providers and the County.
PRI-02 Juvenile Justice Youth Behavioral Health Assessments	300	295	● 98%	Of youth with repeated substance use measures, 43% reported reduced or stable low use over time (n=35). New baseline data showed 27% of youth had juvenile legal system referrals and 20% had charges filed (n=241). This was a new outcome measure for 2018, and will be used to track change over time. Twenty-six percent of participants were linked to publicly funded behavioral health treatment within a year of starting MIDD services (n=719).
PRI-03 Prevention and Early Intervention Behavioral Health for Adults Over 50	1,200	988 engaged	◐ 82%	Emergency department admissions were significantly reduced by 47%, on average, over the long term (n=212). Nearly half of those who screened above the clinical threshold for concern in 2018 (n=2,044) were engaged in ongoing services within the program. Staff vacancies impacted performance target achievement. Subcontracted providers implemented strategies to overcome barriers to performance achievement. See page 15 for additional information.
PRI-04 Older Adult Crisis Intervention/Geriatric Regional Assessment Team (GRAT)	340	N/A	N/A	Program was not active during 2018. Expected to restart in 2019 with new provider in partnership with the Veterans, Seniors and Human Services Levy.
PRI-05 School-Based SBIRT (Screening, Brief Intervention and Referral to Treatment)	1,000	1,001 screened	● 100%	Program was in transition throughout 2018. Current counts primarily reflect youth in various collaborative school-based services prior to implementation of SBIRT in partnership with Best Starts for Kids Levy, when services will be provided by the school district. See page 15 for additional information.
PRI-06 Zero Suicide Initiative Pilot	TBD	N/A	N/A	The implementation of this initiative was deferred during 2018. Please see the letter on page 1 for additional context.
PRI-07 Mental Health First Aid (MHFA)	2,000	1,125 trained	○ 56%	In post-training surveys, 95% of participants agreed that they would recommend the course and 96% indicated overall satisfaction (n=439). The contract for this initiative began in early 2018 and the new provider needed time to reach full implementation.

Initiative number and name

● > 85% of target ⊕ 65-85% of target ○ < 65% of target

Prevention and Early Intervention	Target number served	Actual number served*	% of target reached	Is anyone better off? How well was it done?
PRI-08 Crisis Intervention Training—First Responders	600	601 trained	● 100%	In post-training surveys for the weeklong courses, 78% of responding participants rated the relevance and usefulness as "Excellent" (n=129).
PRI-09 Sexual Assault Behavioral Health Services	222	236	● 106%	Of participants with outcomes information in 2018, 89% reported meeting their self-directed goals or treatment objectives (n=105).
PRI-10 Domestic Violence and Behavioral Health Services & System Coordination	560 served	434 served	⊕ 82%	Of participants with symptom measurement at 2 points in time, 61% showed improvement in depressive symptoms and 68% showed improvement in anxiety symptoms (n=76). Although fewer individuals were served in 2018, service delivery was intensified by 22%, meaning participants were served for longer periods of time and received more service hours per person in 2018 compared to prior years.
	160 trained	227 trained	● 141%	
PRI-11 Community Behavioral Health Treatment	3,500	4,026	● 115%	Of those with any jail use, 63% of participants in mental health treatment (n=172) and 76% of participants in substance use disorder treatment (n=634) reduced their jail bookings over the long term.

Crisis Diversion	Target number served	Actual number served*	% of target reached	Is anyone better off? How well was it done?
CD-01 Law Enforcement Assisted Diversion (LEAD)	350	456	● 130%	At least 58% of participants were linked to publicly funded behavioral health treatment within a year of starting MIDD services (n=210). Over the long term, 44% of LEAD participants had reduced jail bookings (n=52).
CD-02 Youth Detention Prevention Behavioral Health Engagement	TBD	<10*	N/A	Initiative was refined in 2018 to align with other community initiatives and newly adopted juvenile legal system measures. Target will be set after further baseline data collection in 2019.
CD-03 Outreach and In Reach System of Care	450	410	● 91%	Adult jail bookings were significantly reduced by 35%, on average, over the long term (n=182). Crisis events were significantly reduced by 57%, on average, over the long term (n=45). Thirty-six percent of participants were linked to publicly funded behavioral health treatment within a year of starting MIDD services (n=1,180).
CD-04 South County Crisis Diversion Services/Center	TBD	N/A	N/A	The implementation of this initiative was deferred during 2018, with implementation of a Mobile Crisis Team set for early 2019. Please see the letter on page 1 for additional context.
CD-05 High Utilizer Care Teams	100	96	● 96%	Emergency department admissions were significantly reduced by 78%, on average, over the long term (n=92). Crisis events were reduced by 35%, on average, over the long term (n=29). Fifty-three percent of participants were linked to publicly funded behavioral health treatment within a year of starting MIDD services (n=171).

Initiative number and name

● > 85% of target ⊕ 65-85% of target ○ < 65% of target

Crisis Diversion	Target number served	Actual number served*	% of target reached	Is anyone better off? How well was it done?
CD-06 Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	1,875	2,518	● 134%	<p>Statistically significant long-term reductions in costly system use included: adult jail bookings (13%, n=929), psychiatric inpatient hospitalizations (20%, n=577), and emergency department admissions (47%, n=1,514).</p> <p>Crisis events were significantly reduced by 71%, on average, over the long term (n=1,083).</p> <p>Thirty-two percent of participants were linked to publicly funded behavioral health treatment within a year of starting MIDD services (n=6,222).</p>
CD-07 Multipronged Opioid Strategies	300	407	● 136%	<p>Emergency department admissions were reduced by 20%, on average, over the long term (n=160).</p> <p>Forty-nine percent of participants were linked to publicly funded behavioral health treatment within a year of starting MIDD services (n=1,189).</p>
CD-08 Children's Domestic Violence Response Team	85	106 families	● 125%	<p>While service delivery varied widely for this initiative, half of all individuals served had service hours in at least 5 straight months during 2018 (n=280).</p>
CD-09 Behavioral Health Urgent Care-Walk In Clinic Pilot	TBD	N/A	N/A	<p>The implementation of this initiative was deferred during 2018. Please see the letter on page 1 for additional context.</p>
CD-10 Next Day Crisis Appointments	800	656	⊕ 82%	<p>Emergency department admissions were significantly reduced by 56%, on average, over the long term (n=156).</p> <p>Crisis events were significantly reduced by 72%, on average, over the long term (n=92).</p> <p>Twenty-eight percent of participants were linked to publicly funded behavioral health treatment within a year of starting MIDD services (n=1,322).</p> <p>MIDD funding supports available appointment slots. Among various providers, utilization rates for these appointments ranged from 42% to 76%, which can affect overall numbers served.</p>
CD-11 Children's Crisis Outreach and Response System (CCORS)	1,000	1,109	● 111%	<p>Among youth served in both 2018 and earlier years, 49% showed fewer crisis events over the long term (n=129).</p> <p>In 2018, 92% of enrolled youth were stabilized/no longer in crisis when they left the program.</p> <p>Nearly 90% of referred youth were engaged in services within the program in 2018 (n=1,262).</p>
CD-12 Parent Partners Family Assistance	300	216	⊕ 72%	<p>In 2018, 60% of participants received systems education and navigation resources and 53% gained advocacy skills. Outreach programs and group services increased throughout King County in 2018, while fewer participants chose to engage in individualized services, affecting overall numbers served. Moving forward, the provider is offering more opportunities for individualized support.</p>

Initiative number and name

● > 85% of target ● 65-85% of target ○ < 65% of target

Crisis Diversion	Target number served	Actual number served*	% of target reached	Is anyone better off? How well was it done?
CD-13 Family Intervention and Restorative Services (FIRS)	300	249	● 83%	New baseline data showed 27% of youth had juvenile legal system referrals and 14% had charges filed (n=241). This was a new outcome measure for 2018, and will be used to track change over time. Of youth who exited in 2018, 57% completed the program successfully (n=179). Several factors affected the number of youth served in 2018, including law enforcement practices, staffing, and community awareness of FIRS. The program continues to engage and educate families and law enforcement about FIRS.
CD-14 Involuntary Treatment Triage Pilot	200	233	● 117%	Forty-four percent of participants were linked to publicly funded behavioral health treatment within a year of starting MIDD services (n=104). Over 75% of these cases were linked to mental health treatment before the end of 2018.
CD-15 Wraparound Services for Youth	650	619	● 95%	Among youth served in both 2018 and earlier years, 63% showed fewer crisis events over time (n=255). Significant reductions in caregiver strain over time were evident. Enrollment increased by 26% in 2018, and 85% of referred youth were actively engaged in program services (n=728).
CD-16 Youth Respite Alternatives	TBD	40	N/A	Initiative services began in 2018. Target will be set after further baseline data collection in 2019.
CD-17 Young Adult Crisis Stabilization	TBD	35	N/A	Initiative services began in late 2017. Target will be set after further baseline data collection in 2019.

Recovery and Reentry	Target number served	Actual number served*	% of target reached	Is anyone better off? How well was it done?
RR-01 Housing Supportive Services	690	961	● 139%	Statistically significant long-term reductions in adult jail, emergency departments, and psychiatric inpatient settings. Crisis events were reduced by 47%, on average, during the first year of services (n=97). Fifty seven percent of participants were linked to publicly funded behavioral health treatment within a year of starting MIDD services (n=385).
RR-02 Behavior Modification Classes at CCAP	40	97	● 243%	Adult jail bookings were significantly reduced by 54%, on average, over the long term (n=101). A program completion rate of 37% was realized for recent participants (n=112).
RR-03 Housing Capital and Rental	N/A	44	N/A	Psychiatric inpatient hospitalizations were significantly reduced by 49%, on average, over the long term for individuals who received rental assistance vouchers through this initiative (n=30). This initiative does not have targets because it mostly funds housing capital projects (buildings). People housed in these capital projects typically receive support services and are tracked through initiative RR-01.

Initiative number and name

● > 85% of target ● 65-85% of target ○ < 65% of target

Recovery and Reentry	Target number served	Actual number served*	% of target reached	Is anyone better off? How well was it done?
RR-04 Rapid Rehousing-Oxford House Model	333	69	○ 21%	Of the participants who exited services in 2018, 53% successfully stayed sober and completed the program (n=58). At least 83% of program completers exited into independent rental arrangements of their own without further housing subsidies (n=31). The program launched in spring 2018 and continued ramp-up throughout 2018.
RR-05 Housing Vouchers for Adult Drug Court (ADC)	30	54	● 180%	Housing vouchers of all types, including RR-05 vouchers, were found to boost ADC engagement and graduation rates, as well as employment at exit (n=112). Individuals receiving RR-05 housing vouchers saw an immediate and significant 45% reduction in jail bookings (n=43).
RR-06 Jail Reentry System of Care	450	266	○ 59%	Adult jail bookings were significantly reduced by 47%, on average, over the long term (n=447). Forty-seven percent of participants were linked to publicly funded behavioral health treatment within a year of starting MIDD services (n=819). Substance use disorder treatment linkages were confirmed for 300 people. Program redesign and provider changes, with a gap in service delivery, affected target achievement in 2018. Redesigned services have launched. See page 27 for additional information.
RR-07 Behavioral Health Risk Assessment Tool for Adult Detention	2,460	N/A	N/A	Multiphased implementation began in June 2018 before a substantial new data system could be fully implemented. The performance measurement target reflects individuals to be screened for behavioral health needs, which will be further implemented throughout 2019.
RR-08 Hospital Reentry Respite Beds	350	431	● 123%	Emergency department admissions were significantly reduced by 45%, on average, over the long term (n=339). Of the medical respite patients assessed for behavioral health concerns, 59% were engaged in behavioral health services within the program in 2018 (n=431).
RR-09 Recovery Café	300	N/A	N/A	The implementation of services supported by this initiative was delayed during 2018, while a site was secured. See page 27 for additional information.
RR-10 Behavioral Health Employment Services and Supported Employment	800	944	● 118%	Of those who began services in 2015, 91% avoided all use of adult jail through 2018 (n=101). Thirty-seven percent of participants became employed, with job retentions of 90 days or more for 77% of those who were employed prior to October 2018 (n=262).
RR-11 Peer Bridger Programs	300	286	● 95%	Psychiatric inpatient hospitalizations were significantly reduced by 63%, on average, over the long term (n=31). Seventy-six percent of participants were linked to publicly funded behavioral health treatment within a year of starting MIDD services (n=321).
RR-11b Substance Use Disorder Peer Support	1,000	1,019	● 102%	Of those with more than 1 substance use measure, 49% reported reduced use or stable low use over time and 40% reported no use in their later measure(s) (n=87). Sixty-two percent of participants were linked to publicly funded behavioral health treatment within a year of starting MIDD services (n=484).

Initiative number and name

● > 85% of target ⊖ 65-85% of target ○ < 65% of target

Recovery and Reentry		Target number served	Actual number served*	% of target reached	Is anyone better off? How well was it done?
RR-12	Jail-based Substance Use Disorder Treatment	200	16	○ 8%	Incremental program implementation began in summer 2018. Staff hiring, training and orientation, and data system access setup are ongoing, so limited data were available this period. See page 28 for additional information.
RR-13	Deputy Prosecuting Attorney for Familiar Faces	TBD	67	N/A	Adult jail bookings were reduced by 57%, on average, in the second year for those who began services in 2016 (n=24). Legal system coordination services were provided to 87% of all Familiar Faces program participants in 2018 (n=77).
RR-14	Shelter Navigation Services	N/A	N/A	N/A	Targets were not set because one-time MIDD funds were not continued.

System Improvements		Target number served	Actual number served*	% of target reached	Is anyone better off? How well was it done?
SI-01	Community Driven Behavioral Health Grants	TBD	N/A	N/A	The implementation of this initiative was deferred during 2018, with implementation anticipated in 2019. Please see the letter on Page 1 for additional context.
SI-02	Behavioral Health Services In Rural King County	TBD	N/A	N/A	The implementation of this initiative was deferred during 2018, with implementation anticipated in 2019. Please see the letter on Page 1 for additional context.
SI-03	Quality Coordinated Outpatient Care	N/A	N/A	N/A	This initiative's Outpatient Treatment on Demand component, launched in October 2017 with 23 agencies participating, uses incentives to support outpatient behavioral health agencies to increase their capacity to rapidly bring new individuals into treatment. During 2018, agencies demonstrated significant measurable improvement. Two providers have been selected to develop and implement emergency department rapid response teams, which will be evaluated in future reports. See page 29 for additional information.
SI-04	Workforce Development	TBD	1,060 trained 105 reimbursed	N/A	One in 4 courses (n=60) addressed topics of culture and/or trauma, and 35% of all training participants received information on culturally appropriate, trauma-informed behavioral health services in 2018. In post-training surveys, 91% of respondents felt satisfied with the trainings offered, 94% found them useful, and 89% rated them as relevant to substance use disorder treatment (n=546). 105 staff also received reimbursements for chemical dependency professional certification expenses. This initiative was redesigned in 2018. Target will be set after further baseline data collection in 2019.

Initiative number and name

● > 85% of target ● 65-85% of target ○ < 65% of target

Therapeutic Courts	Target number served	Actual number served*	% of target reached	Is anyone better off? How well was it done?
TX-ADC Adult Drug Court (ADC)	700	754	● 108%	<p>Adult jail bookings were significantly reduced by 52% over the long term for ADC participants (n=446).</p> <p>Of those with more than one substance use measure, 45% reported reduced use or stable low use over time and 39% reported no use in their later measure(s) (n=161).</p> <p>All 2018 graduates of ADC who were experiencing homelessness at entry (n=42) were housed at exit.</p>
TX-FTC Family Treatment Court (FTC)	140	123 children	● 88%	<p>Of those with more than 1 substance use measure, 48% reported reduced use or stable low use over time and 44% reported no use in their later measure(s) (n=46).</p> <p>For 25 people who began FTC in 2015, 32% were fully diverted from further adult jail use through the end of 2018.</p> <p>Eighty-four percent of participants were linked to publicly funded behavioral health treatment within a year of starting MIDD services (n=96).</p>
TX-JDC Juvenile Drug Court (JDC)	50	61	● 122%	<p>New baseline data showed few youth had juvenile legal system referrals and charges filed (n=19). This was a new outcome measure for 2018, and will be used to track change over time.</p> <p>Thirty-two percent of participants were linked to publicly funded behavioral health treatment within a year of starting MIDD services (n=200).</p>
TX-RMHC Regional Mental Health and Veterans Court	350	378	● 108%	<p>Adult jail bookings were significantly reduced by 44%, on average, over the long term for RMHC participants (n=200).</p> <p>For 120 people who began RMHC in 2015, 31% were fully diverted from further adult jail use through the end of 2018.</p> <p>Forty-three percent of participants were linked to publicly funded behavioral health treatment within a year of starting MIDD services (n=439).</p>
TX-SMC Seattle Municipal Mental Health Court	130	41	○ 32%	<p>A substantial program redesign continued throughout 2018, along with procurement of a new provider. After a significant gap in services, the new provider began serving participants in November 2018. See page 31 for additional information.</p>
TX-CCPL Community Court Planning and Pilot	TBD	76	N/A	<p>Services through this initiative began in 2018. Target will be set after further baseline data collection in 2019.</p>

* Actual numbers represent the number of unique individuals with at least one 2018 service, unless otherwise stated.

"Long term" references a comparison between the year prior to MIDD services and the third year after, except for adult crisis events where the first year in services is compared to the third year after. Only participants who started MIDD services in 2014 and 2015 were eligible for long-term results, to allow enough time to pass for measurement through the end of 2018. For substance use reduction and linkages to publicly funded behavioral health treatment, participants who started MIDD services in 2015 to 2017 were included. For results with different time samples, such as jail use prevention/diversion or youth crisis events, the years used are stated.

In an effort to protect confidential and potentially identifying information, all numbers smaller than 10 are suppressed.

Capacity for many initiatives is extended via blended funding from other sources, including the Best Starts for Kids Levy and the Veterans, Seniors and Human Services Levy.

CHANGES TO INITIATIVE PERFORMANCE MEASURE TARGETS

Implementation and evaluation of MIDD-funded programs requires occasional modifications as more and/or better information becomes available over time. Continuing a systematic review that began in 2017, preliminary performance measures, which had been initially standardized in the MIDD 2 Evaluation Plan, were examined and settled collaboratively for certain initiatives with provider partners during 2018. This coordinated approach to target establishment continues as needed when other new MIDD programs are launched or significant program adaptations occur.

The table below shows updates to initiative performance measurements, along with explanations for any changes made. Targets confirmed during 2018 reflect the unique number of individuals receiving at least one relevant program service, unless otherwise specified. (Complete performance measure information for all initiatives is available in a technical supplement, available at kingcounty.gov/MIDD.)

Initiative number and name	Previous target	New target	Changes in 2018
CD-07 Multipronged Opioid Strategies	Serve 700	Serve 300	New target reflects the number of people served by the PHSKC Needle Exchange social worker only. This is one program within a suite of many programs to address opioid use disorders. Additional targets will be developed as new opioid programs complete baseline periods.
RR-06 Jail Reentry System of Care	Serve 350	Serve 450	Clarified that the new target applies to unduplicated people in both reentry case management and education services.
RR-11a Peer Bridger Programs	Serve 200	Serve 300	A higher target was identified to more accurately reflect the number of people served annually.
RR-11b Substance Use Disorder Peer Support	TBD	Serve 1,000	A target aligned with expected program capacity and utilization was developed with providers.
TX-JDC Juvenile Drug Court	Serve 50 new youth	Serve 50 opt-in youth	A more accurate target was identified to count all participants who opt into the program, in alignment with performance measure standards.
TX-RMHC Regional Mental Health and Veterans Court	Serve 130	Serve 350	A higher target was identified to reflect the number of people served annually more accurately.

MIDD FUND FINANCIAL STATUS REPORT

Financial Status Report as of December 31, 2018

Initiative number and name		2017-2018 biennial budget ¹	2017-2018 actuals ¹	Percentage of budget expended
Prevention and Early Intervention				
PRI-01	Screening, Brief Intervention and Referral to Treatment (SBIRT)	1,453,655	1,330,281	92%
PRI-02	Juvenile Justice Youth Behavioral Health Assessments ²	1,183,691	756,884	64%
PRI-03	Prevention and Early Intervention Behavioral Health for Adults Over 50	981,880	980,842	100%
PRI-04	Older Adult Crisis Intervention/Geriatric Regional Assessment Team (GRAT) ³	666,605	164,513	25%
PRI-05	School-Based SBIRT (Screening, Brief Intervention and Referral to Treatment)	3,187,204	2,957,960	93%
PRI-06	Zero Suicide Initiative Pilot ⁴	-	-	0%
PRI-07	Mental Health First Aid (MHFA) ²	607,800	300,237	49%
PRI-08	Crisis Intervention Training—First Responders	1,661,320	1,659,408	100%
PRI-09	Sexual Assault Behavioral Health Services	1,031,991	1,031,991	100%
PRI-10	Domestic Violence and Behavioral Health Services & System Coordination	1,293,858	1,261,881	98%
PRI-11	Community Behavioral Health Treatment	24,089,140	23,939,447	99%
Prevention and Early Intervention subtotal		36,157,144	34,383,444	95%
Crisis Diversion				
CD-01	Law Enforcement Assisted Diversion (LEAD)	3,589,500	3,467,608	97%
CD-02	Youth Detention Prevention Behavioral Health Engagement ²	607,800	493,728	81%
CD-03	Outreach and In Reach System of Care	830,660	764,374	92%
CD-04	South County Crisis Diversion Services/Center ⁴	-	-	0%
CD-05	High Utilizer Care Teams	519,163	505,727	97%
CD-06	Adult Crisis Diversion Center, Respite Beds & Mobile Behavioral Health Crisis Team	11,233,569	11,233,569	100%
CD-07	Multipronged Opioid Strategies ²	2,289,000	1,719,558	75%
CD-08	Children's Domestic Violence Response Team	571,079	571,079	100%
CD-09	Behavioral Health Urgent Care-Walk In Clinic Pilot ⁴	-	-	0%
CD-10	Next Day Crisis Appointments	622,995	609,875	98%
CD-11	Children's Crisis Outreach and Response System (CCORS)	1,142,158	919,805	81%
CD-12	Parent Partners Family Assistance	1,036,427	1,061,700	102%
CD-13	Family Intervention and Restorative Services (FIRS)	2,203,655	1,928,198	87%
CD-14	Involuntary Treatment Triage Pilot	303,900	303,900	100%
CD-15	Wraparound Services for Youth	6,229,950	6,014,675	97%
CD-16	Youth Behavioral Health Alternatives ²	1,276,000	467,010	37%
CD-17	Young Adult Crisis Stabilization	1,430,000	1,350,557	94%
Crisis Diversion subtotal		33,885,855	31,411,363	93%

Initiative number and name		2017-2018 biennial budget ¹	2017-2018 actuals ¹	Percentage of budget expended
Recovery and Reentry				
RR-01	Housing Supportive Services	4,146,712	3,518,339	85%
RR-02	Behavior Modification Classes at CCAP	190,402	190,402	100%
RR-03	Housing Capital and Rental	4,849,400	4,243,225	88%
RR-04	Rapid Rehousing-Oxford House Model ²	638,000	124,500	20%
RR-05	Housing Vouchers for Adult Drug Court	468,282	467,357	100%
RR-06	Jail Reentry System of Care	849,999	735,079	86%
RR-07	Behavioral Health Risk Assessment Tool for Adult Detention	954,043	953,954	100%
RR-08	Hospital Reentry Respite Beds	1,881,445	1,881,445	100%
RR-09	Recovery Café ²	706,500	388,283	55%
RR-10	Behavioral Health Employment Services and Supported Employment	2,354,252	2,319,425	99%
RR-11a	Peer Bridger Programs	1,225,224	1,143,893	93%
RR-11b	Substance Use Disorder Peer Support	332,264	328,942	99%
RR-12	Jail-based Substance Use Disorder Treatment ²	677,887	337,609	50%
RR-13	Deputy Prosecuting Attorney for Familiar Faces	194,023	194,023	100%
RR-14	Shelter Navigation Services ⁵	1,000,000	875,000	88%
Recovery and Reentry subtotal		20,468,433	17,701,476	86%
System Improvements				
SI-01	Community Driven Behavioral Health Grants ⁴	-	-	0%
SI-02	Behavioral Health Services in Rural King County. ⁴	-	-	0%
SI-03	Quality Coordinated Outpatient Care ⁶	8,306,600	8,495,455	102%
SI-04	Workforce Development	1,505,571	1,185,903	79%
System Improvements subtotal		9,812,171	9,681,358	99%
Therapeutic Courts				
TX-ADC	Adult Drug Court	8,591,351	7,991,828	93%
TX-FTC	Family Treatment Court	3,089,818	2,950,222	95%
TX-JDC	Juvenile Drug Court	2,227,880	1,818,544	82%
TX-RMHC	Regional Mental Health and Veterans Court	7,940,017	7,760,197	98%
TX-SMC	Seattle Municipal Mental Health Court	188,722	150,127	80%
TX-CCPL	Community Court Planning and Pilot	202,000	190,282	94%
Therapeutic Courts subtotal		22,239,789	20,861,200	94%
Special projects				
Special Allocations ⁷		8,183,561	12,713,088	155%
Administration and evaluation				
ADM	Administration & Evaluation	6,228,048	5,066,538	81%
Prior year adjustments			104,599	
Totals by strategy area and initiative		136,975,000	131,923,066	96.31%

¹ To align financial reporting with budget authority and with current King County reporting practices, this table reflects the 2017–18 biennial budget and expenditures of the MIDD fund as adjusted, rather than an annual spending plan.

² This initiative had lower actual expenditures than originally budgeted, due to timing of startup, rollout of programming components, and/or procurement of services.

³ This initiative had lower than anticipated expenditures associated with a change in providers and a community-informed initiative redesign process. Relaunch in 2019 is anticipated.

⁴ This initiative has not launched and was deferred. Funds were repurposed for the strategic incentives and non-Medicaid support pool described under Special Allocations.

⁵ Includes some funding committed to support the new Elliott enhanced shelter, set to open in 2019.

⁶ Spending on initiative SI-03 slightly exceeded planning estimates, as additional funds were used to draw Medicaid matching dollars from the State. Startup funds also supported the launch of a revised program model.

⁷ "Special Allocations" includes one-time funding for Consejo, evaluation and treatment capacity, Peer Bridgers, youth detoxification and stabilization, opiate epidemic response, residential substance use disorder (SUD) capital, SUD trauma-informed care, supported employment, housing vouchers, Safe Place, and Response Awareness, De-escalation and Referral (RADAR). Also, in accordance with a plan approved by the MIDD Advisory Committee in 2017, funds from deferred initiatives were combined with underspent funds to create a one-time pool to support programming designed to help the behavioral health system deliver on key outcomes during the transition to integrated managed care, and to support expanded non-Medicaid treatment access. Funding specifically supported outpatient treatment on demand incentives, medication-assisted treatment for opioid use disorder, adult crisis services, evaluation and treatment services, and SUD treatment.

2018 MIDD ADVISORY COMMITTEE

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

Membership Roster as of December 31, 2018

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

Laura Inveen, Judge, King County Superior Court, (Co-Chair)
Representing: Superior Court

Dave Asher, Councilmember, City of Kirkland
Representing: Sound Cities Association

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

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

Merril Cousin, Executive Director, Coalition Ending Gender-Based Violence
Representing: Domestic Violence Prevention Services

Lea Ennis, Director, Juvenile Court, King County Superior Court
Representing: King County Systems Integration Initiative

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

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

Brigitte Folz, Director of Behavioral Health, Harborview Medical Center
Representing: Harborview Medical Center

Ashley Fontaine, Director, National Alliance on Mental Illness (NAMI)
Representing: NAMI in King County

Patty Hayes, Director, Public Health—Seattle & King County
Representing: Public Health Department

Mike Heinisch, Executive Director, Kent Youth and Family Services
Representing: Provider of Youth Behavioral Health Services

Mitzi Johanknecht, Sheriff, King County Sheriff's Office
Representing: Sheriff's Office

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

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

Krystal Livingston, Community Outreach Coordinator, Washington State Community Connector
Representing: Behavioral Health Advisory Board

Ann McGettigan, Executive Director, Seattle Counseling Service
Representing: Provider of Culturally Specific Mental Health Services

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

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

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

Jeff Sakuma, Health Integration Strategist, City of Seattle
Representing: City of Seattle

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

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

Mary Ellen Stone, Director, King County Sexual Assault Resource Center
Representing: Provider of Sexual Assault Survivor Services in King County

Katherine Switz, Chief Executive Officer, The Stability Network
Representing: Philanthropic Organization

Donna Tucker, Chief Presiding Judge, King County District Court
Representing: King County District Court

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

Chelene Whiteaker, Director, Advocacy and Policy, Washington State Hospital Association
Representing: Washington State Hospital Association/King County Hospitals

Kira Zylstra, Acting Director, All Home
Representing: All Home

MIDD PARTNERS

MIDD services are carried out in partnership with these contractors and provider agencies.

American Behavioral Health Systems	Integrative Counseling Services	Recovery Café
Asian Counseling and Referral Service	Intercept Associates	Refugee Women's Alliance
Atlantic Street Center	International Community Health Services	Renton Area Youth Services
Auburn School District	Kelley-Ross Pharmacy	Ryther
Bellevue School District	Kent School District	Seadrunar
Cascadia Learning	Kent Youth and Family Services	SeaMar Community Health Centers
Catholic Community Services	King County Department of Adult and Juvenile Detention	Seattle Children's
Center for Human Services	King County Department of Public Defense	Seattle Counseling Services
Chestnut Health Systems	King County District Court	Seattle Indian Health Board
Childhaven	King County Department of Judicial Administration	Seattle School District
Coalition Ending Gender-Based Violence	King County Prosecuting Attorney's Office	The Seven Challenges
Coleman Family Services	King County Sexual Assault Resource Center	Skykomish School District
Community Health Plan of Washington	King County Superior Court	Snoqualmie Tribe
Community House	Lake Washington School District	Snoqualmie Valley School District
Community Psychiatric Clinic	LifeWire	Sound
Consejo Counseling and Referral Service	Lutheran Community Services Northwest	South Seattle College
Correctional Counseling	Muckleshoot Indian Tribe	Southeast Youth and Family Services
Country Doctor Community Health Centers	Multicare Behavioral Health	Spectrum Health Systems, Inc.
Cowlitz Tribal Treatment	National Council for Behavioral Health	St. Francis Hospital
Crisis Connections	Navos	Tahoma School District
Cross Cultural Health Program	Neighborcare Health	Therapeutic Health Services
Cultures Connecting	New Beginnings	TRAC Associates
Domestic Abuse Women's Network	New Traditions	Transitional Resources
Downtown Emergency Service Center (DESC)	Nexus Youth and Families	Tukwila School District
Evergreen Treatment Services	Northshore School District	University of Washington
EvergreenHealth	Northshore Youth and Family Services	Valley Cities Behavioral Health Care
Friends of Youth	Oxford House International	Vashon School District
Full Life Care Solstice Behavioral Health	Peer Seattle	Vashon Youth and Family Services
Guided Pathways – Support for Youth and Families	Pioneer Human Services	WAPI Community Services
Harborview Medical Center	Plymouth Housing Group	Washington State Criminal Justice Training Commission
HealthPoint	Portland State University	Washington State University
Hepatitis Education Project	Public Defender Association	WCHS, Inc.
Highline Medical Center	Public Health – Seattle & King County	You Grow Girl!
Highline School District	Puget Sound Educational Service District	Young Men's Christian Association (YMCA) of Greater Seattle
Humanity's Children		Youth Eastside Services
Ikron of Greater Seattle		

Making King County a welcoming community
where every person can thrive.

Best Starts for Kids

Best Starts for Kids strengthens families and communities so that babies are born healthy, children thrive and establish a strong foundation for life, and young people grow into happy, healthy adults.

MIDD Behavioral Health Sales Tax Fund

MIDD supports equitable opportunities for health, wellness, connection to community, and recovery for King County residents living with or at risk of behavioral health conditions, through a continuum of care that includes prevention, early intervention, crisis diversion, recovery, and reentry.

Veterans, Seniors and Human Services Levy

The Veterans, Seniors and Human Services Levy connects veterans and servicemembers, residents age 55 or older, and vulnerable populations to affordable housing, employment, behavioral health treatment, and other programs and services that help them, their families, and their caregivers live healthy, productive, and meaningful lives.



King County

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