Mental Illness and Drug Dependency

Seventh Annual Report

Implementation and Evaluation Summary for Year Six
October 1, 2013—September 30, 2014

King County

Mental Illness and Drug Dependency Oversight Committee

February 2015

King County Department of Community and Human Services

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Seventh Annual Report

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Cover photo depicts clinicians working with Children's Crisis Outreach Response System
(See their MIDD Strategy 7b story on Page 26)

Report analysis and design by Lisa Kimmerly
Supplemental analyses by Marla Hoffman and Genevieve Rowe
Provider features and client success stories by Kimberly Cisson

For further information on
the current status of MIDD activities,
please see the MIDD website at:

www.kingcounty.gov/healthservices/MHSA/MIDDPlan

Alternate formats available
Call 206-263-8663
or TTY Relay 711

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Complete Listing of MIDD Strategies

MIDD Strategy Number and Name		Strategy Description
Community-Based Mental Health and Substance Use Disorder Intervention Strategies*		
1a-1	Mental Health Treatment	Increase Access to Community Mental Health (MH) Treatment
1a-2	Substance Use Disorder Treatment*	Increase Access to Community Substance Use Disorder (SUD) Treatment*
1b	Outreach & Engagement	Outreach and Engagement to Individuals Leaving Hospitals, Jails, or Crisis Facilities
1c	Emergency Room Intervention	Emergency Room Substance Abuse Early Intervention Program
1d	Crisis Next Day Appointments*	Mental Health Crisis Next Day Appointments and Stabilization Services
1e	Chemical Dependency Trainings	Chemical Dependency Professional Education and Training
1f	Parent Partners Family Assistance	Parent Partner and Youth Peer Support Assistance Program
1g	Older Adults Prevention*	Prevention and Early Intervention Mental Health and Substance Abuse Services for Adults Age 50+
1h	Older Adults Crisis & Service Linkage	Expand Availability of Crisis Intervention and Linkage to Ongoing Services for Older Adults
2a	Workload Reduction*	Workload Reduction for Mental Health
2b	Employment Services*	Employment Services for Individuals with Mental Illness and SUD*
3a	Supportive Housing	Supportive Services for Housing Projects
13a	Domestic Violence Services*	Domestic Violence and Mental Health Services
14a	Sexual Assault Services*	Sexual Assault and Mental Health Services
Strategies with Programs to Help Youth		
4a	Parents in Recovery Services	Services for Parents in Substance Abuse Outpatient Treatment
4b	SUD Prevention for Children*	Prevention Services to Children of Substance Abusing Parents
4c	School-Based Services	Collaborative School-Based Mental Health and Substance Abuse Services
4d	Suicide Prevention Training	School-Based Suicide Prevention
5a	Juvenile Justice Assessments	Expand Assessments for Youth in the Juvenile Justice System
6a	Wraparound	Wraparound Services for Emotionally Disturbed Youth
7a	Youth Reception Centers	Reception Centers for Youth in Crisis
7b	Expand Youth Crisis Services	Expansion of Children's Crisis Outreach Response System (CCORS)
8a	Family Treatment Court	Family Treatment Court Expansion
9a	Juvenile Drug Court	Juvenile Drug Court Expansion
13b	Domestic Violence Prevention	Domestic Violence Prevention
Jail and Hospital Diversion Strategies		
10a	Crisis Intervention Team Training	Crisis Intervention Team Training for First Responders
10b	Adult Crisis Diversion	Adult Crisis Diversion Center, Respite Beds, and Mobile Crisis Team
11a	Increase Jail Liaison Capacity	Increase Jail Liaison Capacity
11b	Mental Health Courts*	Increase Services for New or Existing Mental Health Court Programs
12a	Jail Re-Entry & Education Classes*	Jail Re-Entry Program Capacity Increase & Education Classes at Community Center for Alternative Programs (CCAP)
12b	Hospital Re-Entry Respite Beds	Hospital Re-Entry Respite Beds (Recuperative Care)
12c	Psychiatric Emergency Services Linkage*	Increase Harborview's Psychiatric Emergency Services (PES) Capacity
12d	Behavior Modification Classes*	Behavior Modification Classes for CCAP Clients
15a	Adult Drug Court	Adult Drug Court Expansion of Recovery Support Services
16a	New Housing & Rental Subsidies	New Housing Units and Rental Subsidies
17a/b	Pilot Programs	Crisis Intervention/MH Partnership and Safe-Housing—Child Prostitution

* Item has been updated to accommodate current or abbreviated naming conventions.

Strategies Operating in MIDD Year Six

Community-Based Mental Health and Substance Use Disorder Intervention Strategies

Strategy 1a-1
Mental Health Treatment

Strategy 1a-2
Substance Use Disorder Treatment

Strategy 1b

Outreach & Engagement

Strategy 1c

Emergency Room Intervention

Strategy 1d

Crisis Next Day Appointments

Strategy 1e
Chemical Dependency Trainings

Strategy 1f
Parent Partners Family Assistance

Strategy 1g
Older Adults Prevention

Strategy 1h
Older Adults Crisis & Service Linkage

Strategy 2a
Workload Reduction

Strategy 2b
Employment Services

Strategy 3a
Supportive Housing

Strategy 13a
Domestic Violence Services

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Strategies with Programs to Help Youth

Strategy 4c

School-Based Services

Strategy 4d
Suicide Prevention Training

Strategy 5a
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Strategy 6a
Wraparound

Strategy 7b
Expand Youth Crisis Services

Strategy 8a
Family Treatment Court

Strategy 9a
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Jail and Hospital Diversion Strategies

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Strategy 11b
Mental Health Courts

Strategy 12a
Jail Re-Entry & Education Classes

Strategy 12b

Hospital Re-Entry Respite Beds

Strategy 12c
Psychiatric Emergency Services Linkage

Strategy 12d
Behavior Modification Classes

Strategy 15a
Adult Drug Court

Strategy 16a
New Housing & Rental Subsidies

Current Strategy Implementation Status

Of the 37 original strategies conceived by MIDD planners in 2008, 32 were operational in the sixth year of MIDD funding. Two strategies, Strategy 17a - Crisis Intervention Team/Mental Health Partnership and Strategy 17b - Safe Housing and Treatment for Children in Prostitution, were pilot programs that ultimately secured funding from other sources. Three youth strategies, Strategy 4a - Services for Parents in Substance Abuse Outpatient Treatment, Strategy 4b - Prevention Services to Children of Substance Abusing Parents, and Strategy 7a - Reception Centers for Youth in Crisis, have remained on hold due to budgetary considerations.

Introduction

The Implementation and Evaluation Summary for Year Six of the Mental Illness and Drug Dependency (MIDD) Plan covers the time period of October 1, 2013 through September 30, 2014. This is the seventh annual MIDD report, as required by Metropolitan King County Council Ordinances 15949, 16261 and 16262, and includes the following:

a) A summary of semi-annual report data

b) Updated performance measure targets for the following year of the programs

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

d) Recommended revisions to the evaluation plan and processes

e) Recommended performance measures and performance measurement targets for each mental illness and drug dependency strategy, as well as any new strategies that are established.

Background

Inadequate state funding of local mental health and substance abuse programs led to large numbers of untreated individuals arrested, jailed and hospitalized. In 2005, Washington State passed a law to allow counties to collect a new sales tax to reverse this trend. King County began this process with passage of Council Motion 12320, which yielded a three-part MIDD Action Plan, completed in June 2007. The King County Council then accepted the action plan via Motion 12598 in October 2007, and authorized the sales tax levy collection via Ordinance 15949, approved on November 13, 2007.

At one-tenth of one percent, the sales tax has generated approximately $45 million per year to fund strategies and programs as outlined in King County's MIDD Action Plan. The MIDD vision is to prevent and reduce chronic homelessness and unnecessary involvement with criminal justice and emergency medical systems while promoting recovery for persons with mental illness or chemical dependency.

Ordinance 15949 called for the development of three separate plans – an Oversight Plan, an Implementation Plan and an Evaluation Plan – all of which were completed prior to release of MIDD funds. On April 28, 2008, the King County Council passed Ordinance 16077 approving the Oversight Plan and establishing the MIDD Oversight Committee, which first convened in June 2008. The MIDD implementation and evaluation plans were approved by the King County Council via Ordinances 16261 and 16262 on October 6, 2008, and implementation of strategies began on October 16, 2008. Work to develop those plans and implement strategies was completed by the MIDD Oversight Committee, staff from the County's Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) and the Office of Performance, Strategy and Budget (PSB).

King County continues to implement a full continuum of prevention, treatment, housing support, and therapeutic court services. This seventh annual report covers the sixth year of MIDD programming from October 2013 through September 2014, and provides available updates on all strategies, including relevant output measures, outcomes analyses for those who began services prior to October 1, 2013, client success stories, and features on specific strategies and providers.

MIDD Policy Goals*

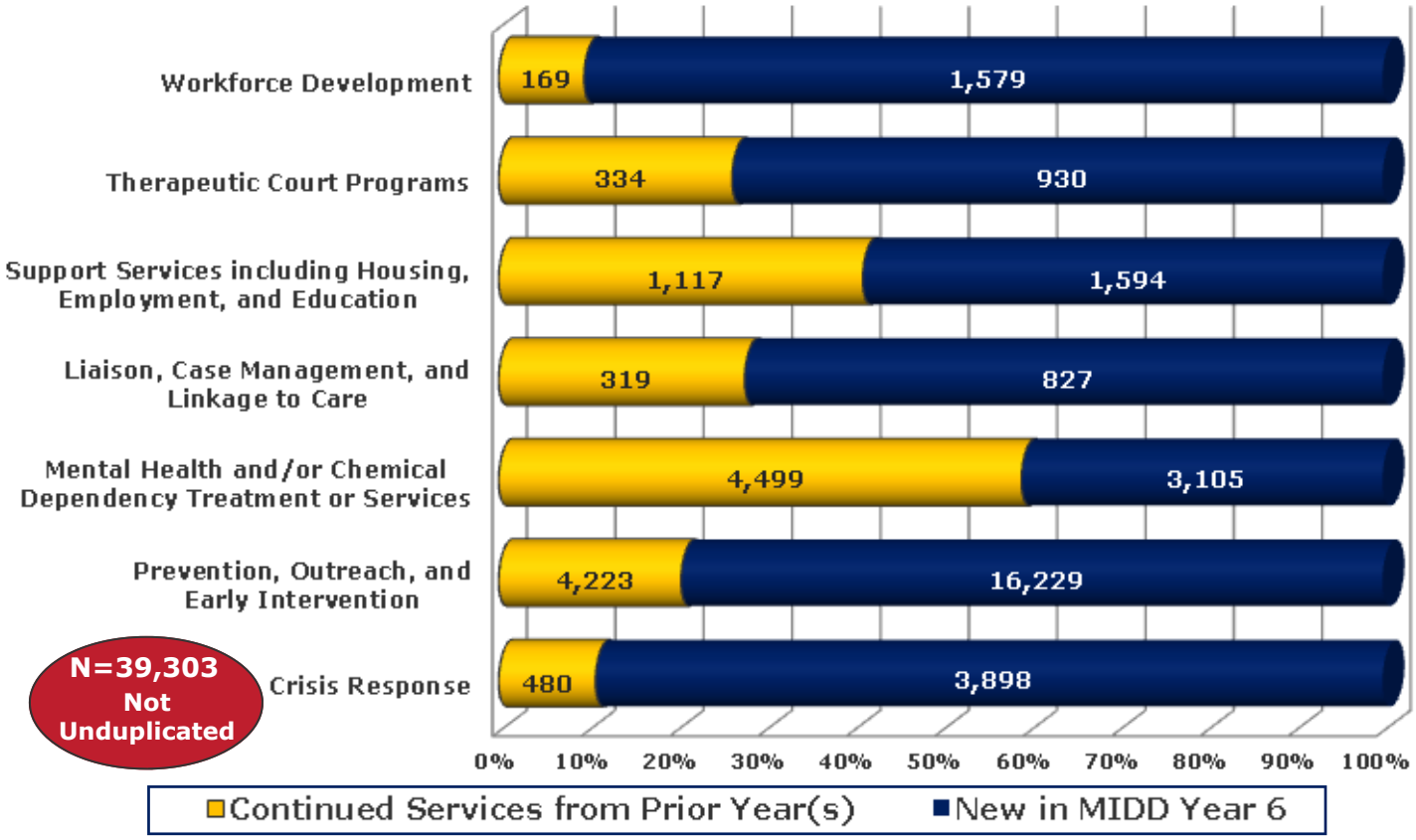
1. Reduce the number of people with mental illness and substance use disorders using costly interventions, such as jail, emergency rooms, and hospitals.
2. Reduce the number of people who recycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency.
3. Reduce the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults.
4. Divert youth and adults with mental illness and substance use disorders from initial or further justice system involvement.
5. Link with and further the work of other Council directed efforts, including the Adult and Juvenile Justice Operational Master Plans, the Ten-Year Plan to End Homelessness, the Veterans and Human Services Levy Service Improvement Plan and the King County Mental Health Recovery Plan.

** Edited from Ordinance 15949*

Executive Summary

- $53.9 million of the $56.3 million budgeted was spent implementing MIDD strategies and supplantation during the 2014 calendar year. The projected fund balance is $10.8 million.
- Thirty-nine of 49 performance targets with measurement data (80%) achieved more than 85 percent of their annual goal.
- The MIDD Oversight Committee and subcommittee members contributed 129 cumulative hours of service to monitor MIDD implementation and progress.
- At least 33,929 individuals (20,421 adults and 13,508 youth/children) received one or more MIDD-funded services during MIDD Year Six.
- In the south county region, MIDD clients identified as persons of color outnumbered those who were Caucasian/White.
- One in three MIDD clients with a Seattle zip code was known to be homeless. Also, one in three military veterans served was known to be homeless at their MIDD service start.
- Clients in outpatient substance use disorder treatment (N=2,997) reduced jail bookings by 72 percent over the long term.
- The percentage of adults in mental health treatment for at least three years (N=3,026) who had symptom improvement increased with each passing year, supporting the benefits of ongoing treatment (see Page 59).
- Significant reductions in Harborview Medical Center emergency department (ED) visits were seen for all 11 strategies eligible for long-term outcomes analysis.
- Strategy 1g—Older Adults Prevention screened nearly 5,000 clients over age 50 this period.
- Intensive services under Strategy 7b—Expand Youth Crisis Services helped more than 80 percent of youth in crisis remain at home. For hospital diversion, this rate was 54 percent.
- The job placement rate for those active in Strategy 2b—Employment Services was 31 percent, up from 20 percent previously.
- At exit, adult drug court housed 86 percent of clients with housing case management hours.
- Although MIDD clients who were African American/Black or listed multiple races had higher jail use rates, reductions over time in jail bookings/days were on par with other races.

Total Number of Individuals Served by Type of Service



Oversight Committee Membership Roster

Ann McGettigan, Executive Director, Seattle Counseling Service (Co-Chair)
Representing: Provider of culturally specific mental health services in King County

Johanna Bender, Judge, King County District Court Regional Mental Health Court and Regional Veterans Court Judge (Co-Chair)
Representing: District Court

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

Rhonda Berry, Chief of Operations
Representing: King County Executive

David Black, Residential Counselor, Community Psychiatric Clinic
Representing: Labor, representing a *bona fide* labor organization

Jeanette Blankenship, Fiscal and Policy Analyst
Representing: City of Seattle

David Chapman, Director, King County Department of Public Defense
Representing: Public defense

Merril Cousin, Executive Director, King County Coalition Against Domestic Violence
Representing: Domestic violence prevention services

Susan Craighead, Presiding Judge, King County Superior Court
Representing: Superior Court

Rod Dembowski, Councilmember, Metropolitan King County Council
Representing: King County Council

Nancy Dow, Board Member, King County Mental Health Advisory Board
Representing: Mental Health Advisory Board

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

Pat Godfrey, Board Member, King County Alcoholism and Substance Abuse Administrative Board
Representing: King County Alcoholism and Substance Abuse Administrative Board

Shirley Havenga, Chief Executive Officer, Community Psychiatric Clinic
Representing: Provider of mental health and chemical dependency services in King County

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

William Hayes, Director, King County Department of Adult and Juvenile Detention
Representing: Adult and Juvenile Detention

Mike Heinisch, Executive Director, Kent Youth and Family Services
Representing: Provider of youth mental health and chemical dependency services in King County

Darcy Jaffe, Chief Nurse Officer and Senior Associate Administrator, Harborview Medical Center
Representing: Harborview Medical Center

Norman Johnson, Executive Director, Therapeutic Health Services
Representing: Provider of culturally specific chemical dependency services in King County

Bruce Knutson, Director, Juvenile Court, King County Superior Court
Representing: King County Systems Integration Initiative

Donald Madsen, Director, Associated Counsel for the Accused
Representing: Public defense agency in King County

Linda Madsen, Healthcare Consultant for Community Health Council of Seattle and King County
Representing: Council of Community Clinics

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

Mark Putnam, Director, Committee to End Homelessness in King County
Representing: Committee to End Homelessness

Adrienne Quinn, Director, King County Department of Community and Human Services (DCHS)
Representing: King County DCHS

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

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

Mary Ellen Stone, Director, King County Sexual Assault Resource Center
Representing: Provider of sexual assault victim services in King County

John Urquhart, Sheriff, King County Sheriff's Office
Representing: Sheriff's Office

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

Oversight Committee Staff:
Andrea LaFazia-Geraghty, Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD)
Bryan Baird, MHCADSD

As of 9/30/2014

Dear Friend:

We are pleased to share results from the Mental Illness and Drug Dependency (MIDD) Implementation and Evaluation Summary for Year Six (October 1, 2013 – September 30, 2014). This is the MIDD Seventh Annual Report and features customized graphics that were created to enhance the readability and comprehension of materials presented herein. For example, throughout the report, you will see these new indicators for target success.

 **More than 85% of target**  **65-85% of target**  **Less than 65% of target**

Where outcomes data are now available to support conclusions over the longer term (three years after a person's MIDD services start), those findings are the primary focus of results presented on each strategy page. Similarly, the detailed findings shown in the appendices at the end of this report have a long-term focus. Strategies that began later do not have clients eligible for long-term outcomes yet. In those cases, shorter-term data and other indicators of progress are presented to inform readers about the contributions each strategy makes toward meeting the MIDD policy goals as stated on Page 3.

Equitable access to MIDD services for potentially underserved populations is another area of focus for the current MIDD report. For example, the regional distribution of clients in Strategy 1d—Crisis Next Day Appointments is graphed on Page 16 against the geographical distribution of King County residents estimated to live below the poverty line. On Page 29, client race for youth served in Strategy 5a—Juvenile Justice Assessments is juxtaposed against the expected percentages based on King County poverty estimates. Service delivery for transition age youth is mapped on Page 50. Jail outcomes by race and gender begin on Page 65.

To help contextualize jail use changes over time that are reported for many MIDD strategies, our evaluators found that average annual changes in overall King County jail bookings (both MIDD and non-MIDD together) ranged from an eight percent reduction (from 2008 to 2009) to a two percent increase (from 2012 to 2013). In contrast to a Seattle Times article published in May 2014 reporting a 51 percent drop in King County jail bookings (from October 2006 to September 2013), MIDD evaluators found a combined drop in county and municipal jail bookings of 38 percent for the same time period. In the current MIDD analysis, about 27 percent of all jail episodes counted were from municipal and regional jails within King County. The rest were from jails operated by the county.

As you read this 2013-2014 report, keep in mind that the current MIDD plan is set to expire on January 1, 2017. Planning for renewal of this important revenue source will be a top priority over the year ahead. Success stories like the ones on Pages 26 and 36 remind us why so many support the MIDD and are excited about the lives it can touch in the future.

Ann McGettigan
Executive Director, Seattle Counseling Service
Co-Chair

Johanna Bender
Judge, King County District Court
Co-Chair

Acknowledgments

Thank you to the citizens of King County, the elected officials of King County, the MIDD Oversight Committee and Co-Chairs, and the many dedicated providers of MIDD-related services throughout King County. As always, a special thank you to those willing to share their personal experiences and photos in this report.

Oversight Committee Meetings and Actions

The MIDD Oversight Committee (OC) met five times during the sixth year of the MIDD to monitor program implementation and progress. Members of the committee cumulatively contributed 110 hours of service during OC meetings. A Crisis Diversion Services subcommittee also met regularly throughout 2013 and 2014 for a combined total of six additional meetings with 19 cumulative hours for members and 36 cumulative hours for non-members.

MIDD Year Six Strategy Updates Provided to the OC

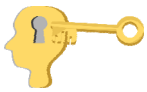
Strategy 1c

Emergency Room Intervention

Strategy 1f
Parent Partners Family Assistance


Strategy 10a

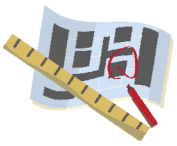
Crisis Intervention Team Training

Strategy 11b
Mental Health Courts


Key Issues Discussed at OC Meetings During MIDD Year Six


2014 Statewide Legislative Priorities


Medicaid Enrollments with Healthcare Reform


MIDD Fund Renewal Planning


Impact of State Budget Cuts

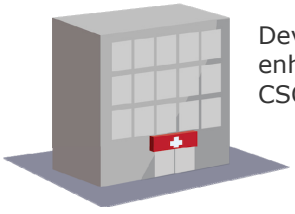

The State Supreme Court Decision to Ban Psychiatric Boarding

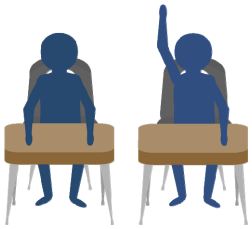
The Crisis Diversion Subcommittee Provided Additional Oversight

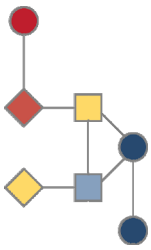
Throughout MIDD Year Six, this subcommittee met to track information relevant to enhancing the use of both Strategy 10a - Crisis Intervention Team (CIT) Training and 10b - Adult Crisis Diversion. Meeting notes documented the following accomplishments during the current period.


Increased discharge collaboration between the Crisis Solutions Center (CSC) and community partners


Fielded a request from the King County Police Chiefs to create a "Frequently Asked Questions" document (available on the King County website) and training video about the CSC


Developed a care coordination form to enhance communication between the CSC and Harborview Medical Center


Clarified that the one day CIT training is open to non-law enforcement personnel if space is available (Not to exceed 50 total participants per class)


Finalized updates to the "Protocol of Law Enforcement Referrals to the CSC" and shared this document with the local Neighborhood Advisory Committee


Agreed to help the Seattle Police Department (SPD) meet their U.S. Department of Justice consent decree by the end of 2014, making one day CIT trainings available for all SPD law enforcement officers who had not already completed the more extensive 40-hour CIT training

Analysis of MIDD Outcomes

Process to Examine Outcomes

Data from MIDD participants allows analysis of changes in system utilization and/or symptoms over time.

Patterns suggest relationships between measured variables without implying causation.

Outcomes eligibility for a given time period depends on strategy participation, start date, passage of time, and matching within jail, hospital, and other data sources.

To prevent bias toward showing either reductions or increases in system use, buffers are applied around "index" events (jail or hospital use) associated with a MIDD service start.

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1 year The pre period (Pre) is the year-long interval before an individual's first MIDD start date per strategy.

The first post period (Post 1) is the one-year span after their MIDD start date or release from their "index" event.

The second post period (Post 2) is the year after the first anniversary of MIDD service initiation.

The third post period (Post 3) is the year following the second anniversary of a person's MIDD start date.

Types of Outcomes Measured

Jail data includes bookings and days from King County and municipal sources.

Psychiatric hospital admissions and days include Western State Hospital and community inpatient psychiatric facilities.

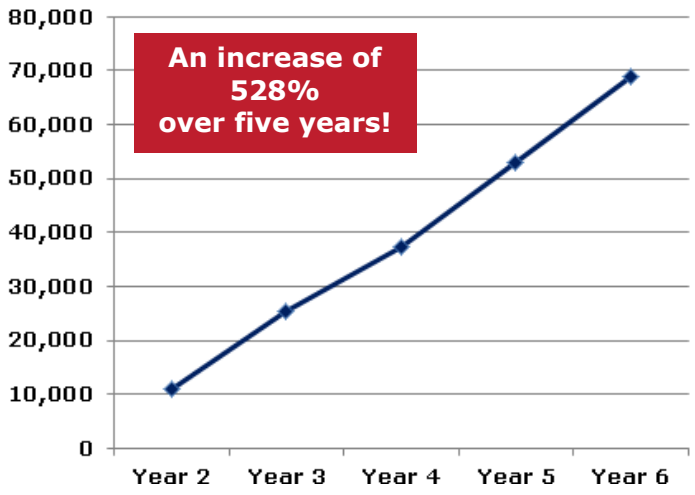
Emergency department visits are from Harborview Medical Center in Seattle.

Treatment linkages rely on King County (mental health) and Washington State (substance use disorders) databases.

Symptom reduction measures differ by strategy. Service providers collect data using standardized tools.

Education, jobs, and housing status at exit are tracked by programs for some strategies, but not all.

The Exponential Growth in Number of MIDD Outcomes Records Over Time



Relevant outcomes findings are presented on individual strategy pages. See the table and graphs on Pages 60 to 64 for detailed long-term results that compare strategies side-by-side.

Incidence of Jail Utilization by Strategy

Where jail use is tracked as an outcome, the **number of MIDD participants out of 10** who had any jail bookings in King County during their pre or first post period is shown by strategy below.

Lower Incidence of Jail Use

Strategy 7b
Expand Youth Crisis Services

Strategy 1a-1
Mental Health Treatment

Strategy 6a
Wraparound

Strategy 1c
Emergency Room Intervention

Strategy 10b
Adult Crisis Diversion

Strategy 1d
Crisis Next Day Appointments

Moderate Incidence of Jail Use

Strategy 16a
New Housing & Rental Subsidies

Strategy 1a-2b
Opiate Treatment Program

Strategy 12b
Hospital Re-Entry Respite Beds

Strategy 1b
Outreach & Engagement

Strategy 3a
Supportive Housing

Strategy 1a-2a
Outpatient Substance Use Disorder Treatment

Strategy 8a
Family Treatment Court

Higher Incidence of Jail Use

Strategy 12c
Psychiatric Emergency Services Linkage

Strategy 5a
Juvenile Justice Assessments

Strategy 9a
Juvenile Drug Court

Strategy 11a
Increase Jail Liaison Capacity

Strategy 12a
Jail Re-Entry & Education Classes

Strategy 11b
Mental Health Courts

Strategy 12d
Behavior Modification Classes

Strategy 15a
Adult Drug Court

Note that Strategy 4c - School-Based Services has been excluded from the infographic as the incidence rate for strategy youth detained in King County is nearly zero. A very low incidence of jail use within certain MIDD strategies indicates that other outcomes may be more appropriate to measure success.

Use of Other Systems by Strategy

Psychiatric Hospitalizations

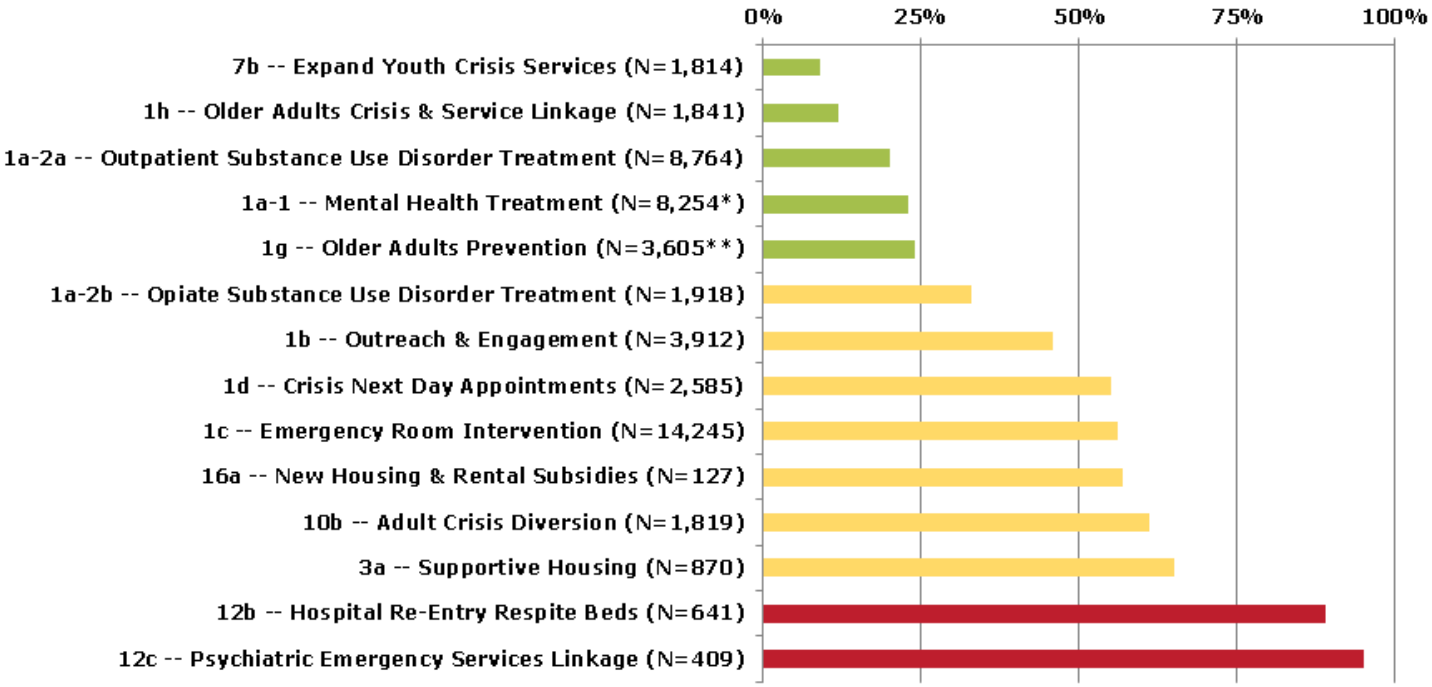
The grid below shows the number and percent of eligible MIDD participants by relevant strategy who had publicly-funded admissions at Western State Hospital or community inpatient psychiatric facilities during either their pre or first post period. **Colors denote relative incidence rates: green (lower), yellow (moderate), and red (higher).**

MIDD Strategy Number and Name		Sample Size	Western State Hospital	Community Inpatient Hospitals
1b	Outreach & Engagement	3,912	29 (1%)	186 (5%)
1h	Older Adults Crisis & Service Linkage	1,841	<20 (1%)**	154 (8%)
12b	Hospital Re-Entry Respite Beds	641	<20 (0%)**	77 (12%)
1a-1	Mental Health Treatment*	8,254	123 (1%)	1,080 (13%)
7b	Expand Youth Crisis Services	1,814	<20 (0%)**	320 (18%)
1d	Crisis Next Day Appointments	2,585	37 (1%)	456 (18%)
3a	Supportive Housing	870	73 (8%)	159 (18%)
12c	Psychiatric Emergency Services Linkage	409	32 (8%)	130 (32%)
10b	Adult Crisis Diversion	1,819	69 (4%)	607 (33%)
16a	New Housing & Rental Subsidies	127	45 (35%)	75 (59%)

* Includes 351 served in clubhouse programs. ** Results have been suppressed if fewer than 20 cases.

Emergency Department Admissions

The graphic below shows the portion of eligible MIDD participants by relevant strategy who had admissions to Harborview Medical Center's Emergency Department during their pre or first post period. Strategies are ordered from lowest use incidence to highest.



* Includes 351 served in clubhouse programs. ** Includes only those with services beyond initial screening.

Community-Based Mental Health and Substance Use Disorder Intervention Strategies

Issues Impacting Behavioral Health Care and the Workforce

The Affordable Care Act (ACA) and More Changes Ahead

In its Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues (January 2013), the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) wrote about the importance of having an adequately qualified workforce to meet the current and future workforce demands of the addiction field. With the implementation of the ACA in January 2014, the future is now. More clients than ever before have coverage for mental health care and substance use disorder (SUD) treatment. The influx of these newly eligible people comes at the same time as "advancements in research, demand for outcomes and quality improvements, and the empowerment of people in recovery are contributing to changes in practice and the workforce." As pressure builds to adopt more evidence-based practices, to foster recovery-oriented, person-centered interventions, and to integrate behavioral health with primary care, the MIDD is on the cutting edge of the adoption curve.

More Projects Funded Under Strategies 1a-1 and 1a-2

As treatment access becomes less of a barrier with increased Medicaid accessibility, some funds in two MIDD treatment strategies have freed up to provide other services not covered by federal or state government. Examples of current projects are clubhouse memberships for persons with mental illness and urinalysis tests for those in recovery from SUD. Page 13 lists other funded projects.

Competent Professionals Emerge from Strategy 1e

Research-backed practices such as motivational interviewing and advanced clinical supervision have been woven into the fabric of King County's SUD treatment community through trainings funded by the MIDD's workforce development strategy. Funds to provide clinical supervision were added in 2014 (see Page 17).

Strategy 1g Integrates Behavioral Health Wellness with Primary Care

Screening for depression, anxiety, and SUD during routine medical care visits is an important first step toward full integration of health care, as shown on Page 19.

Strategy 2a Encounters Challenges Keeping Pace with Expanding Caseloads

Funding is available for mental health agencies contracting with King County to hire additional staff in an effort to keep staff-to-client ratios at reasonable levels. For reasons such as burnout, stress, low compensation, and increased credentialing requirements, however, behavioral health care workers are not always readily available for hire. Many advertised positions remain unfilled for months and these staff vacancies impact both the quantity and quality of services delivered. Additional information is provided on Page 21 .

Strategy 1a-1

Mental Health Treatment

Increase Access to Community Mental Health Treatment

This strategy provides treatment funding for individuals who meet clinical and financial criteria for services, but are otherwise Medicaid-ineligible. By providing continuous access to mental health (MH) services during Medicaid eligibility changes, costly disruptions to successful treatment and recovery are prevented. Twenty licensed community MH agencies delivering highly-individualized, consumer-centered services in outpatient settings have access to this vital fund source. Beneficiaries include uninsured King County residents of all ages.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
2,400 clients/yr	**2,381**	**736**	**3,117**	**130%**	

Service Highlights

Medicaid expansion under the Affordable Care Act partially accounted for a 29 percent decline in the number of people who received MIDD-funded MH treatment during MIDD Year Six. At least 378 people who were newly eligible for Medicaid in 2014 had a MIDD benefit in 2013. Across King County's MH system, a total of 5,096 newly-eligible clients were enrolled in Medicaid case rate benefits in calendar year 2014.

Participation in non-Medicaid clubhouse services at HERO House and Wallingford House remained fairly steady with 323 total participants funded by MIDD, 18 percent of whom also had MIDD MH benefits. Clubhouses provide educational, vocational, and social activities for adults recovering from mental illness.

Long-Term Outcomes

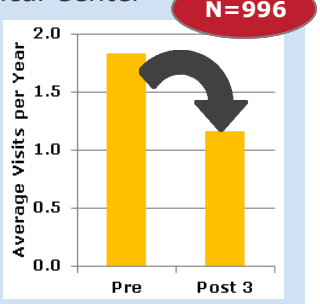
As shown on Page 9, jail use by Strategy 1a-1 participants is quite low. For 606 eligible cases, long-term jail outcomes were studied in relation to various service patterns. Results showed no real service impact on changes in jail bookings or days over time. Service patterns compared were: single year only, intermittent, and continuous benefits. Low baseline use by the full sample may have contributed to a lack of differences between the groups compared. Gender was a factor only slightly influencing changes in jail use (see Page 66). Average days for men in the third year post matched days for women prior to MIDD treatment.

Average Jail Days Twice as High for Men

	Pre Period	Third Post Period
N	Average	Average
465 Men	44	21
141 Women	21	10

Services were coded for start dates prior to October 2010. Community inpatient psychiatric days were reduced over a four year span by 90 percent for those with a single year only benefit (N=142), by 73 percent for those with continuous benefits (N=198), and by 64 percent for those with intermittent benefits (N=56). Services often depend on client need.

Harborview Medical Center emergency department admissions were reduced by 36 percent over the long term for clients who began services prior to October 2011.



Symptom reduction findings are shown in Appendix II on Page 59.

Strategy 1a-2

Substance Use Disorder Treatment

Increase Access to Community Substance Use Disorder Treatment

Assessment, individual and group counseling, and case management are all units of substance use disorder (SUD) treatment for adults in outpatient (OP) settings. Treatment for youth includes all of these components, plus urinalysis. Individuals enrolled in opiate treatment programs (OTP) typically receive daily dosing of medications such as methadone in combination with other treatment support. More than 30 provider agencies participated in delivering these services.

Year 6 Target	New in Year 6	Percent of Year 6 Target	Target Success Ratings
50,000 adult OP units	**30,366 adult OP units**	**61%**	
4,000 youth OP units	**3,829 youth OP units**	**96%**	
70,000 OTP units	**53,791 OTP units**	**77%**	

Service Highlights

Treatment for SUD was made possible for 2,729 people this period; 1,958 in OP programs, 767 in medication-assisted OTP, and four in both. This represents a 13 percent decline from the number of people tracked in the prior year. Total treatment units purchased were down 29 percent, likely due in part to Medicaid expansion, availing the funds for other purposes.

Other items funded under Strategy 1a-2 included: 1) copays and deductibles for some newly insured individuals, 2) medication assistance for certain people in detoxification or inpatient services, 3) outreach performed by SUD treatment providers, 4) urinalysis testing not funded by Medicaid, and 5) case management at the 1811 Eastlake Project that serves 75 formally homeless individuals with chronic alcohol addiction.

Finding SUD Treatment that Works

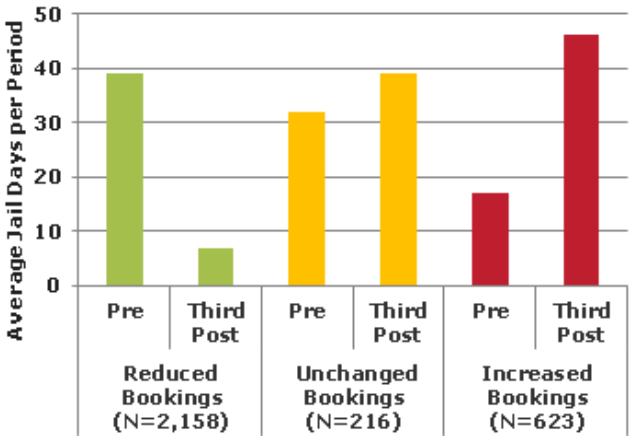
Relapse rates for addictions are roughly the same as for hypertension, diabetes, and asthma; 50 percent relapse within six months of treatment. With chronic illness, the goal is typically good management, rather than being "cured." Programs that include evaluation, acute care, outpatient care, and ongoing monitoring over five years are purported to show the fewest relapses for those with SUD.

Source: http://www.behavioral.net
Integration Demands Highest Standard of Care

Long-Term Outcomes

Analysis of long-term jail use showed that 72 percent of those in OP treatment (N=2,997) reduced jail bookings compared to 62 percent in OTP (N=484). As shown below, average days in jail declined by 32 days for those in OP who reduced their jail bookings, while days increased by 29 for the smaller group of clients whose bookings increased. For all three groups combined, average days in jail were cut in half from 34 (Pre) to 17 (Post 3).

Outpatient SUD Treatment Associated with Reduced Jail Days for Most Clients



Statistically significant long-term reductions in Harborview emergency department admissions were recorded for both OP settings (-25%) and OTP care (-21%). Data on the average number of visits over the long term for all relevant strategies are shown on Page 60.

Strategy 1b

Outreach & Engagement

Outreach and Engagement to Individuals Leaving Hospitals, Jails, or Crisis Facilities

Through a partnership with Public Health—Seattle & King County (PHSKC), PHSKC's Healthcare for the Homeless, and other providers, individuals coping with chronic homelessness, mental illness, and addictions are engaged by outreach workers to be linked with various community service providers. Engagement efforts employ principles of motivational interviewing, trauma-informed care, and harm reduction. Outreach is prioritized for those leaving hospitals and jails.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
675 clients/yr	**540**	**556**	**1,096**	**162%**	

Service Highlights

Strategy 1b continues to attract matching funds. As a result, four diverse providers were able to expand their outreach efforts beyond the stated targets. Despite shorter waiting lists for opiate treatment programs, PHSKC's Needle Exchange provided MIDD outreach for two-thirds of all unduplicated people seen in this period.

Two other providers contracted by PHSKC with funding for 4.6 full-time equivalent behavioral health outreach specialists reported success in:

- Enrolling clients in Medicaid with certified In-Person Assistors on the team
- Removing transportation barriers for clients through provider mobility, and
- Engaging isolated and disconnected clients who have limited resources.

The fourth outreach provider experienced a staff vacancy for most of 2014.

Housing Secured for Wary Clients

At the Chief Seattle Club, a day center serving Native Americans in the Pioneer Square neighborhood of Seattle, MIDD staff helped to house 12 clients in 2014, many of whom had been homeless for decades. Barriers to securing housing for these clients included alcohol addiction, criminal histories, and severe past traumas.

Long-Term Outcomes

The long-term reduction in average jail days for clients with any jail use in the outcomes study period (N=1,051) was 25 percent, from 32 days (Pre) to 24 days (Post 3). Of the 1,253 people eligible for jail stabilization analysis, over half reached zero jail bookings by their third post period. See Page 61 for an explanation of stabilization analysis and to see how this strategy compares with other strategies.

Despite a low incidence of psychiatric hospitalizations for those served by Strategy 1b as shown on Page 10, about 75 percent of those with system usage had reached zero visits to community inpatient psychiatric hospitals and Western State Hospital by the third year after their MIDD start date.

Visits to Harborview's emergency department were reduced by only 17 percent over the long term for the outcomes-eligible sample (N=1,097). This seemingly small difference was statistically significant, however, looking at changes within individuals over time.

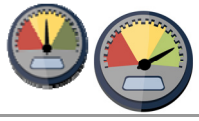
Links within a year of their MIDD start date to publicly-funded treatment were confirmed for over 2,000 of the 3,912 Strategy 1b clients who began services prior to June 2013: 282 for mental health, 1,329 for substance use disorders, and 407 for both.

Strategy 1c

Emergency Room Intervention

Emergency Room Substance Abuse Early Intervention Program

Screening, Brief Intervention, and Referral to Treatment (SBIRT) provides an evidence-based universal prevention practice to engage persons at early risk for substance use disorders. The MIDD supports SBIRT for patients who are admitted to three selected emergency departments (ED). Key tenets of the SBIRT approach include: Raising the subject (establishing rapport and asking to discuss the patient's alcohol/drug use), providing feedback (sharing the results of the screening), enhancing motivation through brief intervention, and assisting the individual with a treatment referral if needed.

Year 6 Target (Adjusted)	New in Year 6	Percent of Year 6 Target	Target Success Ratings
4,000 screens/yr **2,688 brief interventions/yr**	**2,584 screens** **2,869 brief interventions**	**65%** **107% (Adjusted)**	

Service Highlights

The unduplicated number of people who received MIDD-funded SBIRT services in MIDD Year Six was 2,424; a 37 percent decline from the number reported a year ago. The performance measurement targets were adjusted due to lingering staff vacancies at one provider agency. Rather than eight staff for the strategy, only five positions were filled through most of 2014.

The table below illustrates the preventive nature of this intervention strategy. Out of 2,877 SBIRT encounters this period, the primary presenting problem at ED admit was "medical" in 71 percent of all cases. In other words, substance abuse risk was usually not evident when initiating SBIRT.

Universal Assessment Guides SBIRT Plan

Primary Presenting Problem at ED Admit	N	%
Medical	2,026	71%
Drugs or Alcohol	436	15%
Acute Intoxication	241	8%
Mental Health	77	3%
Suicidal Ideation	60	2%
Other	37	1%

If this strategy is revised in 2015, it will be expanded to primary care settings.

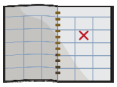
Long-Term Outcomes

Only two of every ten SBIRT clients eligible for outcomes had any jail use in the year leading up to their service encounter at a local hospital or in the year afterwards. Of the 2,086 people served prior to October 2011 who had contact with the justice system, average days spent in jail declined 16 percent from 31 (Pre) to 26 (Post 3). However, Strategy 1c ranked 19th out of the 20 strategies or substrategies assessed in the percentage of individuals who reduced their jail bookings over the long term (58% versus a high of 78%). See the graph on Page 62 for more information.

Excluding visits to Harborview's ED associated with SBIRT services, 3,832 people had non-SBIRT visits in either their pre or third post period. The reduction in average visits per year from 2.5 (Pre) to 1.7 (Post 3) was statistically significant.

One in five clients (of the 14,245 eligible) was linked to the public sector substance abuse treatment system within a year of SBIRT services.

Strategy 1d



Crisis Next Day Appointments

Mental Health Crisis Next Day Appointments and Stabilization Services

State-funded crisis stabilization services, including next day appointments (NDAs), are enhanced with MIDD funding to provide additional services such as psychiatric medication evaluations. Following a mental health (MH) crisis, highly-trained medical professionals perform these face-to-face reviews of the need for medications, medication adjustments, and side effect/symptom management. These "medical services" may also be provided in consultation with primary therapists or case managers. For the purposes of MIDD evaluation, medical services serve as a proxy to estimate the number of clients receiving various types of enhanced services.

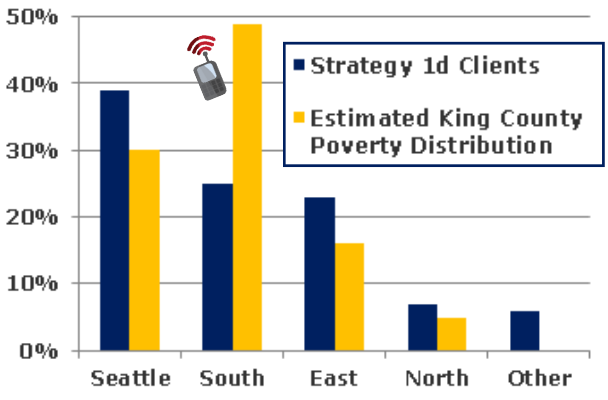
Year 6 Target (Adjusted)	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
285 clients/yr with enhanced services	**23**	**236**	**259**	**91% (Adjusted)**	

Service Highlights

A partial restoration of state funding for NDAs began in 2014, but not in time for King County to ramp up enhanced services and re-adjust performance targets back to the original level of 750 clients per year. In 2015, the capacity to deliver "enhanced" adult crisis stabilization services should be greatly improved as funding for the core services is released to providers.

The regional distribution of the 259 people served this period is graphed below against the geographical distribution of King County residents estimated to live below the poverty line.* The south region had fewer people served than would be expected.

South Region May Need More Services



* Source: city-data.com

Long-Term Outcomes

The average reduction in jail days for the 327 people who reduced their jail bookings between the pre and third post period was 44 days (from 54 to 10). These gains were offset, however, by the 192 people whose bookings went up or stayed the same. Their average time in jail rose by 30 days (from 19 to 49). The combined reduction over the long term was 17 average jail days (-41%).

One in five Strategy 1d clients with any jail use reduced their jail bookings to zero in all three post periods following their MIDD service. Altogether, 65 percent reached zero bookings by their third post period.

A total of 276 people qualified for analysis of long-term psychiatric hospitalization outcomes. Prior to their MIDD service, this group averaged 12 days per year in community inpatient hospitals. By their third post period, those hospital days had been reduced to an average of seven.

Harborview emergency department admissions declined on average by 56 percent over the long term, from nearly two per year to less than one.

Strategy 1e

Chemical Dependency Trainings

Chemical Dependency Professional (CDP) Education and Training

A workforce development plan was adopted in 2010 to incorporate evidence-based practices throughout King County's substance use disorder treatment system. The plan involves training CDPs and CDP trainees (CDPTs) in motivational interviewing, then ensuring fidelity to this and other treatment models using clinical supervision with performance feedback/coaching. Funding also reimburses expenses incurred earning or renewing CDP or Certified Prevention Professional (CPP) credentials.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Ratings
125 reimbursed trainees/yr	**169**	**172**	**341**	**273%**	
250 workforce development trainees/yr	**N/A**	**369**	**369**	**148%**	

Service Highlights

Reimbursement of costs associated with CDPT, CDP, or CPP education and certifications totaled $162,000 in MIDD's sixth year. This figure was slightly less than the previous year, but the strategy continues to outperform its target by nearly threefold as it has done for the past four years. In 2014, $180,000 was also paid out for clinical supervision of CDPTs.

With 30 different agencies participating in the program, about half of the 341 unique professionals benefitting this period had also received reimbursements in at least one prior year.

The Northwest Frontier Addiction Technology Transfer Center delivered 24 trainings this year. Classes were attended by 369 people, 38 percent of whom were persons of color. The course titles for 2014 remained focused on motivational interviewing, clinical supervision, and treatment planning.

Nearly Half of CDPTs Became CDPs

Since MIDD funding began, 127 out of 303 CDPTs (42%) gained their CDP credentials. Of the 393 professionals with at least one Strategy 1e reimbursement, 217 (55%) had other mental health or counseling credentials.

Current Year Outcomes

Evaluations are conducted immediately following each training and again 30 days after course completion. The 30 day follow-up rate was 54 percent during this period. Training feedback continues to be extremely positive at both of these check points. As shown in the samples below, responses varied by course topic when trainees were asked, "What about the training was most useful in supporting your work responsibilities?"

Motivational Interviewing: Effective listening. Mindfulness. Staying focused on the client. Using discord as an opportunity for growth.

Treatment Planning: Specific standards for quality treatment plans and what auditors are looking for.

Clinical Supervision: Role-playing and practicing the skills learned. Framework for supervision, professional development plans, and corrective actions.

Suggestions for improvement included adding a cultural component to the trainings and offering more skills practice time during class.

Strategy 1f
Parent Partners Family Assistance

Parent Partner and Youth Peer Support Assistance Program

A family support organization, Guided Pathways—Support (GPS) for Youth and Families, was developed in 2012 to provide services for families by families. The GPS program serves King County families with children or youth experiencing serious emotional or behavioral problems and/or have substance abuse issues. The primary purpose of this organization is to empower families with information and support to promote self-determination and family well-being.

Year 6 Target (Adjusted)	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
200 clients/yr during start-up	**17**	**120**	**137**	**69% (Adjusted)**	

Service Highlights

The GPS organization provided individual services as counted toward performance measurement to 137 unduplicated clients in MIDD Year Six. Most of these cases involved delivering one-to-one parent support. The program engaged nearly 2,000 more parents and youth through classes, group events, and outreach activities held countywide. Examples of classes offered by GPS in 2014 were:

- A Parent's Map to Person-Centered Planning
- Individual Educational Program (IEP) Basics
- Parenting a Child with Difficult Behaviors
- Obsessive Compulsive Disorder and Family Survival Plans
- Recognizing Depression and Seeking Help for Your Child
- Tips for Parenting Oppositional Teens
- Reactive Attachment Disorder—What's a Parent to Do?
- Spiritual Paths to Family Healing.

Other successful events held throughout the year and across the region included:

Events	Attendees
Movie and Conversation Nights	91
Family Wellness Retreat	50
The GPS Youth Forum	33
Family Game Night	20

Board Actions

December 2013: The GPS Board of Directors voted unanimously to become a Chapter of the National Federation of Families for Children's Mental Health.

April 2014: A retreat was held by the Board to complete its strategic planning process and to begin a rough draft of the 2014-2017 Strategic Plan.

May 2014: The Board reaffirmed its commitment to do outreach and build relationships with King County's faith communities.

July 2014: The 2014-2017 Strategic Plan was approved and released to staff for operationalization.

September 2014: The board is again comprised of 11 members, after confirmation of a new board member this month.

GPS Increases Its Visibility

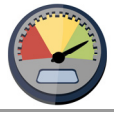
The work of GPS is increasingly visible at the local and national level. The Executive Director of GPS is now a member of the King County Uniting for Youth Executive Team, bringing the voice of families and youth to that group. GPS staff and board members were also selected to present their work at the 2014 National Federation of Families for Children's Mental Health Conference in Washington D.C.

Strategy 1g

Older Adults Prevention

Prevention and Early Intervention Mental Health and Substance Abuse Services for Adults Age 50+

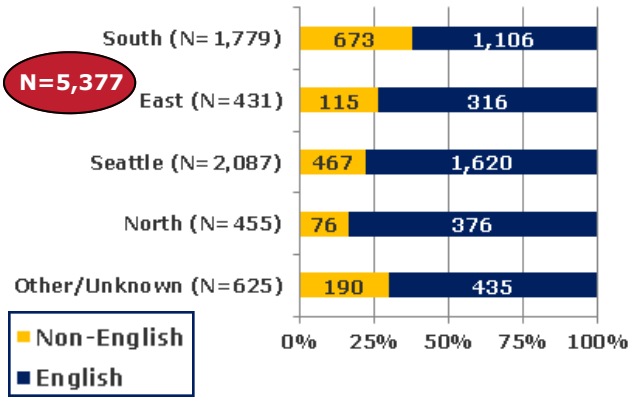
Older adults receiving primary medical care through a network of "safety net" clinics have access to screening for depression, anxiety, and substance use disorders (SUD). When needed, short-term behavioral health interventions are made available for both uninsured and underinsured individuals who are aged 50 or older. This strategy continues to lead healthcare integration efforts and serves as a model for incorporating behavioral health care into primary care settings.

Year 6 Target (Adjusted)	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
2,196 clients/yr	**2,461**	**2,431**	**4,892**	**223% (Adjusted)**	

Service Highlights

The number of clients screened or served by Strategy 1g continued to climb with another 16 percent increase to 4,892 unduplicated individuals for the current period. In 2014, six new clinic sites were added to the provider list, three in the south region of the county, two north, and one east. The regional distribution and primary language for 5,377 cases completed or remaining open during MIDD's sixth year are shown below. Note that multiple records per person are possible if they are served again after exiting or are served at more than one site.

38 Percent of South County Clients Spoke a Primary Language Other than English



Spanish was the primary language for 497 cases, followed by Vietnamese (224), Cantonese (123), Punjabi (72), Russian (57), and many more. Interpretation services are available to clients.

Long-Term Outcomes

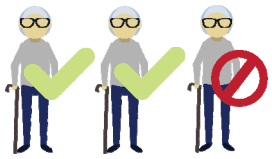
Strategy 1g services were coded for 9,682 screened cases with start dates prior to July 2012, as follows:

No Treatment Needed	3,075	32%
Declined Treatment	3,003	31%
Engaged in Treatment	3,604	37%

Males (59%) were more likely to engage in treatment than females (51%), and those under the age of 55 (60%) were much more likely to engage than those over 65 years (40%).

Previous analysis found Harborview Medical Center emergency department (ED) reductions to be about the same for both screen-only clients and those engaged in treatment. For this reason, a decision was made in August 2014 to restrict future analysis of ED outcomes to strategy participants who had engaged in services beyond their initial screening. Visits to the ED were reduced significantly by 29 percent for the 505 engaged clients with ED use over the long term, from 1.7 (Pre) to 1.2 (Post 3).

Two out of every three people with at least one ED admission over a four year period (N=690) had reduced their use to zero by the third post period. See the graph on Page 63.



Strategy 1h

Older Adults Crisis & Service Linkage

Expand Availability of Crisis Intervention and Linkage to Ongoing Services for Older Adults

The Geriatric Regional Assessment Team (GRAT) delivers community-based crisis intervention services for adults aged 60 and older. In response to calls from police, other first responders, and other community referents, the team is deployed countywide to assess those in crisis and connect them with appropriate service providers. The GRAT often helps divert individuals from hospitals and evictions. With MIDD funding, the team has hired additional geriatric specialists to serve more clients in a timely manner and has increased collaboration with law enforcement and King County Designated Mental Health Professionals.

Year 6 Target (Adjusted)	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
258 clients/yr	**64**	**379**	**443**	**172% (Adjusted)**	

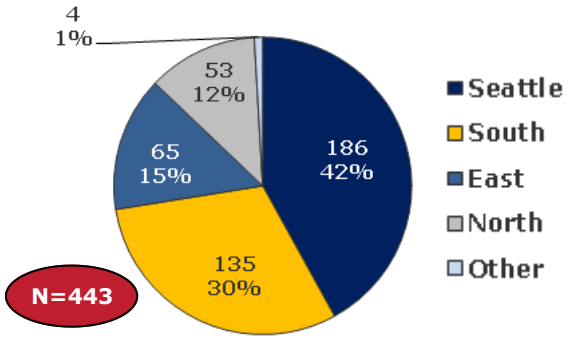
Service Highlights

The GRAT continues to be staffed with fewer positions than the original MIDD Plan intended, so targets have been adjusted accordingly. Please see Performance Measures by Strategy Category in the appendix on Page 56 for more information.

From October 2013 through September 2014, the GRAT reported receiving 552 new referrals and admitting 431, an admit rate of 78 percent. The unduplicated number of individuals for whom demographic information was available this period was 443 and includes all people with a service in the period, regardless of referral date.

Clients in all regions of King County are served by the GRAT as shown below. In the north region, they served at a rate more than double the estimated King County poverty distribution of five percent.

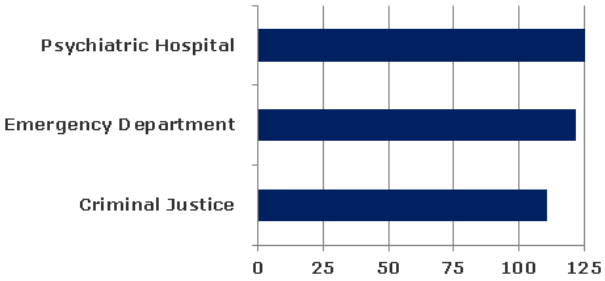
All County Regions Are Served by GRAT



Long-Term Outcomes

With improved documentation of client diversions from costly alternatives, the GRAT was able to show nearly ten clients per month diverted away from psychiatric hospitals, emergency departments (ED), and criminal justice issues. A year ago these figures ranged from two to three diversions per month.

Diversions Rose Threefold in MIDD Year Six



Harborview ED admissions declined, on average, by 67 percent for the 105 clients eligible for long-term outcomes, from 1.7 (Pre) to 0.6 (Post 3).

Only 27 Strategy 1h clients were eligible for long-term analysis of community inpatient psychiatric hospital outcomes. In this small sample, they averaged nine days hospitalized during the pre period and two weeks in their third post. This increase was not statistically significant.

Strategy 2a
Workload Reduction

Workload Reduction for Mental Health

The workload reduction strategy was designed to increase the number of direct services staff in participating community mental health (MH) agencies. By funding more or different staff positions, overall caseload size can be reduced to improve the frequency and quality of services delivered to clients. This strategy is now aligned with goals of the Recovery and Resiliency-Oriented Behavioral Health Services Plan adopted in King County through Ordinance 17553 in April 2013.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
16 agencies participating	**16**	**0**	**16**	**100%**	

Key Issues Impacting Caseload Size

The evaluation matrix for MIDD Strategy 2a states that agency-specific plans for reducing workloads will be developed and implemented to address variations in agency size, case mix, and workload allocation among agency staff. The primary focus of this initiative was to increase the number of direct services staff and improve services delivered to individuals in recovery for mental health issues. Evaluation was based on whether staff-to-client ratios went up, stayed the same, or went down.

Site visits and county audits in 2014 found evidence that a number of agencies had been unable to fill staff positions as indicated in their agency plans. A contract amendment went out to participating agencies that clarified the requirements of the original workload reduction plan, including how to track full-time equivalent (FTE) staff in a system that is set up primarily to provide case rate* reimbursements. In August, all participating agencies were asked to update their plans for 2015, most of which were originally written in 2008 and revised in 2011 when more funding was allocated to this strategy.

Two key issues have impacted agency caseloads, despite the availability of MIDD monies to alleviate out-of-control growth: 1) the recent influx of newly eligible clients through the Affordable Care Act (ACA), and 2) the long-standing challenges of hiring and retaining qualified staff to provide care within our mental health system.

ACA Client Influx

A tracking report showed that 113,393 people in King County became newly eligible for mental health services under Medicaid expansion in 2014. Over 5,000 of these newly eligible clients had enrolled in a Medicaid case rate MH benefit by the end of the calendar year. One agency expanded by 1,608 clients.

Staffing Challenges

Major factors impacting the recruitment, retention, and distribution of the mental health workforce include:

- High staff turnover
- Skilled worker shortages
- Aging workforce
- Inadequate compensation, and
- Misperceptions and prejudice about mental illness.

Source: http://store.samhsa.gov/
Search on: PEP13-RTC-BHWORK

More on Page 11

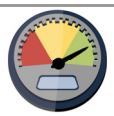
* Case rate is a pricing method whereby a flat amount of money covers a defined group of services.

Strategy 2b

Employment Services

Employment Services for Individuals with Mental Illness and Substance Use Disorders

Supported employment (SE) programs provide dedicated staff to help individuals enrolled in community treatment agencies find and maintain competitive-wage jobs. Following the evidence-based SE model developed at Dartmouth College, these programs focus on zero exclusion, rapid and individualized job searches, customized community-based job development, and post-employment support.

Year 6 Target (Adjusted)	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
700 clients/yr	**436**	**499**	**935**	**134% (Adjusted)**	

Service Highlights

As in past years, nine agencies operated SE programs to benefit individuals in treatment for mental illness who desire to work as part of their recovery. The number of clients served per agency ranged from 44 to 188 in the current reporting period, for a total of 935 unduplicated job seekers. See Page 55 for a list of all MIDD contractors.

The funding model requires that the Washington State Division of Vocational Rehabilitation (DVR) serve as first payee for all outcomes-based payment points beyond the initial engagement for which MIDD pays. Since the DVR has strict eligibility requirements, MIDD funds are available to make subsequent payments when charges are denied by DVR for reasons such as client symptomatology or substance use.

The table below shows payment amounts billable by agencies upon documentation of job outcomes and various levels of retention per client.

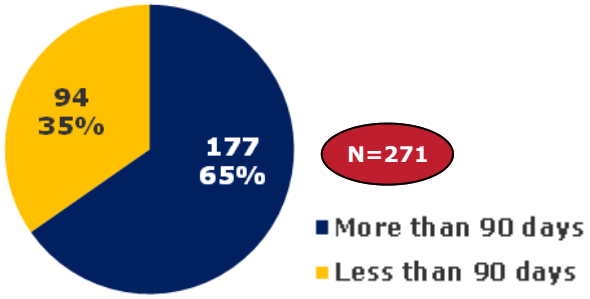
Outcomes-Based Payment Point	2014 Amount
Enrollment/Vocational Assessment	$750
Competitive First Job Placement	$3,500
Competitive Second Job Placement	$2,000
90-Day Retention	$2,500
180-Day Retention	$2,000
270-Day Retention	$1,500

Outcomes

Outcomes were tracked for 885 people who had at least one SE service during the previous MIDD year, regardless of when they initially enrolled in the program. Vocational assessments, or career profiles, were completed for most clients over two or three sessions to help guide the job hunt process.

A total of 271 people (31%) had one or more job placements before October 2014. This employment rate is consistent with that reported one year ago, up from 20 percent or less in prior MIDD years. Jobs were retained more than 90 days for 177 employed clients (65%), and one in four retained their job for nine months or more.

More Jobs Were Kept Longer than 90 Days



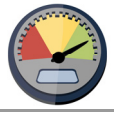
Service counts were significantly related to outcomes. Those with jobs averaged 24 service contacts per year vs. only 13 for those who remained unemployed. Similarly, longer retentions were associated with more service contacts (29 vs. 20 for shorter retentions) in the first SE year.

Strategy 3a

Supportive Housing

Supportive Services for Housing Projects

Overcoming homelessness can be especially challenging for individuals with mental illness and/or substance abuse issues. Research has shown that providing supportive services within housing programs increases the likelihood that people will remain safely housed for longer periods of time, enhancing their chances of maintaining successful recoveries. Examples of supportive services are housing case management, group activities, and individualized life skills assistance.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
690 clients/yr	**554**	**315**	**869**	**126%**	

Service Highlights

In March 2014, funding ended for Kenyon House, which had 18 beds for extremely low-income adults with complex needs. Other beds were gained, however, when Sound Mental Health was able to relocate their clients from the old Kasota building (45 units) to a new "pod" community called Capital House Apartment Project with 56 residential units. Forensic Assertive Community Treatment (FACT) clients who transitioned to the new housing reportedly adapted well to the move.

A five-year extension was granted to Wintonia with 92 beds for men and women referred by King County's Dutch Shisler Sobering Support Center. The Wintonia is run by Catholic Community Services of King County and was one of the first supportive housing programs funded by the MIDD in 2009.

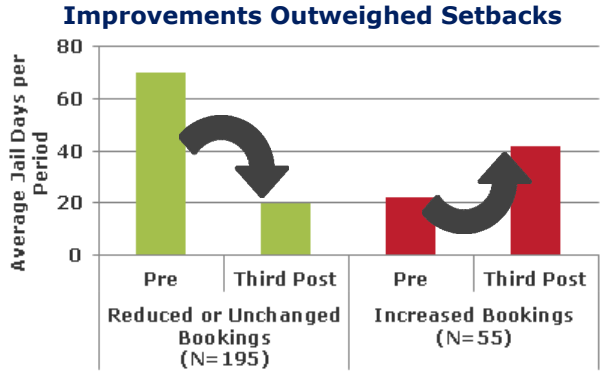
Two DESC housing projects with 141 beds combined also became operational in 2014.

Two-thirds of the 869 unique individuals living in MIDD supportive housing this period were served by the three providers mentioned above. The remaining 290 people were served by five different provider agencies (see Page 55).

Nearly one in five clients who exited supportive housing this period (N=141) moved on to permanent housing or rentals.

Long-Term Outcomes

Among the 250 clients who had jail use in the year before they entered supportive housing and/or in the third year after, jail days declined on average by 58 percent (from 60 days to 25). Broken down by jail booking group, offsetting decreases and increases in average jail days are shown below.



Admissions to Harborview's emergency department were cut in half, on average, from 4.3 in the pre period to 2.2 in the third post (N=332).

A total of 78 people had psychiatric hospitalizations in the long-term analysis period. The average number of hospitalizations was 33 in the year before they began living with supportive services and only 19 in the third year after (a significant decrease of 42 percent).

Strategy 13a

Domestic Violence

Domestic Violence and Mental Health Services

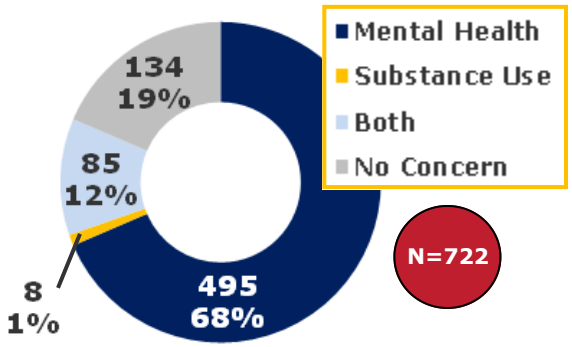
Four King County agencies serving the needs of individuals dealing with the trauma of domestic violence (DV) receive MIDD funding to offer: 1) screening for mental illness and substance misuse, 2) therapeutic counseling by staff mental health (MH) professionals, and 3) consultation with DV advocates and others on issues pertaining to MH and substance abuse. Strategy 13a also contributes toward retaining the services of a systems coordinator as explained on Page 25.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
560-640 clients/yr	**241**	**317**	**558**	**99%**	

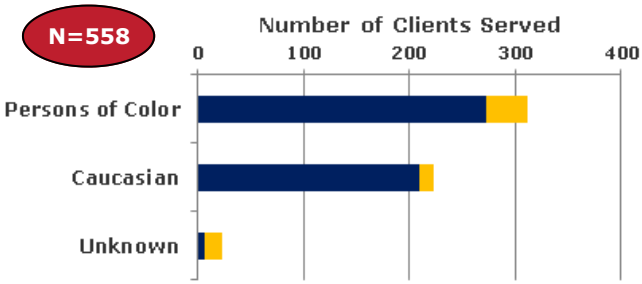
Service Highlights

The number of DV survivors screened using the Global Appraisal of Individual Needs Short Screener (GAIN-SS) was 722, down 16 percent from the prior year. Results for MIDD Year Six are shown below.

GAIN-SS Results Pinpoint Areas of Concern



Demographic information revealed that 56 percent of the 558 clients who entered therapy this period were persons of color. The yellow portion denotes Hispanic origin.



Refugee Women's Alliance served 278 of these clients, 275 (99%) of whom were immigrants and 244 (88%) of whom needed interpreters in 16 different languages.

Outcomes

Each provider agency submitted narrative annual outcome reports for both 2013 and 2014. Program successes included: 1) universal screenings at intake to remove the stigma associated with mental illness, 2) nonjudgmental therapy or a confident referral to every client who felt they needed MH services, 3) smooth transitions during staff turnover, and 4) provision of culturally and linguistically competent MH services.

Clients expressed appreciation for therapists who understand the dynamics of DV and the complexities of leaving abusive relationships. Therapy changed the way many survivors viewed themselves. For example, "I am kinder to myself." One client said, "You changed my life. I love my life and I love me." Another said, "I'm a different person now."

Male DV Survivors Need Help Too

Although rare, DV agencies do serve male clients as well as females. One such referral came from the King County Protection Order Advocates Program. A man had applied for a protection order after his partner became violent. When he initially sought MH care in the community, he was told by an outside therapist to "man up and get over the relationship." After nearly losing hope that proper supports were available, a MIDD therapist provided DV-savvy MH therapy and helped him find a psychiatrist who understood DV and prescribed appropriate depression medication.

Strategy 14a

Sexual Assault Services

Sexual Assault and Mental Health Services

By blending MIDD funds with other sources of revenue, providers serving survivors of sexual assault have been able to offer trauma-focused therapy to more of their clients. Implementation of universal screening for mental health (MH) issues and/or substance use disorders (SUD) is another key component of this strategy. In conjunction with Strategy 13a, a systems coordinator provides ongoing cross systems training, policy development, and consultation to bridge the gaps between the diverse cultures of MH and drug abuse treatment agencies and the fields of domestic violence (DV) and sexual assault (SA) advocacy.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
170 clients/yr	**154**	**194**	**348**	**205%**	

Service Highlights

A total of 1,403 clients were screened from October 2013 through September 2014, down slightly from 1,607 screened in each of the previous two years. The Children's Response Center was dissolved as a separate entity in late September 2013, but its services continued under two existing MIDD-funded organizations (see Page 55).

Trauma-specific counseling was delivered to 348 unduplicated SA survivors in this period. Ninety percent of those served were female and 15 percent were known to be homeless at the start of MIDD services.

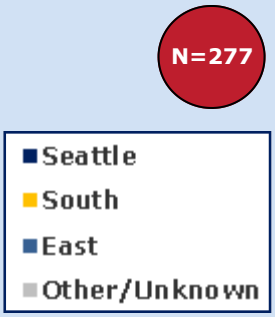
Outcomes

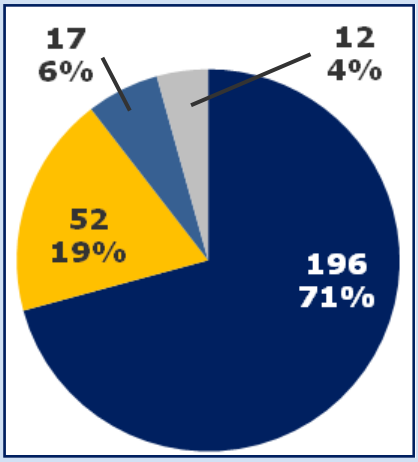
All of the SA providers reported outcomes success for measured variables in excess of 85 percent for eligible clients. Cases where clients did not increase their understanding of the experience affecting them were extremely rare. Therapists noted that coping skills increased for nearly all clients at the same time that negative symptoms in these clients were reduced. Only about one in ten adults and children were unable to achieve their treatment goals, often due to relocation prior to treatment completion.

Strategies 13a and 14a Systems Coordinator Provided Trainings Countywide

The annual goal for trainings between DV, SA, MH and SUD agencies is 160. During the current period, the Systems Coordinator led eight trainings for 277 people and provided twenty-six additional consultations.

The Systems Coordinator contributed to the development of a work plan to increase coordination between the DV and SA fields and facilitated efforts to enhance outcome collection for these MIDD strategies. Agencies in Strategy 13a are currently piloting outcome collection tools.





Strategies with Programs to Help Youth

Ride-Along with Children's Crisis Outreach Response Team Provides an Inside Look at Complex Service System

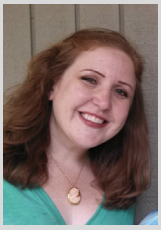
To better describe the complexities of the Children's Crisis Outreach Response System (CCORS) on a more personal level, MIDD Assistant Evaluator Kimberly Cisson went on a ride-along in 2014 with Marie Loeb, a CCORS Behavioral Support Specialist[1]. The family agreed to Kimberly sharing their story, but wished to remain anonymous. They were embarrassed to need CCORS services, though they expressed gratitude for the program.

The Day Before

The day before visiting the home of a family enrolled in Intensive Stabilization Services[2], Marie met with other CCORS team members to strategize how best to serve them. The family was in crisis the previous night and had called on CCORS crisis staff who are available 24 hours a day. The three team members (Crisis Intervention Specialist Elise Thompson, a family advocate[3], and Marie) discussed the family's natural[4] and formal supports, strengths, and challenges. They brought in the night crisis responders' lead to ensure an individualized response based on the family's needs. When the team suspected that unidentified disabilities were impacting the primary caregiver's success implementing a behavioral intervention plan, the Arc of King County was contacted to help coordinate additional services. Concerns that the family's physical environment contained toxins required yet another coordination effort.

The Home Visit

The next day, Marie and Elise teamed up with Cathy Murshashi from the Arc of King County to meet with the family in their home. A conflict prior to their arrival had kept the child from going to school, so Marie modeled redirecting the child to prepare for school and provided transportation while the rest of the team worked with the family. Together they developed a plan for CCORS staff to coach the caregivers through daily transitions. Methods and tools to structure in-home activities were provided and applications for other long-term supports and services were completed. Marie says one of the most rewarding parts of her job is "helping children be understood by caregivers and adults", because when children receive early intervention, they "can achieve great things as adults."



Marie Loeb

Behavioral Support Specialist

Elise Thompson

Crisis Intervention Specialist

Cathy Murshashi

Arc of King County Coordinator

[1] Individuals who assist families in the implementation of behavioral support programs by teaching, modeling, and coaching behavior management strategies.

[2] CCORS service delivery lasting up to 90 days to immediately stabilize families in crisis.

[3] Individuals who help caregivers identify goals that promote recovery and resiliency.

[4] Informal relationships that contribute to well-being. Examples are mentors, church, and friends.

Strategy 7b
Expand Youth Crisis Services

Strategy 4c

School-Based Services

Collaborative School-Based Mental Health and Substance Abuse Services

The earliest identification of youth with mental health (MH) or substance abuse problems often occurs within school settings. Strategy 4c supports partnerships between local treatment agencies and neighboring schools, serving youth aged 11 to 15 years. Agency staff are integrated at targeted schools to provide services that include indicated prevention and early intervention, plus screening, brief intervention, and referral to treatment. Technical support is also made available to these schools by the Youth Suicide Prevention Program to bolster crisis plans and develop suicide prevention programs using best practices.

Year 6 Target (Adjusted)	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
1,550 clients/yr	**327**	**At least 886**	**1,213**	**78% (Adjusted)**	

Service Highlights

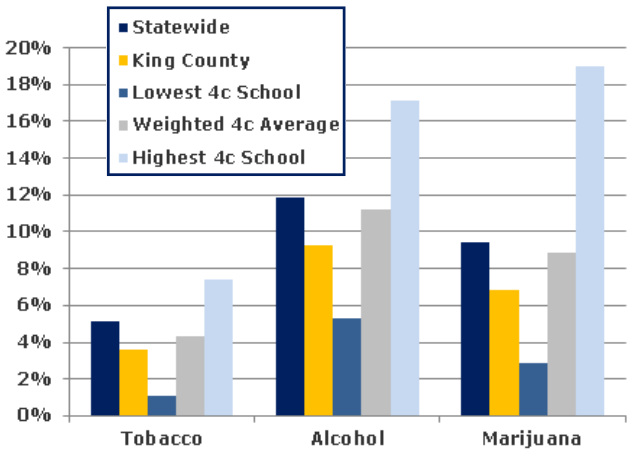
Middle school or junior high students are the primary beneficiaries of Strategy 4c services; these collaborative school-based activities also positively impact families, educators, and the community as a whole. The estimated number of people touched by this strategy, beyond the unique individuals tracked for performance measurement purposes, was 32,000 in the current period. Providers were able to double their reach through large group presentations and assemblies as agency staff became integrated into the culture of each participating school. There are 21 schools from 11 districts served by 13 programs delivered by 10 providers.

Number of Youth Suicide Prevention Technical Assistance Requests by Region

Outcomes

In the 2012 Healthy Youth Survey of 8th graders, King County had lower rates of use for tobacco, alcohol, and marijuana than the statewide comparison sample. In the sampling of schools where students may have accessed MIDD services between 2010 and 2012, use rates varied widely. One school had only three percent of survey respondents who used marijuana in the past 30 days, while another school had 19 percent. Leaving out the highest and lowest 4c schools, the weighted average for the remaining schools with 4c services (8.9%) was slightly lower than the statewide sample (9.4%), but higher than King County's representative sample (6.8%). Additional findings relevant to this strategy can be found on Page 35.

Representative Percent of 8th Graders with Past 30 Day Substance Use by Comparison Samples

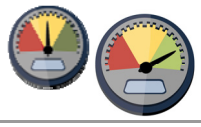


Strategy 4d

Suicide Prevention Training

School-Based Suicide Prevention

In the 2012 Healthy Youth Survey, approximately 11,600 King County high school students (14% of all students) said they had made a plan to commit suicide within the past 12 months. In an effort to reduce alarming statistics such as these, the MIDD funds delivery of youth suicide prevention trainings to both school-aged youth and concerned adults throughout the county. Teen trainings offer a safe place to talk openly about suicide, self-harm, depression, concern for friends, and how to ask for and get help. Under this strategy, school districts also have opportunities to improve safety planning and their written crisis response policies.

Year 6 Target	New in Year 6	Percent of Year 6 Target	Target Success Ratings
1,500 adults/yr **3,250 youth/yr**	**1,005 adults** **9,721 youth**	**67%** **299%**	

Service Highlights

The number of suicide prevention trainings delivered to youth and concerned adults during the current reporting period is shown by quarter in the table below. Even though the sum of adults trained fell below expectations, the provider did meet the goal for number of trainings delivered. Lower adult attendance than anticipated led to the target success discrepancy, so increased outreach is being planned for future events.

Number of Trainings Exceeded Targets

	Youth	Adults
Q4—2013	109	11
Q1—2014	128	23
Q2—2014	99	15
Q3—2014	43	11
Sum	379	60
Target	130	40
Percent of Target	292%	150%

Summer outreach to health teachers led to Teen Link being inundated with requests for student trainings in fall 2014.

House Bill 1336

During the 2013-2014 Washington legislative session, a bill was introduced entitled Increasing the Capacity of School Districts to Recognize and Respond to Troubled Youth. This bill was signed into law by Governor Inslee in May 2013, with implementation to begin in 2014.

Sponsored by Representative Tina Orwall, HB 1336 requires that school nurses, counselors, and psychologists complete a youth suicide screening and referral training program. Content specified in the training requirements includes:

- Responding to emotional or behavioral distress in students
- Indicators of possible substance abuse, violence, and youth suicide
- Staff response to student warning signs
- Community partnerships for referral of students to mental health, substance abuse, and social support services.

As of September 2014, the Youth Suicide Prevention Program (YSPP) Networks for Life training was rated by the University of Washington as the only training currently available to bring King County school professionals into compliance with HB 1336. The YSPP also offers school crisis plan development assistance under Strategy 4d.

Strategy 5a
Juvenile Justice Assessments

Expand Assessments for Youth in the Juvenile Justice System

Accurately assessing youth involved with the juvenile justice system for mental health (MH) and/or substance use disorder (SUD) issues is the capstone of Strategy 5a. Assembling the Juvenile Justice Assessment Team (JJAT) began in 2010, increasing the availability of screening and evaluation options for youth. Other JJAT services include: triage, consultation, MH status exams, psychological or psychiatric exams, and pre-assessment trauma screenings. The team helps teens reconnect with their families, schools, and communities.

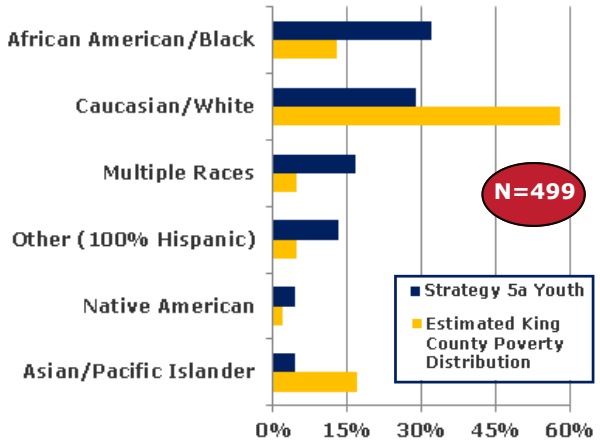
Year 6 Target (Adjusted)	New in Year 6	Percent of Year 6 Target	Target Success Ratings
Coordinate 750 assessments/yr	**790 coordinations for 499 unique youth**	**105% (Adjusted)**	
117 psychological services/yr	**101 psychological services**	**86% (Adjusted)**	
117 MH assessments/yr	**116 MH assessments**	**99% (Adjusted)**	
165 full SUD assessments/yr	**225 full SUD assessments**	**136%**	

Service Highlights

Nearly 500 different youth received JJAT services between October 2013 and September 2014, despite staff vacancies in four positions that lasted as long as six months. Performance targets were adjusted, but the total number of youth served was down from 887 in the prior MIDD year.

The graphic below shows the juxtaposition of client race with the percentage expected based on King County poverty estimates. See Page 65 for data on jail use by race.

Youth of Color Disproportionally Represented in Juvenile Justice System



Source: 2008-2012 American Community Survey

Outcomes

Comparing detentions in the year before their JJAT start with the third post period, the eligible sample of 382 juvenile offenders increased average days spent in a secure facility from 30 (Pre) to 33 (Post 3). This increase of 10 percent was not a statistically significant difference.

In a separate analysis of 1,629 youth, clinical complexity was found to significantly influence average detention increases over the short term (Pre to Post 1) as shown.

Service Type	Bookings	Days
No MH Indication (N=1,076)	+0.36	+10
MH Assessment (N=320)	+0.51	+23
More Intensive Services (N=233)	+1.04	+39

85 Percent Case Completion Rate

Of the 774 service coordinations with end dates in MIDD Year Six, 660 were successfully completed. Being unable to locate clients, youth detentions, and opt-outs were the most common reasons given for non-completion of services.

Strategy 6a
Wraparound

Wraparound Services for Emotionally Disturbed Youth

Wraparound is an evidence-based practice that coordinates both formal and informal supports for youth with serious emotional/behavioral disorders. The wraparound process customizes care for high-need youth throughout King County, focusing on their individual and/or family strengths and cultural factors. Teams at five community treatment agencies work collaboratively within their communities to surround all youth they serve with support and a package of services that addresses their unique needs and goals.

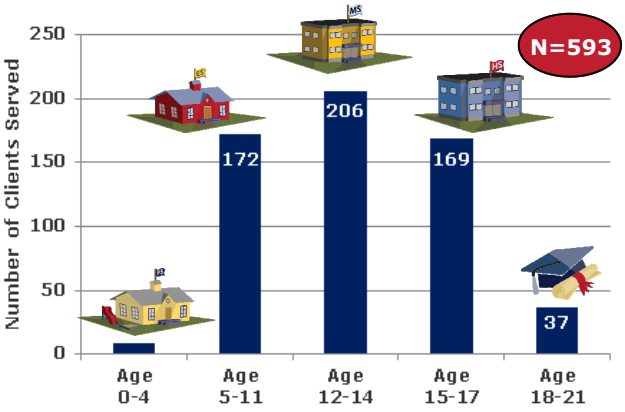
Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
450 enrolled youth/yr	**335**	**258**	**593**	**132%**	

Service Highlights

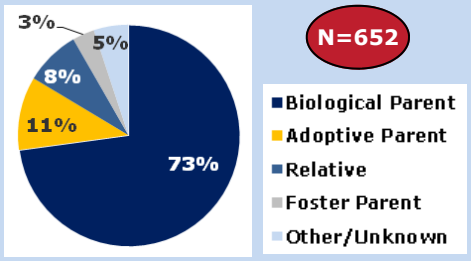
Wraparound teams are comprised of one coach, six facilitators, and three parent partners each. In MIDD Year Six, each team served more than 100 youth, many of whom were dealing with challenging mental health diagnoses.

The distribution of clients served by their school age groupings (as of October 2013) is illustrated graphically below.

Wraparound Targets School-Aged Youth



Most Caregivers in Wraparound Families are Biological Parents



Outcomes

Outcomes information was available for 638 unique individuals with service starts before April 2014. Data collected every six months included living arrangements, school, juvenile delinquency, substance use, and family functioning. The number of surveys linked to baseline data was 349 (55%) at six months, 195 (31%) at one year, 81 (13%) at 18 months, and 29 (5%) at two years.

Sufficient numbers of youth assessed at intake, six months, and one year allowed examination of short-term program impacts:

- Youth who had harmed others significantly reduced this behavior over time, as did youth who had damaged property.
- At one year, 42 percent of caregivers agreed that youth behavior had improved since intake, compared to only 28 percent at six months.
- Compliance with household rules increased significantly over baseline.
- Emergency room use for psychological or medical reasons declined significantly.

In caregiver surveys, statistically significant reductions in perceived problem severity were found across all 21 items of enquiry. The top five caregiver concerns at baseline were: 1) worry about their child's future, 2) feeling tired or strained, 3) the toll on the family, 4) feeling sad or unhappy, and 5) interruption of their personal time.

Strategy 7b
Expand Youth Crisis Services

Expansion of Children's Crisis Outreach Response System (CCORS)

Youth crisis services were expanded in 2011 to address increased demand and to augment staffing with in-home behavioral support specialists. The CCORS team provides direct assistance to families in order to maintain troubled youth safely in their own homes and communities. Funding from MIDD also partially supports marketing and communication efforts for the purpose of increasing awareness about CCORS services. Brochures and posters are available to the public in four languages: English, Spanish, Somali, and Vietnamese.

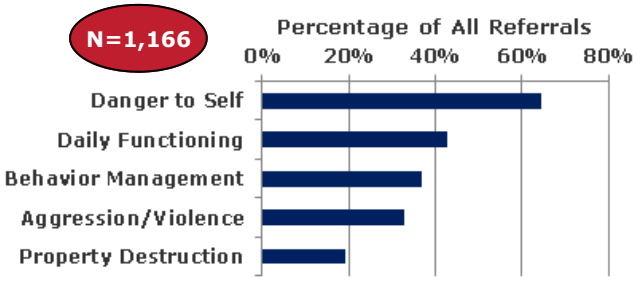
Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
300 youth/yr	**131**	**899**	**1,030**	**343%**	

Service Highlights

The teen years can be difficult for families as evidenced by the fact that three of every four youth served by CCORS this period were teenagers. Younger children who were served were slightly more likely to be boys (59%) than girls.

Referral information was provided for 1,166 service encounters with 1,054 unduplicated youth and children. At the time of referral, the majority of children lived at home (88%) and were enrolled in school (89%). The top five issues at referral are illustrated below. Note that multiple concerns per referral were possible. Youth considered dangerous to others were rare (<10% of referrals).

Danger to Self, Not Others, Most Common



A total of 1,030 youth received some level of crisis stabilization services from CCORS in MIDD Year Six. More intensive services were delivered to 581 (56%), and details of these cases are shown in the blue box at right. See the feature on Page 26 to learn more about intensive stabilization services.

Outcomes

Only one in ten CCORS youth had any use of secure detention facilities in King County, as shown on Page 9. Of the 206 who began services before October 2013 and had at least one booking in the year before their MIDD start or in the year after, average days incarcerated rose from 10 (Pre) to 22 (Post 1). For the second post period, the average increase was from 10 days to 26, with 123 youth eligible for outcomes. The third post will be analyzed next year.

Detailed Information Available for Youth Receiving More Intensive Services

Of the 581 youth who received more intensive CCORS services between October 2013 and September 2014, 501 were living at home upon referral to the program. After crisis stabilization, 417 of these youth (83%) remained at home. The dispositions of those unable to remain at home included foster care, group care, and the homes of relatives or natural supports. Another 40 children who were not living at home when referred to CCORS were reunited with their families after completing services.

Of the 253 referrals for hospital diversion where an emergent outreach was conducted, 36 resulted in an involuntary hospitalization (14%) and 63 others led to youth being voluntarily hospitalized (25%). The most common disposition was for children to remain in their current living situation (54%), avoiding hospitalization.

Strategy 8a

Family Treatment Court

Family Treatment Court Expansion

When parental substance abuse results in removal of children from their homes by the state, Family Treatment Court (FTC) provides an opportunity for families to ultimately be reunited. Enrolled individuals are closely monitored by this specialized therapeutic court for their substance use disorder recovery, with the goal of minimizing their children's involvement in the child welfare system.

Year 6 Target	New in Year 6	Percent of Year 6 Target*	Target Success Rating
90 children/yr maximum **60 children at one time maximum**	**93 children (in MIDD Year 6)** **58 average daily maximum**	**97%** **103%**	

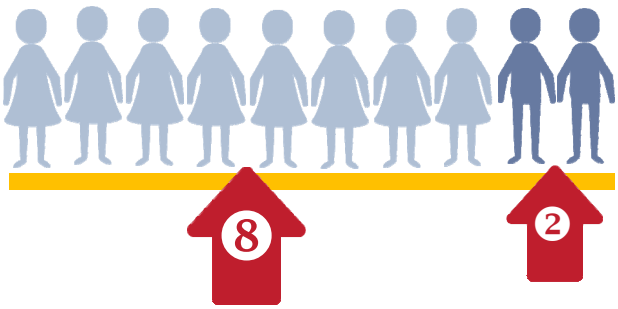
Service Highlights

After four years of operating at full capacity, the FTC is looking forward to being able to serve more clients in MIDD Year Seven. Cap monitoring and reverse scoring should be unnecessary once a new target is adopted. As proposed, FTC will be able to serve up to 120 children per year if enough families exit over time. The court will report utilization of their services. See Page 51 for details.

A total of 56 adults participated in FTC during the MIDD's sixth year. Of the 93 children involved, more than one in three was of Native American descent. When calculating the average daily maximum number of children served, those with Native ties were counted at 1.3 each to ensure best practices in staff-to-client ratios.

Mothers comprised 82 percent of all parents served by FTC this period. They ranged in age from 21 to 46, with an average age of 31 years. For the ten fathers participating, the average age was 37 years.

Moms Outnumbered Dads in FTC



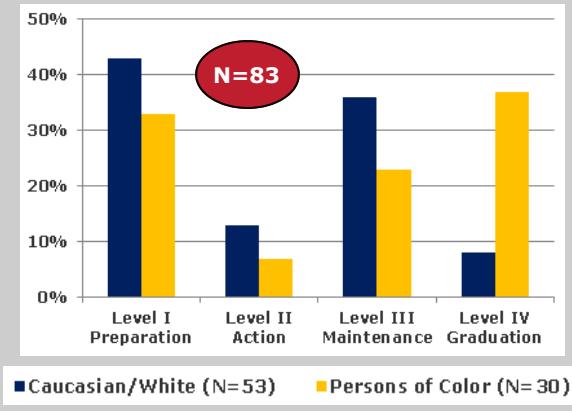
* Due to cap monitoring, reverse scoring is necessary in order to be comparable with other strategies.

Long-Term Outcomes

Of the 83 FTC participants eligible for analysis of long-term jail outcomes based on their MIDD start dates, 50 had relevant use of King County jails. Not counting bookings or days related to charges associated with FTC initial contact, these people decreased jail days, on average, by 25 percent, from 16 days (Pre) to 12 (Post 3). This reduction was not statistically significant, however, due to the small sample size.

Additional analyses examined the relationship between various program aspects, race, and long-term jail outcomes. While FTC graduates and non-graduates did not differ in jail bookings and days over time, those who were enrolled in FTC Wraparound had significantly fewer average jail bookings (0.2) and days (<1) in the third post period than those who were not enrolled (1.3 bookings and 20 days).

Highest Level Completed by Client Race



Most FTC graduates were persons of color.

Strategy 9a

Juvenile Drug Court

Juvenile Drug Court Expansion

Expansion of the Juvenile Drug Court (JDC) under the MIDD has allowed more youth living in the south region of King County to receive therapeutic court services, often in lieu of incarceration, by funding five additional positions: four specialized juvenile probation counselors and one treatment liaison. The court offers weekly hearings and introduces youth to drug treatment options.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
36 new youth/yr	**63**	**50 new opt-ins** **26 new pre opt-ins**	**139**	**211% (Total new)**	

Service Highlights

Out of 139 MIDD-funded participants in JDC this period, 76 (55%) were new to the system. The JDC currently has many different tracks to engage youth based on their individual needs and how far they have traveled on their recovery journey.

Grant funding was secured during 2014 to continue a JDC enhancement project that was originally piloted under the MIDD. The focus of the project is to improve outcomes for youth, primarily youth of color, with substance use disorder (SUD) plus high severity co-occurring mental health disorders. Serving up to 15 youth per year, this track will offer:

- Multi-Systemic Therapy (MST)
- Family Integrated Transitions (FIT)
- Psychiatry consultations and medication management, and
- Ethnic Specific Family Engagement Specialist (ESFES) services.

JDC Featured in National Training Video

The Center for Court Innovation sent a production crew to Seattle in January 2014 to film a training video for use by other courts across the nation. They captured King County JDC staff and participant interviews, including court in session and a graduation ceremony. The video will feature a study that shows reduced drug addiction and recidivism for JDC participants. There are 2,300 drug courts nationwide, serving both youth and adults.

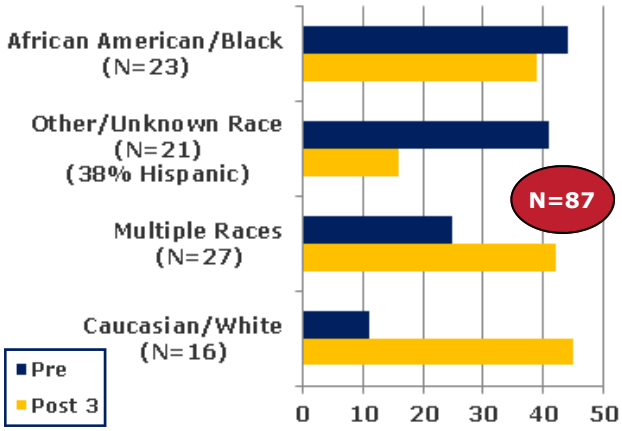
Outcomes

Successful linkages to public sector SUD treatment were realized for 47 percent of the 207 JDC youth who were eligible for first year outcomes. This rate was only slightly lower than the 55 percent recorded for Family Treatment Court participants, but much lower than the 78 percent earned by Adult Drug Court. It is possible that many JDC youth have access to private sector treatment through parental insurance.

Only 79 JDC participants were eligible for long-term outcomes examining their use of secure detention in King County. On average, days incarcerated rose from 35 (Pre) to 39 (Post 3). This increase of 11 percent was not statistically significant.

For 87 youth with any jail use over a four year span, days varied by race in the pre period, but by the third post average days evened out for three race groups, as shown.

Average Days Detained Evened Out Over Time



Strategy 13b

Domestic Violence Prevention

SAFE PLACES

Domestic Violence Prevention

In collaboration with two domestic violence (DV) agencies, Sound Mental Health operates the Children's Domestic Violence Response Team (CDVRT), whose goal is reducing the severity of DV-related trauma effects on children and non-abusive parents. The availability of CDVRT services in the south region of the county has been greatly enhanced because of MIDD funding. The CDVRT works to integrate mental health (MH) treatment with effective DV prevention/intervention practice.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
85 families/yr	**94**	**50**	**144 unique families**	**169%**	

Service Highlights

The CDVRT-South engaged 144 families during their sixth year with MIDD funding, with 88 percent of all zip codes aligned with the south King County region. A total of 337 individuals, 60 percent of whom were under age 18, were served by this team.

The contract for Strategy 13b specifies that the program shall serve 120 children each year who are between the ages of birth and 12 years. At least 162 were known to be in this age group, or 35 percent more than the target.

Of the 301 children screened for services between October 2013 and September 2014, 196 (65%) were found to be above the threshold for clinical concern. The supportive parent declined program participation in only 18 cases (6%). Unexpected staff vacancies in two key advocacy positions led to delays in formally engaging about five families each month.

The program was able to offer only one Kids Club this period due to staffing and scheduling issues. Kids Club is a support group and information program co-led by a DV advocate and MH therapist that is based on a national model. In lieu of this group, the CDVRT team was successful in quickly providing family team meetings upon DV survivor request. They conducted 120 intensive family meetings, benefitting 55 unique cases.

Program Successes

In 2014, the program accomplished the goal of increasing the use of family team meetings, especially in response to safety concerns. The collaboration and coordination involved in this approach empowers DV survivors and their families to deal with their current situation effectively while giving them additional tools in the event of a crisis. This success was a priority program improvement focus for CDVRT-South.

Beyond the direct clinical work done by the team, they also train and consult with others involved in DV cases to provide safer and more effective therapy techniques for children and their supportive parents. Education of MH therapists by DV advocates builds the kind of strong relationships that may ultimately prevent burnout and decrease staff turnover.

Factors Impacting Outcome Measures

1) An observed increase in post-separation battering by abusive parents has resulted in re-traumatization of both survivors and their children, as evidenced by behavior problems and increasing scores on trauma checklists, despite therapeutic successes.

2) Data collection is hampered by the often chaotic lives of families in DV crisis and the need to relocate for safety reasons.

3) Agency data is analyzed on a calendar year timeline, making the results unavailable in time for MIDD publication.

Additional Findings for Strategy 4c

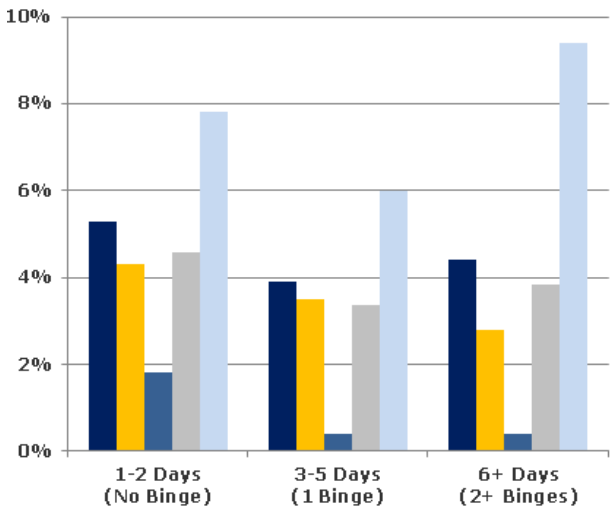
Strategy 4c

School-Based Services

Analysis of Items from the 2012 Healthy Youth Survey and GAIN-SS

Information on tobacco, alcohol, and marijuana use was presented on Page 27 of this report. That analysis relied on summary data from a survey administered statewide every two years. Items of particular interest for the MIDD evaluation were: substance use, drinking patterns, depression, suicide, and access to help. In order to compare the results from 4c schools with other schools in King County and across the state, the percentages reported here used "weighting" that factored in how many valid responses contributed to the observed averages (in gray). Percentages from both the highest and lowest 4c schools are shown as well as the Strategy 4c averages, to provide a complete range for comparisons. The actual schools that were high or low varied by survey item.

Representative Percent of 8th Graders with Various Weekly Drinking Patterns by Comparison Samples

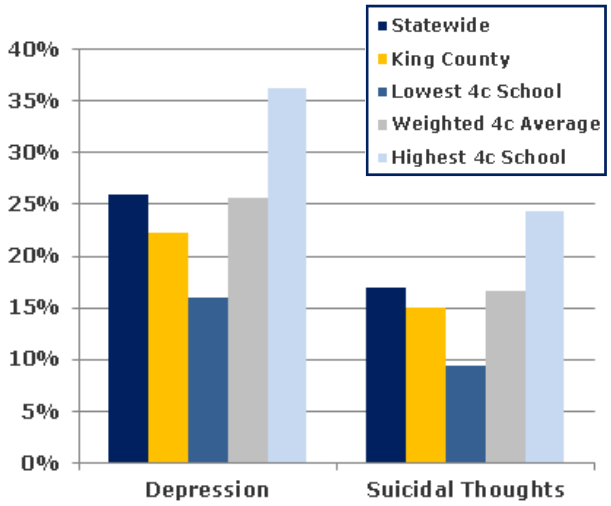


The vast majority (nearly 90%) of 8th graders surveyed DID NOT drink alcohol. In 4c schools, the range of those who drank heavily was 0.4 to 9.4 percent. Heavy drinking in 4c schools was higher, on average, than King County but lower than statewide. Note that the MIDD targets many schools where risky behaviors are known to be more prevalent.

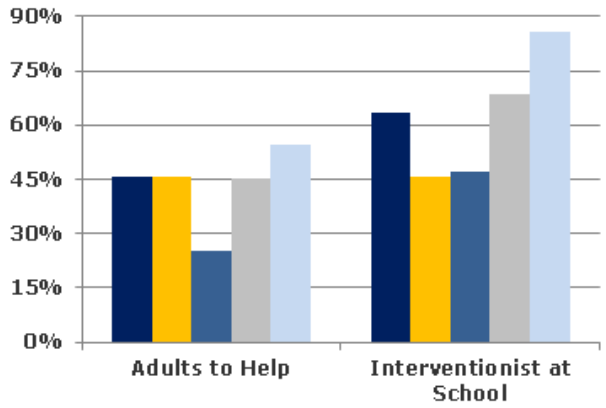
Depression was evident in one of every four 8th graders statewide, and most 4c schools mirrored this finding. Suicidal thoughts, though not as common, were about the same for 4c students as statewide and a bit lower for King County.

At one 4c school, only 25 percent of students felt they had an adult to turn to for help. In MIDD 4c schools, however, 69 percent of 8th graders were aware of helpful resources at school vs. only 46 percent in the King County sample.

Representative Percent of 8th Graders with Depression or Suicidal Thoughts in Past Year by Comparison Samples



Representative Percent of 8th Graders with Access to Helpful Adults or School Interventionist by Comparison Samples



Of 1,043 outcomes-eligible 4c youth, 109 (10%) had initial GAIN-SS screening data. High scores on this tool indicate the need for further assessment and services. The highest portion of students in this small, unrepresentative sample (60%) scored high on internal disorders, such as depression and anxiety. For external disorders like attention deficit, the rate was 57 percent. Few scored high on the substance use disorder screen (13%).

Jail and Hospital Diversion Strategies

Adult Drug Court Mathematics

(Treatment + Accountability) X (Housing + Support) = Success

Housing services provided by the MIDD can be a lifeline for any young person going through Adult Drug Court (ADC). L, who graduated from ADC successfully, credits the housing provided through the court as a major factor in her success. Now 22*, L started out in Juvenile Drug Court as a teen because of her "rebelling." She said she wasn't ready at that point to turn things around and additional charges led to her involvement in the adult version of this therapeutic court. When she began, she was in and out of jail, but the staff, "even the judge," never gave up on her. She said they had "so much hope" in her that over time she began to have hope in herself. They checked in on her regularly and held her accountable. She knew that she was being watched and they were willing to "punish" her if she got off track.

A Change of Scenery

Drug Court sent her to long-term inpatient treatment. She wasn't happy about it since she had achieved two months of sobriety, but she now sees the wisdom of their decision. She needed to get away from her friends and the drug activity. There were other people her age at the residential treatment program, and L found it helpful being with people going through the same situation. After treatment she went to housing at the MIDD-contracted YMCA Young Adults in Transition program in downtown Seattle. While living downtown, she noticed "all the successful, normal people" going to and from their jobs. She realized that was something she wanted.

Friends in Recovery

After she left the YMCA, L went to an Oxford House.[1] The ADC helped her with the rent there; she had housemates, and she made new friends. Previously, she had figured out that she needed to "completely drop every one" of her friends because "if you stand outside of the barber shop long enough, you're going to get a haircut." Her new friends were a meaningful support. Now all of her friends are in recovery. She recently ran into an old friend who had lost many of his teeth (by age 24) due to his methamphetamine use. She knew then how lucky she was to have left that behind.

The ADC program helped L learn how to do things like pay rent and be a responsible member of society. She's currently working two jobs and saving money. She wants to find the right person, have children, buy a house, and "enjoy life." L can happily say that Drug Court "really, truly saved my life."

* See the Transition Age Youth map on Page 50.

[1] Oxford Houses are "Self Run, Self Supported, Addiction Recovery Houses."

Story and Photo by Kimberly Cisson

Strategy 15a
Adult Drug Court
RECOVERY

Strategy 10a

Crisis Intervention Team Training

Crisis Intervention Team (CIT) Training for First Responders

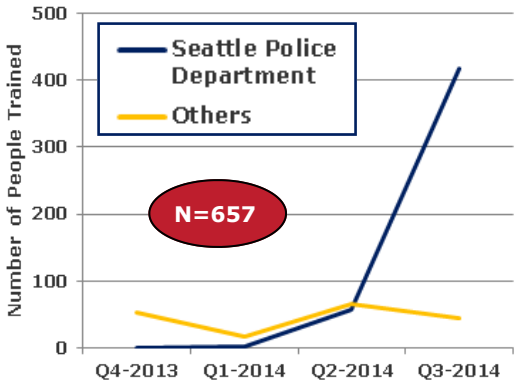
Specialized trainings introduce law enforcement officers and other first responders to concepts, skills, and resources that can assist them when responding to calls involving individuals with mental illness or substance use disorders. Delivered at the Washington State Criminal Justice Training Commission in partnership with the King County Sheriff's Office, CIT trainings focus on diverting individuals to appropriate services while maintaining public safety. Funds are also available to reimburse law enforcement agencies for backfill or overtime when officers are in training and away from their other duties.

Year 6 Target	New in Year 6	Percent of Year 6 Target	Target Success Ratings
180 trainees/yr (40-hour)	**200 (40-hour)**	**111%**	
300 trainees/yr (one day)	**657 (one day)**	**219%**	
150 trainees/yr (other CIT programs)	**159 (other)**	**106%**	

Service Highlights

In addition to offering trainings for all King County first responders, the CIT training team prepared throughout 2014 to help ensure that all law enforcement (LE) personnel in the Seattle Police Department (SPD) would receive some level of CIT education by calendar year end. By September 30, 477 SPD officers had already completed a one day training.

One Day Trainings in 2014 Targeted SPD



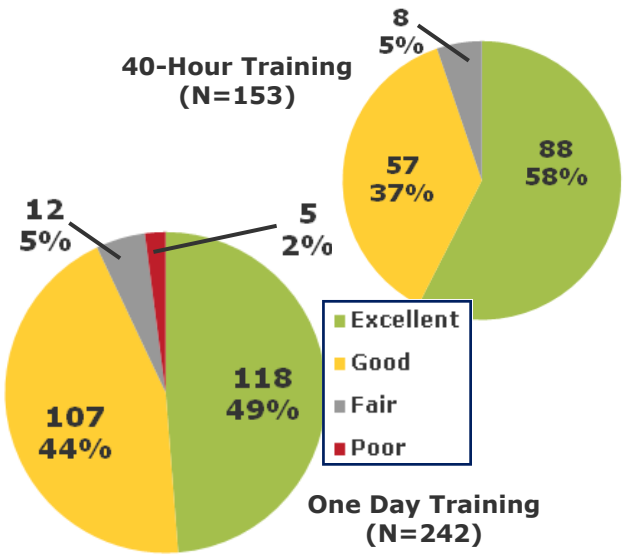
Since classes began in fall 2010, MIDD has provided some level of CIT training to 61 percent of Seattle's police force.

Agency Size	LE Personnel	40-Hour	One Day	Other
1,931	1,306	235	523	43

Outcomes

Of the 200 professionals who attended the 40-hour CIT training over the past year, 156 (78%) completed evaluations. By contrast, only 42 percent of the single-day trainees provided feedback. Nearly all survey completers rated the relevance and usefulness of their CIT experience positively. A higher percentage of those in the week-long training (58%) rated the class as "Excellent" compared to the one day (49%).

CIT Experiences Rated Relevant and Useful

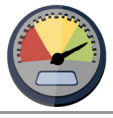


Strategy 10b

Adult Crisis Diversion

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

Strategy 10b relies on three interconnected programs operated by DESC through the Crisis Solutions Center (CSC) that opened in August 2012. The programs include: 1) a Mobile Crisis Team responding to first responder requests for crisis de-escalation, 2) a facility specializing in short-term stabilization for adults in crisis, and 3) an interim services facility with up to two weeks of further services to address individualized needs after initial crisis resolution.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
3,000 adults/yr	**285**	**2,620**	**2,905**	**97%**	

Service Highlights

A total of 1,934 unique individuals were served by the CSC in MIDD Year Six. For performance measurement, a person is counted once for each of the CSC program components that serves them. The table below shows participation by component, compared to one year ago.

Component	MIDD Year 5	MIDD Year 6	Percent Change
Mobile Crisis Team (MCT)	608	954	+57%
Crisis Diversion Facility (CDF)	1,138	1,262	+11%
Crisis Diversion Interim Services (CDIS)	607	689	+14%

Race was unknown for 247 people served by Strategy 10b this period (13%). Where reported, CSC client race aligned well with estimates of the King County poverty distribution of race. The exception was for Asian/Pacific Islanders who were seven percent of CSC clients (vs. 17% countywide).

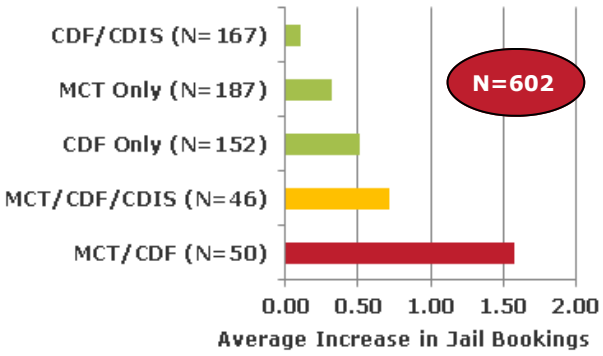
A Collaboration with First Responders

As noted in the June 19, 2014 minutes of the MIDD Strategies 10a and 10b Subcommittee, "MCT and CDF staff have stated that they can tell the difference between Crisis Intervention Team (CIT) trained and non-CIT trained officers." First responders who can recognize mental illness and know how to de-escalate situations are valuable assets in the field.

Outcomes

The adult crisis diversion strategy was delayed until October 2011, so clients served thus far are not yet eligible for long-term analysis. Eligible for first year outcomes were 1,819 people served prior to October 2013. Only 602 in this sample (33%) had jail use in the year prior to their first CSC contact or in the first year after. Short-term increases in jail bookings varied by program participation, but all groups are expected to reduce use over the long term.

Change in Jail Bookings Varied by Group



The average short-term increase in jail days for all groups combined was 57 percent, from 23 days (Pre) to 36 (Post 1). Persons of color averaged more jail bookings in both time periods than Caucasians, but changes over time were similar for all races (see Page 65).

Veterans served by Strategy 10b were less likely to have jail use (26%) than those who were not veterans (37%) in the sample eligible for short-term outcomes analysis.

Strategy 11a

Increase Jail Liaison Capacity

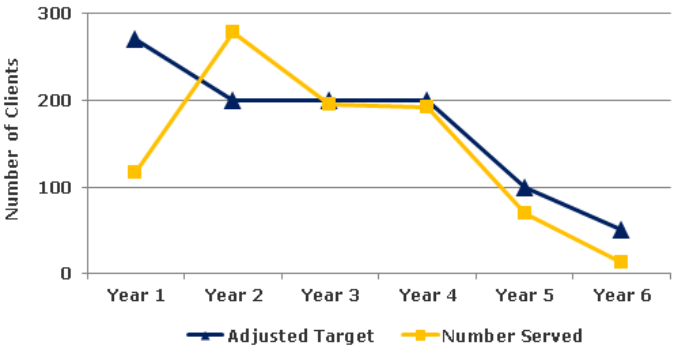
Increase Jail Liaison Capacity

During court proceedings, judges may assign individuals to King County Work and Education Release (WER), a program where offenders go to work, school, or treatment during the day and return to a secure facility at night. Liaison services are available to WER participants prior to completion of their court-ordered time. The liaison's job involves linking clients to services and resources, such as housing and transportation, that can reduce recidivism risks.

Year 6 Target (Adjusted)	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
50 clients/yr	**0**	**13**	**13**	**26% (Adjusted)**	

Service Highlights

Only 13 clients received MIDD-funded jail liaison services at WER this period. Unfilled staff vacancies and administrative challenges for agency access to the secure facility were primary factors contributing to the unsuccessful performance measurement rating. Annual adjustments for these issues to the current base target of 200 clients per year are graphed against the actual numbers served at right. The target was exceeded only in MIDD Year Two when 279 clients received help transitioning from WER back to their lives in the community. A strategy revision in 2015 is likely.



Nine of the 13 current clients served (69%) were over the age of 50 at the start of MIDD services. All were male and all but one spoke English as their primary language.

Long-Term Outcomes

Nearly 80 percent of all Strategy 11a clients had some jail utilization in addition to the booking episode associated with their start of liaison services, as illustrated on Page 9. Jail use for the 414 people who began services before July 2011 is shown below.

Three of Five Reduced Jail Recidivism

Jailed in Pre	Jailed in Post 3	Number	Percent
No	No	96	23%
Yes	No	157	38%
No	Yes	24	6%
Yes	Yes	137	33%

The 318 clients with any jail bookings in either of the periods under study reduced their days incarcerated by a significant 28 percent, from an average of 43 days (Pre) to 31 (Post 3).

Of the 688 WER liaison cases started prior to July 2013, 164 (24%) had confirmed linkages within a year to publicly-funded mental health (MH) treatment, and 157 (23%) were linked to similar substance use disorder (SUD) treatment. Forty-five percent of those known to be treated for MH issues also received SUD care in the public sector, indicating a fairly high level of co-occurring disorder in this population.

Strategy 11b

Mental Health Courts

Increase Services for New or Existing Mental Health Court Programs

King County District Court's Regional Mental Health Court (RMHC) began accepting referrals from 39 municipalities throughout the county in 2010. The MIDD provided funding for nine staff, including a dedicated judge, prosecution and defense attorneys, probation officers, court staff and liaisons to manage these additional cases. Strategy 11b has expanded over time to provide: 1) a court liaison for the Municipal Court of Seattle's Mental Health Court (SMHC) that handles mental competency cases for individuals booked into jail on charges originating in the City of Seattle, 2) forensic peer support for opt-ins to RMHC, and 3) a Veteran's Track piloted within the existing RMHC.

Year 6 Target	New in Year 6	Percent of Year 6 Target	Target Success Ratings
23 new opt-in expansion and 83 non-expansion* clients/yr for RMHC	**44 new opt-in expansion and 107 non-expansion clients**	**191%** **129%**	
300 clients/yr for SMHC	**657 screened candidates**	**219%**	

Service Highlights

Targets for the RMHC were revised early in 2014 and proposed changes awaiting King County Council approval are summarized on Page 51 of this report. In MIDD Year Six, the RMHC had 151 clients who counted toward performance measurement as follows: 44 city transfer cases, 83 felony drop downs, and 24 misdemeanors. The latter two categories represent clients newly added to the MIDD evaluation plan. The Regional Veterans Court served 26 clients.

Both contracting and service provider changes were recently made to improve court liaison services provided to SMHC. The liaison will now work more closely with clients who have legal competency raised and their cases dismissed due to lack of legal competency. Their treatment, housing, and other re-entry needs will be addressed. The liaison will also work closely with Jail Health Services psychiatric and social services staff for improved continuity of care. There were 657 candidates screened by the MIDD liaison this period, an increase of 106 percent over the prior year.

*"Non-expansion" refers to the base RMHC in existence before the MIDD began.

Long-Term Outcomes

For 96 RMHC clients eligible for long-term analysis based on their start dates and use of King County jails, average days in jail were reduced by seven percent, from 42 days (Pre) to 39 (Post 3). Though not statistically significant, the result is encouraging, as judges may use jail time to sanction participants who do not comply with the conditions of their release.

Linkage rates to mental health treatment within a year of their MIDD start were similar for participants in RMHC (175 of 380, or 46%) and in SMHC (289 of 561, or 52%). These figures do not include linkages to treatment in the private sector.

Strategy Revision Requested

In June 2014, a request was made to amend the RMHC portion of Strategy 11b. With new funding from King County's Veterans and Human Services Levy to cover a portion of the Regional Veterans Court staffing, an opportunity exists to shift staff expense to providing more therapeutic treatment and supportive housing options for RMHC opt-ins. Additional staff training was also requested.

Strategy 12a-1

Jail Re-Entry & Education Classes

Jail Re-Entry Program Capacity Increase

Short-term case management services are provided to incarcerated individuals with mental health (MH) issues and/or substance use disorders (SUD) who are near their release date. Originally expanded through the MIDD to serve more people jailed in the county's south and east regions, MIDD now funds the base program, as previously available state funding was cut. Community reintegration and reduced recidivism are the primary goals of the jail re-entry program.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
300 clients/yr	**55**	**158**	**213**	**71%**	

Service Highlights

Jail re-entry services were provided to exactly 213 people for the second year in a row. Half of the clients had south county zip codes and 11 percent were from the Eastside. A total of 49 transition age youth were served by Strategy 12a-1 this period. Please see the map and further information about youth between the ages of 18 and 24 on Page 50, where liaison services are denoted by the medium-color blue circles .

Best Practices for Re-Entry Services

The Council for State Governments Justice Center released a publication in June 2014 touting research showing that certain practices and policies can reduce recidivism or people recycling through jail. Many of these ideas are congruent with the re-entry programs provided in King County, such as:

- Invest in community-based treatment
- Promote continuity of care from jail to the community
- Tailor approaches to individual needs using evidence-based practices like motivational interviewing
- Provide incentives for rule compliance and participation in proven treatments.

The article also encourages use of risk and needs assessments to guide case management, implementing programs with fidelity, and providing more robust community supervision.

Source: http://csgjusticecenter.org
Reducing Recidivism: States Deliver Results

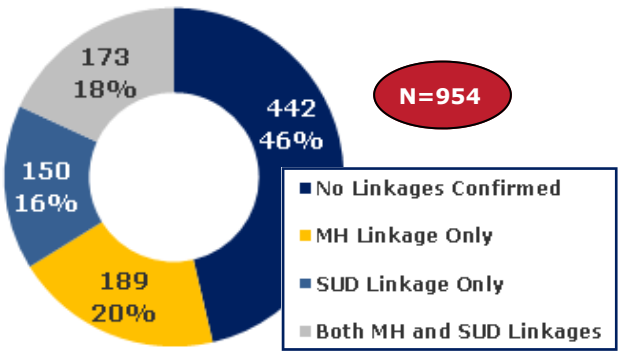
Long-Term Outcomes

With high rates of jail use, this strategy had 518 clients eligible for long-term analysis of outcomes. Together they had the highest number of jail days in their pre period (average 85 days) when compared to other strategies. A reduction of 55 percent, however, brought their average by the third post (38 days) in line with averages recorded by other criminal justice programs and two therapeutic court strategies. See Page 60 for side-by-side comparisons.

An examination of relationships between jail reductions, services received, and various demographic elements is scheduled for the next annual report.

The number for whom linkages to treatment could be tracked was 954. The donut chart below shows the extent to which links to public sector treatment could be confirmed within a year of MIDD start dates.

Over Half of Eligible Clients Linked to Care



Strategy 12a-2

Jail Re-Entry & Education Classes

Education Classes at Community Center for Alternative Programs (CCAP)

Adults in the criminal justice system may be court-ordered to serve time at CCAP and/or The Learning Center (TLC). King County's Community Corrections Division holds individuals accountable for attendance in various structured programs, including those made possible at CCAP and TLC. With MIDD funding, life-skills, job and general education (GED) preparation, and domestic violence (DV) prevention classes are provided. All courses seek to reduce the risk of re-offense.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
600 clients/yr	**70**	**520**	**590**	**98%**	

Service Highlights

In MIDD Year Six, the unduplicated number of people served in Strategy 12a-2 was 513. The overlap for individuals enrolled in both Life Skills to Work (LSW) or GED classes at TLC and DV education given by New Beginnings was 77, or 15 percent of all participants. Another 365 took DV courses alone, while 71 engaged only in LSW or GED coursework. Performance targets are based on participation in each component, so those in both types of classes were counted twice for this purpose.

Objectives of DV education, as stated in the contract with the provider, are:

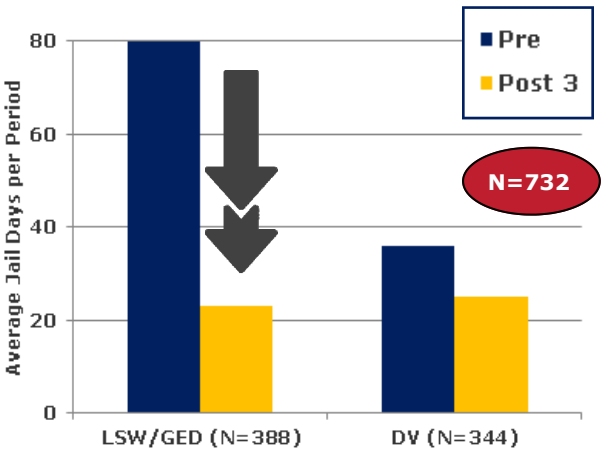
1) To increase knowledge of DV and DV services in the community for appropriate men and women who are court-ordered or scheduled to participate in applicable classes at CCAP
2) To decrease DV perpetration and victimization amongst CCAP participants
3) To increase resiliency and coping skills among DV survivors at CCAP, and
4) To promote linkage to DV treatment, aftercare, and other appropriate community-based services for class participants at CCAP.

Measurement of progress toward these goals is difficult within the context of the MIDD evaluation, but future survey development is under development.

Long-Term Outcomes

Between groups differences in jail outcomes for those enrolled in LSW/ GED vs. DV classes were examined. While both groups had similar numbers of jail bookings during the pre period, the people in the LSW/GED group had twice as many average jail days (80) than the DV group (36). Average days in the third post period were nearly the same for both groups. The decline of 57 average days (or a 71% change) for those in the first group was more impressive than the decline of 12 average days (or 31%) in the second group, although both were statistically significant using paired samples testing. If those in the DV classes had improved at the same rate as those in LSW/GED, one might expect their average days in the third post to be 10. The results are illustrated graphically below.

Longer Sentences Before the MIDD Led to Impressive Declines Over Time

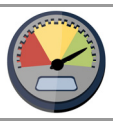


Strategy 12b

Hospital Re-Entry Respite Beds

Hospital Re-Entry Respite Beds (Recuperative Care)

The September 2011 opening of an expanded medical respite program adjacent to Seattle's Harborview Medical Center (HMC) was made possible with funds from over 10 different sources, including the MIDD. The program serves homeless adults needing a safe place to recuperate upon discharge from area hospitals. The MIDD helps provide mental health (MH) and substance use disorder (SUD) services, including case management, treatment referrals, and housing linkages.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
350-500 clients/yr	**64**	**270**	**334**	**95%**	

Service Highlights

The Edward Thomas House—Medical Respite at Jefferson Terrace, designed to prevent or divert further hospitalizations, continued to provide MH and SUD services for medical patients in their facility. With around the clock staffing, psychosocial assessments, case management, and linkage to outside resources were funded by the MIDD. A psychiatrist is also available for anyone needing medication stabilization services during their stay.

Strategy 12b served 334 individuals with complex MH and SUD needs in respite care this period. The total number of admissions recorded was 434. Twenty-two percent of patients had multiple respite admissions.

Respite Steering Committee (SC) Moves to Quarterly Meeting Schedule

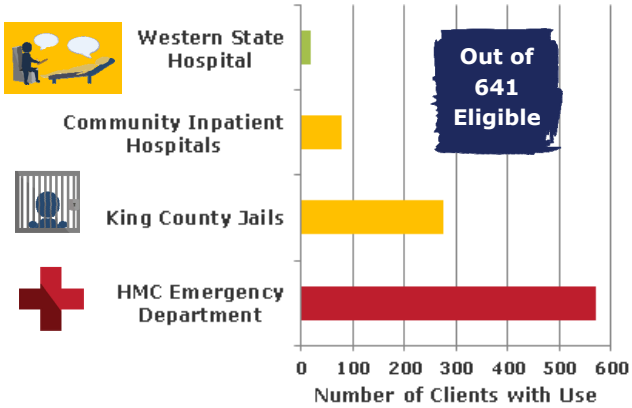
At least ten members of the SC met three times in 2014 to guide implementation and provide oversight for the recuperative care program. A steady increase in non-HMC referrals was noted. One in four patients now arrive from other hospitals and clinics. To ensure safe arrivals by those referred, a standardized process to improve patient buy-in is being developed, along with a brochure to explain the referral and admission process.

The SC reported that nearly three of four people completed their stay at respite, and one of four had community housing at exit.

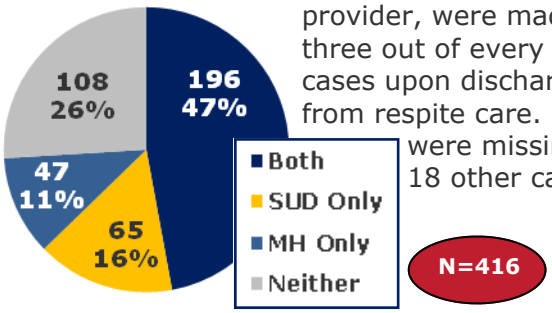
Outcomes

Strategy 12b will not have clients eligible for long-term outcomes analyses until next year. For the pre and first post periods, however, 641 eligible respite patients were found to have varying rates of system use as shown on Pages 9 and 10 and summarized below.

Short-Term Use Varied Greatly by System



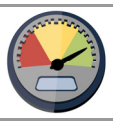
During the current period, referrals for additional behavioral health treatment, as reported by the provider, were made for three out of every four cases upon discharge from respite care. Data were missing for 18 other cases.



Strategy 12c
Psychiatric Emergency Services Linkage

Increase Harborview's Psychiatric Emergency Services (PES) Capacity

For Strategy 12c, intensive case managers use assertive techniques to engage reluctant individuals who have been identified as high-utilizers of Harborview Medical Center's emergency department (ED). By developing therapeutic relationships during outreach efforts and while assisting with medically-centered services, social workers and chronically homeless individuals are able to work together to find solutions to problems that formerly presented insurmountable barriers to their successful investment in more traditional systems of care.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
75-100 clients/yr	**36**	**50**	**86**	**115%**	

Service Highlights

High utilizer case management services were provided to 86 PES patients in MIDD Year Six. Several gender differences were evident among those served as shown in the following table.

Demographic Element	Males (N=71)	Females (N=15)
Age Range	**23-82**	**23-61**
Average Age	**48**	**40**
Persons of Color	**45%**	**60%**
Known Disability	**31%**	**47%**

Most clients were homeless at the start of services. About half were housed at exit.

Specialized clinical strategies used in addressing the needs of PES clients are:

- A harm reduction approach to substance use
- Motivational strategies to engage clients in health care for chronic issues
- Active engagement of community supports
- Outreach and engagement during client crisis
- Continuation of care in the community.

Trends noted by program administrators in 2014 included: 1) increased medical acuity, 2) increased social complexities such as no documentation and legal barriers to housing and shelter, and 3) an increase in clients with traumatic brain injuries.

Long-Term Outcomes

Average visits to Harborview's ED were greatly reduced over a four year period by the group of 281 eligible clients, from 11.3 visits prior to MIDD service starts to only 4.5 in the third year post. Note that an indexing buffer, as explained on Page 8, was not applied to these findings so the pre period average may be closer to 10. At that, an improvement percentage of 55 percent would apply instead of 60 percent.

For 78 eligible cases, average days spent in community inpatient psychiatric hospitals dropped a significant 65 percent over the long term, from 23 days to eight. There were too few admissions at Western State Hospital to analyze the change in days over time for this group of MIDD participants.

In the psychiatric hospital stabilization analysis results shown on Page 64, the cumulative total of Strategy 12c participants who had reached zero admissions by their third year post period was 79 percent.

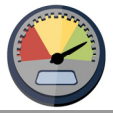
A total of 168 Strategy 12c clients who began services prior to October 2011 had at least one jail booking over the long-term analysis period. This represented nearly 60 percent of the sample of 295 who were eligible for outcomes analysis based simply on the passage of time. Long-term reductions in average jail days were not significant, from 37 (Pre) to 33 (Post 3).

Strategy 12d

Behavior Modification Classes

Behavior Modification Classes for Community Center for Alternative Programs (CCAP) Clients

Moral Reconation Therapy (MRT) is an evidence-based cognitive-behavioral treatment program proven to be especially effective for offenders with substance use disorders. With funding from the MIDD, a certified MRT facilitator works with enrolled clients to enhance moral reasoning, to improve their decision-making skills, and to help them engage in more appropriate behaviors.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
100 clients/yr	**25**	**104**	**129**	**129%**	

Service Highlights

Although several staff have been providing MRT services at CCAP over the years, only those served by the MIDD-funded therapist were tracked for evaluation and outcomes purposes. In the current year, the number served was 129. The majority were men (86%) and half were persons of color. The geographic dispersion was primarily in two regions: south county cities and Seattle (at 36% each).

At the start of MIDD Year Seven, the clinician funded by the MIDD will fully transition to facilitating MRT classes for a specific group of offenders assigned to CCAP for their involvement in domestic violence (DV) offenses. A new performance measurement target of 40 DV participants per year is proposed on Page 51. Future tracking of outcomes will be limited to this smaller sample size.

Independent Evaluation of CCAP Supports Findings Published in MIDD Reports

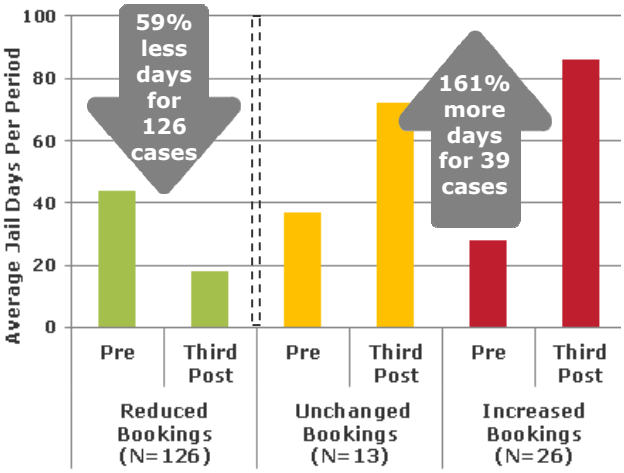
In 2014, a report entitled CCAP Programs Jail and Clinical Outcomes for Classes and Treatment Programs was published as part of King County's Criminal Justice Initiative. Results included:

- Half of all participants were in multiple CCAP programs
- Programs shared similar jail outcomes
- Recidivism rates dropped from first post (52-69%) to second post (40-49%), and
- Jail days were reduced after the first year.

Long-Term Outcomes

Jail use outcomes were available for 165 MRT participants who had been jailed in either the year before their services or the third year after. On average, this group reduced their days spent in jail over the long term from 42 days to 39, a reduction of seven percent. The graphic below shows how long jail sentences for 39 people skewed overall results away from the 126 whose jail days decreased by 59 percent.

Overall Averages Impacted by Extremes



Despite the overall modest change in average jail days, the fact that 76 percent of outcomes eligible MRT clients reduced their long-term jail bookings was encouraging. This result ranked Strategy 12d third amongst all strategies in the percentage of clients who reduced jail bookings over the long term. See the graph on Page 62 to compare all relevant strategies to one another.

Strategy 15a

Adult Drug Court

RECOVERY

Adult Drug Court Expansion of Recovery Support Services

The Adult Drug Court (ADC) within King County's Judicial Administration is able to offer clients supplemental services as a result of their MIDD support. In addition to enhancing educational opportunities for individuals with learning disabilities, the ADC employs 1.5 housing case management specialists. These case managers help clients find and keep drug-free housing. In 2012, the court secured eight recovery-oriented transitional housing units with on-site case management for transition age youth (18 to 24 years), replacing Young Adult Wraparound.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
250 clients/yr	**102**	**159**	**261**	**104%**	

Service Highlights

During this reporting period, enhanced MIDD-funded services were delivered to 261 ADC enrollees. Men participating in housing case management and/or life-skills classes continued to outnumber women three to one. Transition age youth made up 23 percent of the total number who received enhanced services. See Page 36 for a success story about the importance of clean and sober housing for one young woman in this age group on her road to recovery.

In MIDD Year Seven, evaluation efforts will be expanded to track individuals served by ADC who are not enrolled in expansion programs. Therapeutic courts are fully MIDD funded due to changes in the state law's supplantation language. Page 51 has more information on this topic.

Housing Case Management (CM) Works

Housing disposition at exit from ADC was analyzed for 604 cases with housing CM hours. Significant differences were found in average CM hours between those not housed and those who secured permanent housing.

Not Housed (14%)
3.5 CM hours

Temporary Housing (47%)
4.8 CM hours

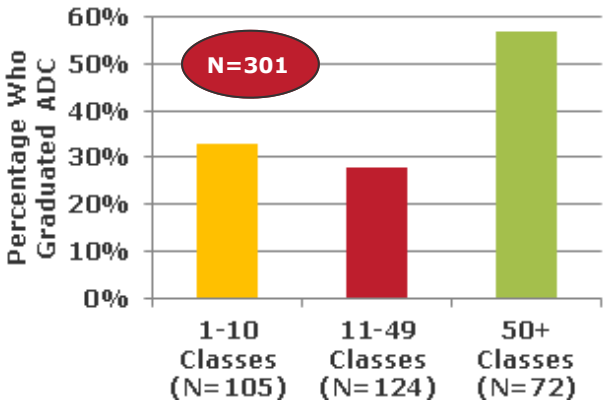
Permanent (39%)
5.8 CM hours

Long-Term Outcomes

Days spent jailed declined 34 percent over the long term for 510 outcomes eligible individuals. Their average days in the pre period was 32, but only 21 in the third post period. For many therapeutic court programs, average days in jail typically increase in the first year of treatment and start decreasing slowly in the second year.

Graduation from ADC was studied for 301 people who took varying numbers of CHOICES life-skills classes. Graduation rates were highest for those who took at least 50 classes, as shown.

More CHOICES = More ADC Graduates



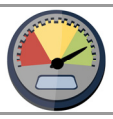
Court graduates averaged 621 days in ADC (N=288), compared to 571 days for those terminated for non-compliance (N=175), and only 202 days for those who opted out (N=176). Length of stay and involvement level dictated successful program outcomes.

Strategy 16a

New Housing & Rental Subsidies

New Housing Units and Rental Subsidies

Prior to full implementation of the MIDD, capital funding was appropriated from Strategy 16a to expedite construction of new housing units to benefit MIDD's target population. While the majority of these housing units currently receive ongoing funding for supportive services under Strategy 3a, one capitally-funded project (Brierwood) does not, so those clients are tracked here rather than on Page 23. This strategy also provides 25 rental subsidies per year.

Year 6 Target	Continued Services from Prior Year (s)	New in Year 6	Year 6 Total	Percent of Year 6 Target	Target Success Rating
25 rental subsidies/yr **25 tenants/yr**	**3** **12**	**22** **14**	**25** **26**	**100%** **104%**	

Service Highlights

Strategy 16a housing opportunities were made possible for 51 MIDD clients between October 2013 and September 2014. Females made up 58 percent of those who received rental subsidies this period, up from only 35 percent a year ago. At Brierwood, 68 percent of those housed were women this year.

Located in north Seattle, Brierwood serves residents primarily from the north region of King County. The distribution of the rental subsidies was more widespread, however, with 64 percent going to the south region, five percent to Seattle, and the rest evenly shared across the other zip code groups.

Brierwood Housing Closely Tied to Community House Mental Health Agency

At Community House, people with severe and persistent mental illness are able to increase their social, vocational, and life skills by connecting with others in a supportive family atmosphere. Members feel a sense of belonging and are able to grow at their own pace.

Living at Brierwood gives individuals the ability to help design their own mental health treatment. Staff implement many therapeutic approaches and maintain open and caring relationships with Community House members. Peer support services, crisis intervention, and basic living assistance are all provided on-site.

Long-Term Outcomes

The incidence of jail utilization for people served under Strategy 16a was moderate, at about 40 percent. Combined with the fact that this strategy tracks very few people, the number of people eligible for long-term analysis of system usage is quite low. Despite having only 41 eligible, however, this strategy had the greatest reduction in average jail days over time (73%) from 48 days prior to MIDD housing to only 12 afterwards (in Post 3).

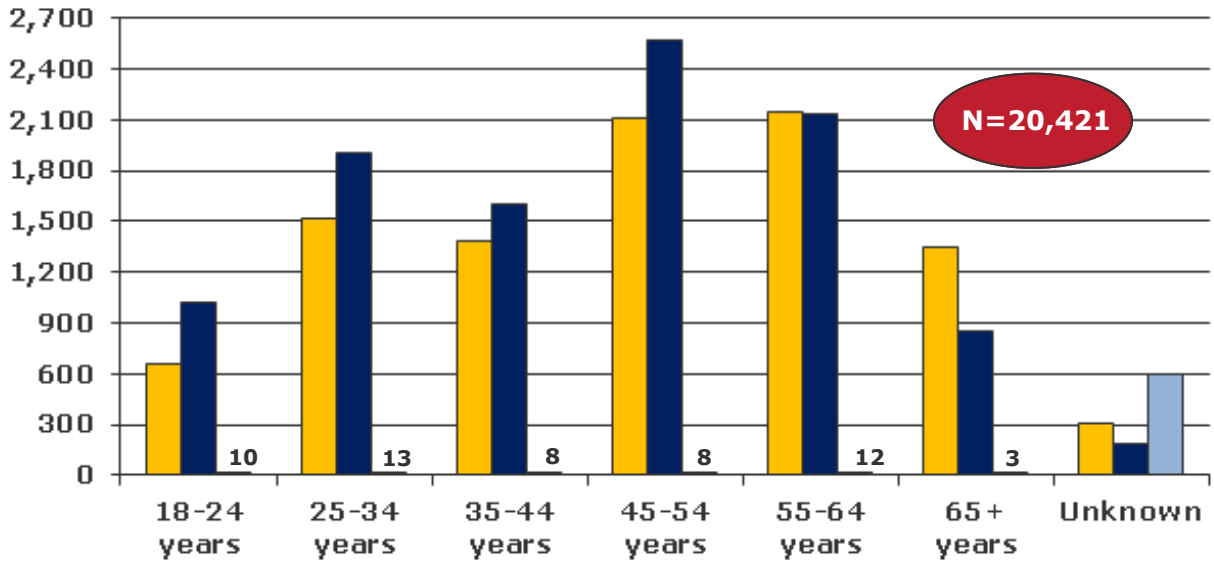
For the 62 clients with admissions to Harborview Medical Center's (HMC) emergency department (ED) prior to their MIDD start or in the third year post, ED use declined by 38 percent. As shown in the ED stabilization analysis on Page 63, one in four people with ED use at HMC reduced to zero visits in all three post periods.

Strategy 16a participants had the highest rate of use at both Western State Hospital (WSH) and community inpatient psychiatric hospitals (see Page 10). Average days in inpatient psychiatric care were reduced significantly over the long term by 59 percent, from 42 days (Pre) to 17 (Post 3). Additionally, this strategy had the best results in the Western State Hospital (WSH) stasis analysis (see Page 64), whereby 63 percent of those with WSH admits prior to MIDD housing reduced their use to zero in all three post periods (N=40).

MIDD Demographics and Equitable Access to Services

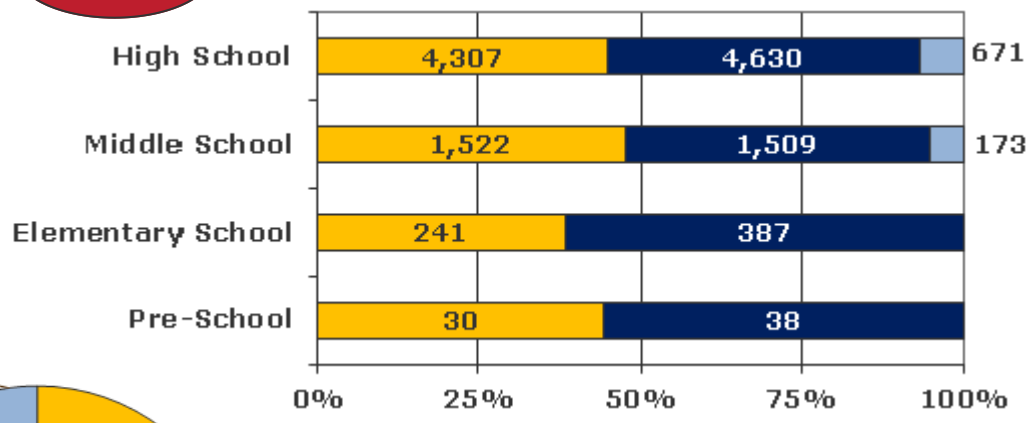
Information on age group, gender, primary race, and King County region was available for 33,929 unduplicated people who received at least one MIDD-funded service between October 2013 and September 2014. Those with duplicate demographics over all strategies and five data sources were counted only once in this section. The number of unduplicated people with demographics represents a six percent decline over the prior year. This decline is due in part to the Affordable Care Act and Medicaid expansion.

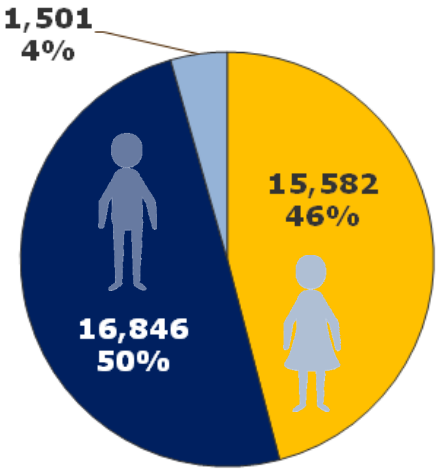
Unduplicated Gender by Age Group for Adults Receiving MIDD Services



N=13,508

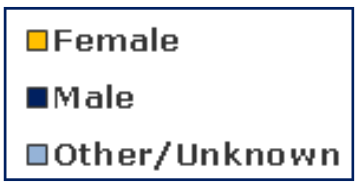
Gender by School Age Grouping for Youth Receiving MIDD Services



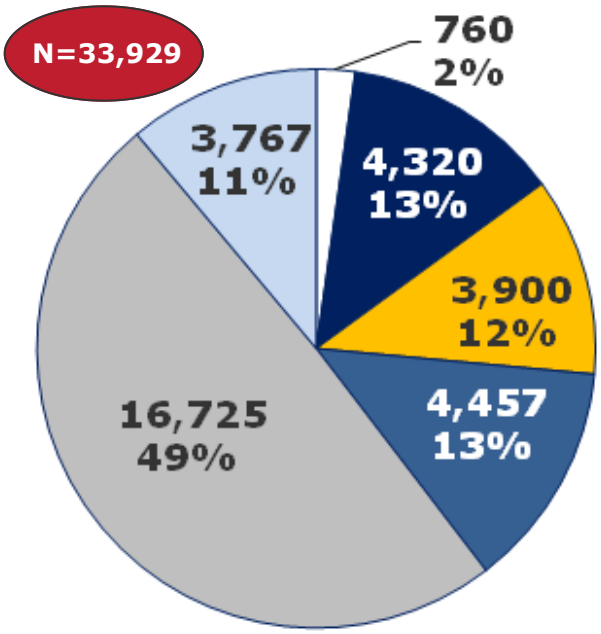


Overall Gender Distribution

N=33,929



Distribution of Primary Race



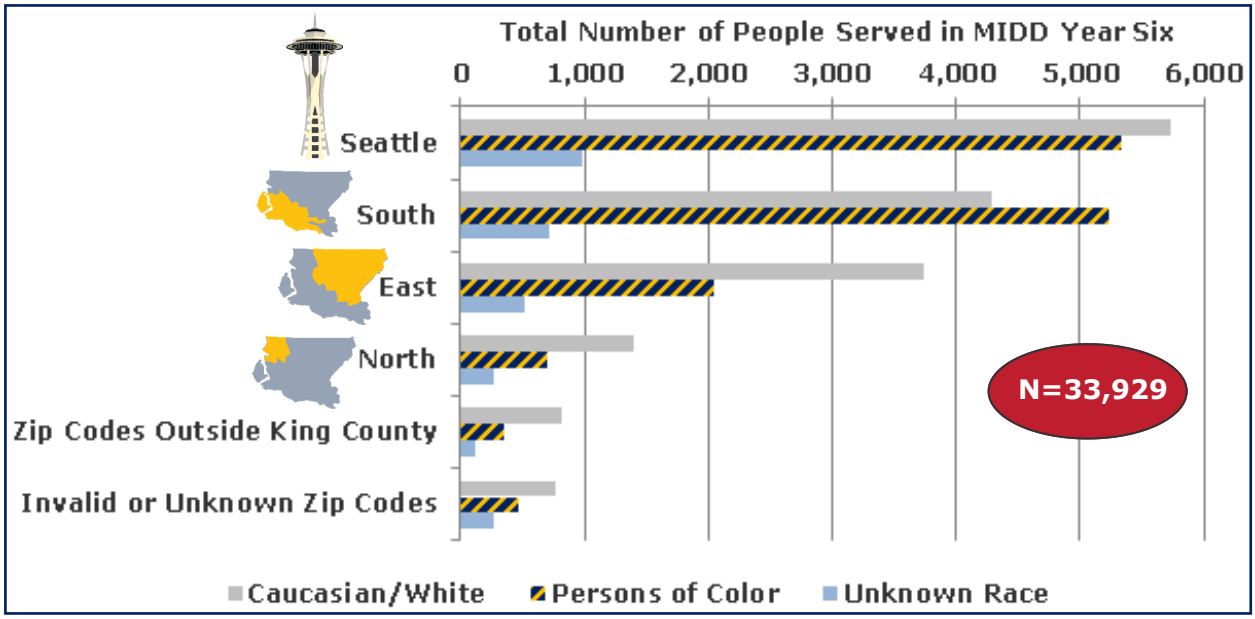
Equitable Access to MIDD Services

A key reason for tracking demographics such as race and King County region for MIDD clients is to ensure that services are equitably dispersed and accessible to those most in need. In the current period, Asian/Pacific Islanders were served at a rate 30 percent below their census; national and local data have shown rates for accessing behavioral health care of nearly 50 percent below census for this group.

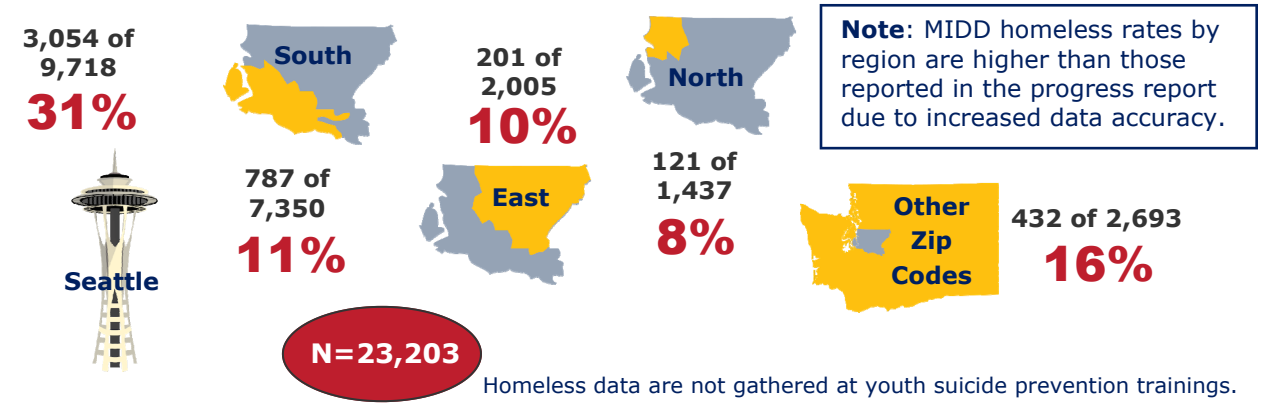
	King County Distribution Estimated Below Poverty Line
Native American	2%
African American/Black	13%
Asian/Pacific Islander	17%
Multiple Races	5%
Caucasian/White	58%
Other/Unknown	5%

Note: Other/Unknown group was 55% Hispanic/Latino.

Number of Clients Served by Race and King County Region

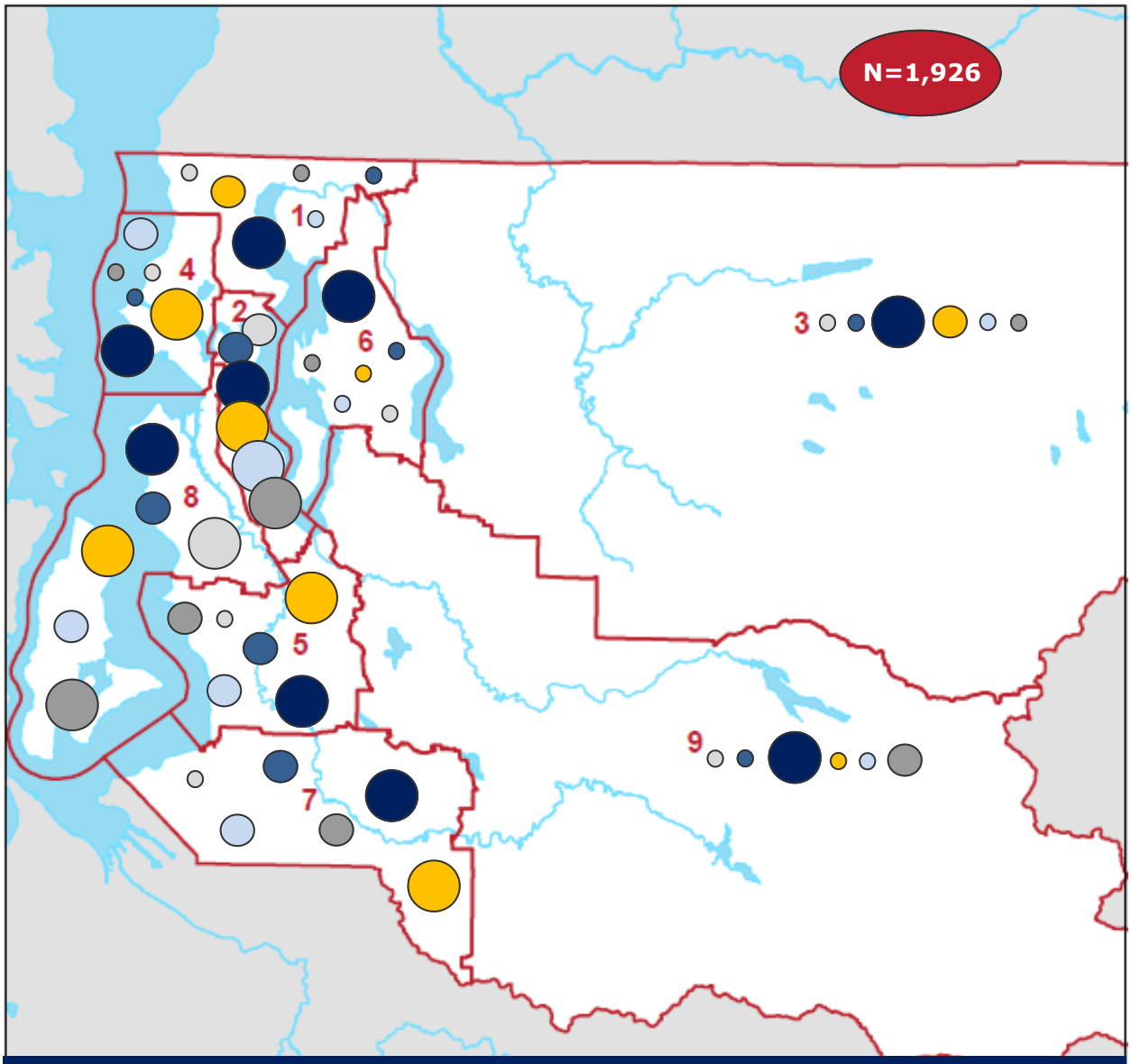


Homelessness of MIDD Clients by Region



Homeless data are not gathered at youth suicide prevention trainings.

MIDD Services for Transition Age Youth (18-24 Years) Mapped by King County Council District*



National statistics[1] published in 2013 indicated that one of every five people aged 20 to 24 was neither in school nor working. Nearly three of five young adults in the U.S. lived with their parents. Young adults, also referred to as transition age youth, often encounter difficulties on the path to adulthood. Unique behavioral health service challenges include: skill deficits, lack of social supports, safety and trust issues, and past trauma. One in five transition age youth served by the MIDD during this reporting period was homeless. Service density for this age group was most evident in District 2, followed by District 8.

[1] Source: http://www.findyouthinfo.gov/

* Circle placement is within council district, not by city.

Circle Size Key:

- < 10 Served
- 10-30 Served
- 30+ Served

Color Key:

	Crisis Response
	Liaison, Case Management, and Linkage to Care
	Mental Health and/or Substance Abuse Treatment or Services
	Prevention, Outreach, and Early Intervention
	Support Services including Housing, Employment, and Education
	Therapeutic Court Programs

Recommendations for Plan Revisions

Implementation, evaluation, and oversight of the MIDD sales tax fund requires occasional plan modifications. The MIDD Evaluation Plan and associated evaluation matrices were developed in May 2008 by Mental Health, Chemical Abuse and Dependency Services Division staff based on the strategy-level implementation plans available at that time. In August 2012, updated matrices were published in the MIDD Year Four Progress Report and matrices modified since that time were published in August of both 2013 and 2014. For the current reporting period, proposed adjustments to performance targets and/or methods of measurement are provided below.

Strategy Number	Strategy Name	MIDD Year 7 Revised Performance Target	Explanation for Proposed Revision
8a	Family Treatment Court (FTC)	120 children/yr	A new target will allow more families access to this valuable resource as exits occur. FTC will monitor services to ensure no more than 60 children are served at any one time.
11b	Mental Health Courts (MHC)	Expand MHC programs to serve 55 additional clients over a two year period, or 28 annually, in Regional Mental Health Court (RMHC). Also track outcomes for 165 non-expansion cases over two year period, or 83 annually.	Strategy revisions were approved by the MIDD Oversight Committee for MIDD Year Six (October 2013 to September 2014) on October 24, 2013. The new target is based on a budget reduction from two full-time equivalent (FTE) expansion probation staff (whose caseload size determined the numbers to be served) to one FTE expansion staff. Three non-expansion staff serve the remaining clients.
		Provide more therapeutic treatment and supportive housing options for those opting in to RMHC. Details to be determined. Set aside funds for District Court, Prosecuting Attorney Office, and Department of Public Defense for staff training, not to exceed $7,000.	With new funding from King County's Veterans and Human Services Levy to cover a portion of the Regional Veterans Court staffing, an opportunity exists to shift staff expense to treatment and supportive housing options. Additional staff training was also requested. Total strategy revision is for $155,000.
12d	Behavior Modification Classes	Reduce target to 40 domestic violence offenders/yr	Funded staff is serving a new population of offenders. Enrollment is limited.
15a	Adult Drug Court (ADC)	TBD	MIDD evaluation will now include the base ADC in addition to expansion of recovery support services. A new evaluation plan is pending in 2015.

MIDD Financial Report

Financial information provided over the next three pages is for calendar year 2014 (January 1 through December 31, 2014). The MIDD sales tax fund spent just over $40.4 million in strategy funding and nearly $13.5 million in MIDD supplantation. The projected unreserved fund balance on December 31, 2014 was $10.8 million. Parts I and II show budgeted and actual spending by strategy. Also included in the financial report are summary revenues/expenditures, detailed supplantation spending, and fund balance information. Please note that strategies 13a and 14a share funds, as needed.

Mental Illness and Drug Dependency Fund - Part I

	Strategy	2014 Annual Budget	2014 Actual Year-to-Date (December 31, 2014)
1a-1	Increase Access to Community Mental Health Treatment & Club House	$ 7,920,000	$ 8,191,537
1a-2	Increase Access to Community Substance Abuse Treatment	$ 2,450,000	$ 2,476,155
1b	Outreach and Engagement to Individuals Leaving Hospitals, Jails, or Crisis Facilities	$ 495,000	$ 430,654
1c	Emergency Room Substance Abuse Early Intervention Program	$ 652,000	$ 398,094
1d	Mental Health Crisis Next Day Appointments and Stabilization Services	$ 225,000	$ 250,000
1e	Chemical Dependency Professional Education and Training	$ 661,418	$ 828,174
1f	Parent Partner and Youth Peer Support Assistance Program	$ 375,000	$ 371,266
1g	Prevention and Early Intervention Mental Health and Substance Abuse Services for Adults Age 50+	$ 450,000	$ 402,880
1h	Expand Availability of Crisis Intervention and Linkage to On-Going Services for Older Adults	$ 315,000	$ 315,000
2a	Workload Reduction for Mental Health	$ 4,000,000	$ 3,891,677
2b	Employment Services for Individuals with Mental Illness and Chemical Dependency	$ 1,000,000	$ 1,061,409
3a	Supportive Services for Housing Projects	$ 2,000,000	$ 2,000,000
4a	Services for Parents in Substance Abuse Outpatient Treatment	$ -	$ -
4b	Prevention Services to Children of Substance Abusers	$ -	$ -
4c	Collaborative School-Based Mental Health and Substance Abuse Services	$ 1,248,556	$ 1,176,748
4d	School-Based Suicide Prevention	$ 200,000	$ 212,203
5a	Expand Assessments for Youth in the Juvenile Justice System	$ 176,938	$ 126,406
6a	Wraparound Services for Emotionally Disturbed Youth	$ 4,500,000	$ 4,201,181
7a	Reception Centers for Youth in Crisis	$ -	$ -
7b	Expansion of Children's Crisis Outreach Response Service System	$ 500,000	$ 498,730
8a	Expand Family Treatment Court Services and Support to Parents	$ 81,250	$ 75,000
9a	Expand Juvenile Drug Court Treatment (See Part II)	$ -	$ -
10a	Crisis Intervention Team Training for First Responders	$ 763,747	$ 562,077
10b	Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team	$ 6,100,000	$ 5,480,074
11a	Increase Jail Liaison Capacity	$ 80,000	$ 61,030
11b	Increase Services for New or Existing Mental Health Court Programs	$ 545,282	$ 408,657
12a	Jail Re-Entry Program Capacity Increase	$ 320,000	$ 293,635
12b	Hospital Re-Entry Respite Beds	$ 508,500	$ 508,500
12c	Increase Harborview's Psychiatric Emergency Services Capacity to Link Individuals to Community Services upon ER Discharge	$ 200,000	$ 200,000
12d	Behavior Modification Classes for CCAP Clients	$ 75,000	$ 75,000
13a	Domestic Violence and Mental Health Services	$ 250,000	$ 305,109
13b	Domestic Violence Prevention	$ 224,000	$ 224,000
14a	Sexual Assault, Mental Health, and Chemical Dependency Services	$ 400,000	$ 320,490
15a	Drug Court: Expansion of Recovery Support Services	$ 103,778	$ 103,778
16a	New Housing Units and Rental Subsidies	$ -	$ -
	Sexual Assault Supplantation	$ 362,000	$ 362,000
	MIDD Administration	**$ 2,625,969**	**$ 2,422,381**
	Personnel	$ 2,625,969	$ 1,317,250
	Other Costs	$ -	$ 1,105,131
	Total MIDD Operating Dollars	**$ 39,808,438**	**$ 38,233,846**
	Percentage of Appropriation		**96.04%**

Mental Illness and Drug Dependency Fund - Part II

	Other MIDD Funds (Separate Appropriation Units)	2014 Annual Budget	2014 Actual Year-to-Date (December 31, 2014)
	Department of Judicial Administration	**$ 136,595**	**$ 143,359**
15a	Drug Court: Expansion of Recovery Support Services	$ 136,595	$ 143,359
	Prosecuting Attorney's Office	**$ 126,737**	**$ 218,113**
11b	Increase Services for New or Existing Mental Health Court Programs	$ 126,737	$ 218,113
	Superior Court	**$ 1,186,167**	**$ 1,072,572**
5a	Expand Assessments for Youth in the Juvenile Justice System	$ 226,798	$ 190,032
8a	Expand Family Treatment Court Services and Support to Parents	$ 393,017	$ 337,320
9a	Expand Juvenile Drug Court Treatment	$ 566,352	$ 545,220
	Sheriff Pre-Booking Diversion	**$ 145,498**	**$ 134,565**
10a	Crisis Intervention Team Training for First Responders	$ -	$ -
	Sheriff MIDD	$ 145,498	$ 134,565
	Office of the Public Defender	**$ 538,063**	**$ 399,460**
8a	Expand Family Treatment Court Services and Support to Parents	$ 185,251	$ 128,469
9a	Expand Juvenile Drug Court Treatment	$ 43,665	$ 41,174
11b	Increase Services for New or Existing Mental Health Court Programs	$ 309,147	$ 229,817
	District Court	**$ 231,136**	**$ 235,002**
11b	Increase Services for New or Existing Mental Health Court Programs	$ 231,136	$ 235,002
	Total Other MIDD Funds	**$ 2,364,196**	**$ 2,203,071**
	Percentage of Appropriation		**93.18%**
	Total All MIDD Funds	**$ 42,172,634**	**$ 40,436,917**

Mental Illness and Drug Dependency Fund Total Revenues and Expenditures

	2014 Annual Budget	2014 Actual Year-to-Date (December 31, 2014)
MIDD Tax	$ 47,919,660	$ 50,938,150
Streamlined Mitigation	$ 650,000	$ 614,439
Investment Interest - Gross	$ 56,168	$ 54,339
Cash Management Svcs Fee		$ (815)
Invest Service Fee - Pool		$ (5,780)
Total Revenues	**$ 48,625,828**	**$ 51,600,333**
Total MIDD Funds	$ 42,172,634	$ 40,436,918
Total MIDD Supplantation	$ 14,109,037	$ 13,461,591
Total Expenditures	**$ 56,281,671**	**$ 53,898,509**
Expenditures Over Revenues	**$ (7,655,843)**	**$ (2,298,176)**

Mental Illness and Drug Dependency Fund Balance Analysis

MIDD Fund Balance Analysis		
Unreserved Fund Balance as of January 1, 2014	$	13,599,941
Revenue Stabilization Reserve as of January 1, 2014	$	4,706,000
Revenue		51,600,333
Expenditures		53,898,509
		(2,298,176)
Projected Unreserved Fund Balance December 31, 2014	**$**	**10,847,732**
Revenue Stabilization Reserve December 31, 2014	**$**	**5,160,033**

Mental Illness and Drug Dependency Fund - Supplantation Details

Strategy	2014 Annual Budget	2014 Actual Year-to-Date (December 31, 2014)
Other MIDD Funds		
Department of Judicial Administration	**$ 1,448,697**	**$ 1,653,693**
Adult Drug Court Base	$ 1,448,697	$ 1,653,693
Prosecuting Attorney's Office	**$ 1,155,187**	**$ 1,358,217**
Adult Drug Court Base	$ 696,299	$ 732,282
Juvenile Drug Court Base	$ 121,778	$ 121,778
Mental Health Court Base	$ 337,110	$ 504,157
Superior Court	**$ 501,856**	**$ 490,131**
Adult Drug Court Base	$ 170,102	$ 167,993
Juvenile Drug Court Base	$ 31,704	$ 32,086
Family Treatment Court Base	$ 300,050	$ 290,053
Office of the Public Defender	**$ 1,270,876**	**$ 1,153,014**
Adult Drug Court Base	$ 724,625	$ 659,498
Juvenile Drug Court Base	$ 43,665	$ 41,174
Mental Health Court Base	$ 350,186	$ 259,638
Family Treatment Court Base	$ 152,400	$ 192,703
District Court	**$ 653,184**	**$ 653,533**
Mental Health Court Base	$ 653,184	$ 653,533
Department of Adult and Juvenile Detention	**$ 329,464**	**$ 329,464**
Community Center for Alternate Programs (CCAP)	$ 28,644	$ 28,644
Juvenile MH Treatment	$ 300,820	$ 300,820
Jail Health Services	**$ 3,801,712**	**$ 3,450,803**
Psychiatric Services	$ 3,801,712	$ 3,450,803
Total Other MIDD Funds	**$ 9,160,976**	**$ 9,088,854**
Percentage of Appropriation		**99.21%**
MH & SUD MIDD Supplantation	**$ 4,948,061**	**$ 4,372,737**
SUD Administration	$ 399,752	$ 399,752
Criminal Justice Initiative	$ 994,365	$ 753,720
SUD Contracts	$ 271,757	$ 124,274
Housing Voucher Program	$ 602,615	$ 596,278
SUD Emergency Service Patrol	$ 505,325	$ 351,244
CCAP	$ 472,981	$ 459,220
MH Co-Occurring Disorders Tier	$ 800,000	$ 800,000
MH Recovery	$ 187,660	$ 190,830
MH Juvenile Justice Liaison	$ 90,000	$ 90,000
MH Crisis Triage Unit	$ 263,606	$ 293,860
MH Functional Family Therapy	$ 272,000	$ 237,924
MH Mental Health Court Liaison	$ 88,000	$ 75,635
Total Other MH/SUD MIDD Supplantation Funds	**$ 4,948,061**	**$ 4,372,737**
Percentage of Appropriation		**88.37%**
Total MIDD Supplantation Dollars	**$ 14,109,037**	**$ 13,461,591**
Percentage of Appropriation		**95.41%**

Fun Fact: For every three tall lattés sold in King County, a penny is generated for the MIDD Fund.

MIDD Contractors and Provider Agencies by Strategy

Exhibit 1

Agency	Type	1a-1	1a-2	1b	1c	1d	1e	1f	1g	1h	2a	2b	3a	4a	4b	4c	4d	5a	6a	7a	7b	8a	9a	10a	10b	11a	11b	12a	12b	12c	12d	13a	13b	14a	15a	16a	17a	17b
Asian Counseling & Referral Svc	MH & SUD	x	x				x				x	x																										
Atlantic Street Center	MH	x									x																											
Auburn Youth Resources	SUD		x				x									x																					
Catholic Comm Svcs	MH & SUD	x	x				x						x																							x		
Center for Human Svcs	SUD		x				x									x			x																		
City of Seattle	Partner																									x											
Community House	MH	x									x																									x		
Comm Psych Clinic	MH & SUD	x	x				x				x	x							x																		
Consejo	MH & SUD	x	x				x				x																										
Cowlitz Tribal Treatment	SUD		x				x																														
Crisis Clinic (+)	MH																x																				
DAWN	MIDD																															x					
DESC	MH & SUD	x	x				x				x	x	x												x											x		
EvergreenHealth	MH & SUD	x	x				x			x	x																											
Evergreen Manor	SUD		x				x																														
Evergreen Treatment Svcs	SUD		x				x						x																								
Friends of Youth	SUD		x				x									x																				
Guided Pathways – SYF	MIDD							x																													
Harborview	MH & SUD	x	x	x	x	x	x				x	x	x																x	x				x			
Hero House	MH	x										x																									
Highline Med Ctr	MIDD				x																																
Integrative Couns Svcs	SUD		x				x																														
Intercept Associates	SUD		x				x																														
KC Coalition Against DV	MIDD																															x		x			
KC Dept Adult/Juv Detention (+)	Partner																											x			x						
KC District Court	Partner																									x											
KC Judicial Admin (+)	Partner																																		x		
KC Sexual Assault Res Ctr	MIDD																																	x			
KC Superior Court, Juvenile Div	Partner																	x				x	x														
Kent Youth & Family Svcs	SUD		x				x									x																					
LifeWire	MIDD																															x					
Muckleshoot	SUD		x				x																														
Navos	MH & SUD	x	x			x	x				x	x																									
Neighborcare Health	MIDD															x																					
New Beginnings	MIDD																															x					
New Traditions	SUD		x				x																														
Northshore Youth & Family	SUD		x				x									x																					
Perinatal Treatment Svcs	SUD		x				x																														
Pioneer Human Svcs	MH & SUD	x	x				x																														
Plymouth Housing Group	MIDD												x																							x	
Public Health (+)	Partner			x					x																				x								
Puget Sound ESD	Partner															x																					
Recovery Centers of KC	SUD		x				x																														
Renton Area Youth Svcs	SUD		x				x																														
ReWA	MIDD																															x		x			
Ryther Child Center	MH & SUD	x					x																														
Sea Mar	MH & SUD	x	x				x				x																										
Seadrunar	SUD						x																														
Seattle Children's (Hospital)	MH	x									x					x																					
Seattle Counseling Svcs	MH & SUD	x	x				x				x																										
Seattle Indian Health Board	SUD		x	x			x																														
Snoqualmie Tribe	SUD		x				x																														
Sound Mental Health (+)	MH & SUD	x	x			x	x				x	x	x						x							x	x	x			x		x		x		
St. Francis Hospital	MIDD				x																																
Therapeutic Health Svcs	MH & SUD	x	x				x				x	x				x			x																		
Transitional Resources	MIDD												x																							x	
Valley Cities CC	MH & SUD	x	x			x	x				x	x	x						x								x	x								x	
WAPIFASA	SUD		x				x																														
WA St CJ Training Comission	Partner																							x													
YMCA	MH	x									x										x																
Youth Eastside Svcs	SUD		x				x																														

(+) = Over 30 subcontractors or community clinics receive MIDD funding through these agencies or organizational partners.

Implementation delays | **Non-MIDD funding secured**

Appendix I: Performance Measures by Strategy Category

Community-Based Mental Health and Substance Use Disorder Intervention Strategies

 More than 85% of target  65-85% of target  Less than 65% of target

Year 6 Targets	Continued Services from Prior Year(s)	New in Year 6	Year 6 Totals [1]	Percent of Year 6 Target	Target Success Rating
1a-1 - Increase Access to Community Mental Health (MH) Treatment					
2,400 clients/yr	2,381	736	3,117	130%	
1a-2 - Increase Access to Community Substance Use Disorder (SUD) Treatment					
50,000 adult OP units	N/A	30,366 adult OP units		61%	
4,000 youth OP units		3,829 youth OP units		96%	
70,000 OTP units		53,791 OTP units		77%	
1b - Outreach and Engagment to Individuals Leaving Hospitals, Jails, or Crisis Facilities					
675 clients/yr	540	556	1,096	162% [2]	
1c - Emergency Room Substance Abuse Early Intervention Program					
6,400 screens/yr (8 FTE) **Adjust to 4,000 screens/yr (5 FTE)**	N/A	2,584 screens		65% (Adjusted)	
4,340 brief interventions (BI)/yr (8 FTE) **Adjust to 2,688 BI/yr (5 FTE)**		2,869 brief interventions		107% (Adjusted)	
1d - Mental Health Crisis Next Day Appointments and Stabilization Services					
750 clients/yr with enhanced services **Adjust to 285 for 62% funding reduction**	23	236	259	91% (Adjusted)	
1e - Chemical Dependency Professional Education and Training					
125 reimbursed trainees/yr	169	172	341	273%	
250 workforce development trainees/yr	N/A	369 (24 trainings)	369	148%	
1f - Parent Partner and Youth Peer Support Assistance Program					
400 clients/yr [3] **Adjust to 200 clients/yr during startup**	17	120	137	69%	
1g - Prevention and Early Intervention Mental Health and Substance Abuse Services for Adults Age 50+					
2,500 clients/yr (7.4 FTE) **Adjust to 2,196 clients/yr (6.5 FTE)**	2,461	2,431	4,892	223% (Adjusted)	
1h - Expand Availabilty of Crisis Intervention and Linkage to Ongoing Services for Older Adults					
340 clients/yr (4.6 FTE) **Adjust to 258 clients/yr (3.5 FTE)**	64	379	443	172% (Adjusted)	
2a - Workload Reduction for Mental Health					
16 agencies participating	16	0	16	100%	
2b - Employment Services for Individuals with Mental Illness and SUD					
920 clients/yr [3] **Adjust to 700 clients/yr (MH clients only)**	436	499	935	134% (Adjusted)	
3a - Supportive Services for Housing Projects					
690 clients for MIDD Year Six	554	315	869	126%	
13a - Domestic Violence and Mental Health Services					
560-640 clients/yr	241	317	558	99%	
14a - Sexual Assault and Mental Health Services					
170 clients/yr	154	194	348	205% [2]	

[1] Unduplicated counts per strategy of those receiving at least one service during reporting period, unless otherwise indicated.

[2] Blended funds allow more clients to be served than the portion attributable to MIDD only, on which performance measurement is based.

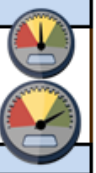
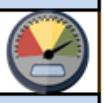
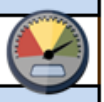
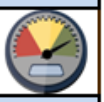
[3] Revised target accepted by Council in motion of acceptance on 4/29/2014.

Strategies with Programs to Help Youth

 More than 85% of target

 65-85% of target

 Less than 65% of target

Year 6 Targets	Continued Services from Prior Year(s)	New in Year 6	Year 6 Totals [1]	Percent of Year 6 Target	Target Success Rating
4a - Services for Parents in Substance Abuse Outpatient Treatment					
400 parents/yr	N/A	N/A	Not implemented	N/A	N/A
4b - Prevention Services to Children of Substance Abusing Parents					
400 children/yr	N/A	N/A	Not implemented	N/A	N/A
4c - Collaborative School-Based Mental Health and Substance Abuse Services					
2,268 youth/yr (19 programs) **Adjust to 1,550 youth/yr (13 programs)**	327	at least 886 [2]	1,213	78% (Adjusted)	
4d - School-Based Suicide Prevention					
1,500 adults/yr 3,250 youth/yr	N/A	1,005 adults 9,721 youth		67% 299% [3]	
5a - Expand Assessments for Youth in the Juvenile Justice System					
Coordinate 1,200 **(750)** assessments/yr [4] Provide 200 **(117)** psychological services/yr Conduct 140 **(117)** MH assessments Conduct 165 full SUD assessments **Adjust as noted above due to staff vacancies**	N/A	790 coordinations for 499 unique youth 101 psychological services 116 MH assessments 225 full SUD assessments		105% 86% 99% 136%	
6a - Wraparound Services for Emotionally Disturbed Youth					
450 enrolled youth/yr	335	258	593	132%	
7a - Reception Centers for Youth in Crisis					
TBD	N/A	N/A	Not implemented	N/A	N/A
7b - Expansion of Children's Crisis Outreach Response System (CCORS)					
300 youth/yr	131	899	1,030	343% [3]	
8a - Family Treatment Court Expansion					
No more than 90 children per year [5] No more than 60 children at one time	N/A	93 children (in MIDD Year 6) 58 average daily maximum		97% 103%	
9a - Juvenile Drug Court Expansion					
36 **new** youth/yr	63	50 new opt-ins 26 new pre opt-ins	139	211% (Total new)	
13b - Domestic Violence Prevention					
85 families/yr	94	50	144 unique families	169%	

[1] Unduplicated counts per strategy of those receiving at least one service during reporting period, unless otherwise indicated.

[2] Program also serves numerous youth in large groups and assemblies.

[3] Blended funds allow more clients to be served than the portion attributable to MIDD only on which the performance measurement targets are based.

[4] Revised targets accepted by Council in motion of acceptance on 4/29/2014.

[5] Program is operating at capacity, so service cap is being monitored. The cap was not exceeded during any *calendar* year.

Jail and Hospital Diversion Strategies

 More than 85% of target

 65-85% of target

 Less than 65% of target

Year 6 Targets	Continued Services from Prior Year(s)	New in Year 6	Year 6 Totals [1]	Percent of Year 6 Target	Target Success Rating
10a - Crisis Intervention Team Training for First Responders					
180 trainees/yr (40-hour) 300 trainees/yr (One-day) 150 trainees/yr (Other) [2]	N/A	200 (40-hour) 657 (One-day) 159 (Other CIT programs) [3]		111% 219% 106%	
10b - Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team					
3,000 adults/yr	285	2,620	2,905 [3]	97%	
11a - Increase Jail Liaison Capacity					
200 **(50)** clients/yr **Adjust as noted above due to staff vacancies**	0	13	13	26% (Adjusted)	
11b - Increase Services for New or Existing Mental Health Court Programs					
23 new opt-in expansion clients/yr and [4] 83 non-expansion clients/yr for Regional Mental Health Court (RMHC)	N/A	44 new opt-in expansion clients 107 non-expansion clients		191% 129%	
300 clients/yr for Seattle Mental Health Court	137	520	657 screened candidates	219%	
12a-1 - Jail Re-Entry Program Capacity Increase					
300 clients/yr (3 FTE)	55	158	213	71%	
12a-2 - Education Classes at Community Center for Alternative Programs (CCAP)					
600 clients/yr	70	520	590 [3]	98%	
12b - Hospital Re-Entry Respite Beds (Recuperative Care)					
350-500 clients/yr	64	270	334	95%	
75-100 clients/yr	36	50	86	115%	
12d - Behavior Modification Classes for CCAP Clients					
100 clients/yr	25	104	129	129%	
15a - Adult Drug Court Expansion of Recovery Support Services					
250 clients/yr	102	159	261	104%	
16a - New Housing Units and Rental Subsidies					
25 rental subsidies/yr Tenants in 25 capitally-funded beds without MIDD-funded support services through Strategy 3a	3 12	22 14	25 (rental subsidies) 26 tenants (Brierwood)	100% 104%	
17a - Crisis Intervention Team/Mental Health Partnership Pilot			**COMPLETED**		
17b - Safe Housing and Treatment for Children in Prostitution Pilot			**COMPLETED**		

[1] Unduplicated counts per strategy of those receiving at least one service during reporting period, unless otherwise indicated.

[2] Other trainings included Youth and Force Options.

[3] Not unduplicated - individuals are counted once for participation in each different program component.

[4] New targets proposed October 24, 2013.

Appendix II: Symptom Reduction for Strategy 1a-1

Strategy 1a-1
Mental Health Treatment

The Problem Severity Summary (PSS)

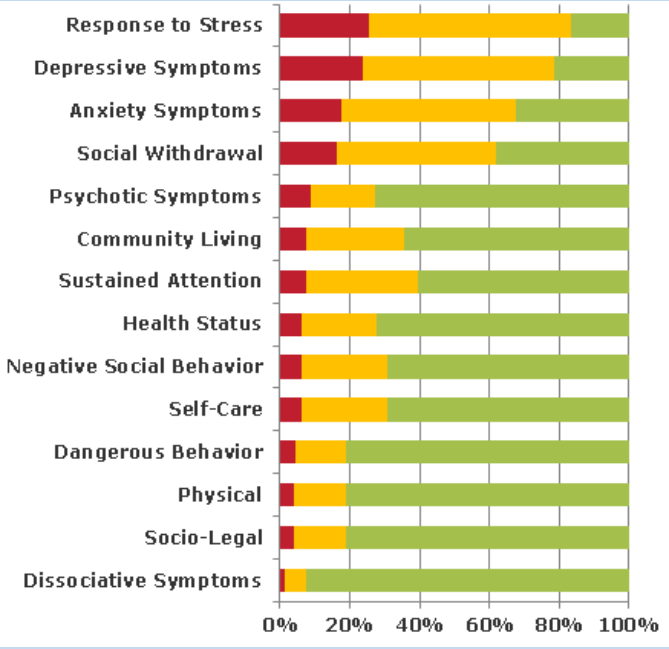
The PSS is an inventory used to assess adult functioning level for a number of life domains. Clinicians are asked to rate individuals on a scale ranging from zero (area of strength relative to average) to five (extreme impairment). They assess 14 different dimensions, including symptoms of depression, anxiety, psychosis (thought disorders), and dissociation (loss of touch with reality). Mental health (MH) treatment agencies are required to report PSS results at baseline, six months, one year, then annually, for all adults who remain in treatment after their outpatient benefits begin with MIDD funding.

A total of 5,364 outcomes-eligible participants in this strategy had baseline PSS scores. The chart at right ranks measured symptoms by the proportion of those served who were severely or extremely impacted. The three most impactful symptoms were: response to stress, depression, and anxiety. More than half of those served were markedly impaired, severely impaired, or extremely impaired by response to stress (83%), depressive symptoms (79%), anxiety symptoms (67%), and social withdrawal (62%).

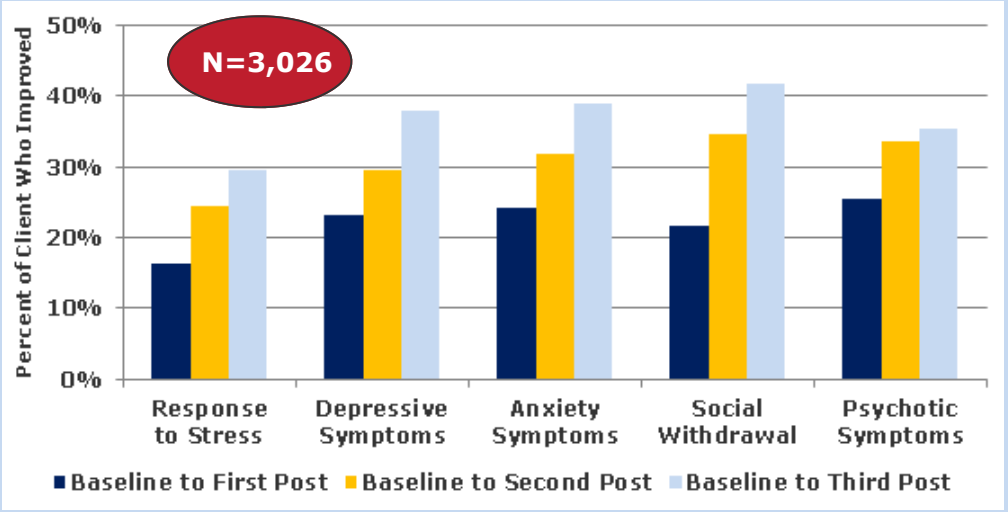
An analysis of symptom reduction over the first year focused on the top five severity items at baseline. Looking at people enrolled in this strategy as a group, slight reductions were evident in all five categories over the first year. For example, the percentage of clients who were severely impacted by their response to stress declined from the baseline (83%) to the one year measure (78%).

Symptom reduction at the individual level was analyzed for clients served for at least three years. Out of 3,026 people with scores at baseline and at each anniversary thereafter, the percentage who reduced their symptom impairment over time is shown below. All incremental and long-term reductions were statistically significant, supporting the benefits of ongoing MH treatment.

Symptoms by Severity at Baseline for Adults



Percent of Adults Served Who Reduced Symptom Impairment Over Time



The Children's Functional Assessment Rating Scale (CFARS)

Clinicians provided CFARS ratings for 626 youth at baseline. In eight of 16 domains, including danger to self and others, more than half of all youth had "no problem". Depression and anxiety were the most problematic. Improvements in severity over time were most evident for depression, anxiety, and interpersonal relationships. Reductions in traumatic stress symptoms and negative behaviors were noted as well. Youth with extreme issues were very rare (less than 1% in any functional domain).

Appendix III: Long-Term Outcomes for Eligible Samples

System Utilization Reporting Average Use Per Period by Relevant Strategy

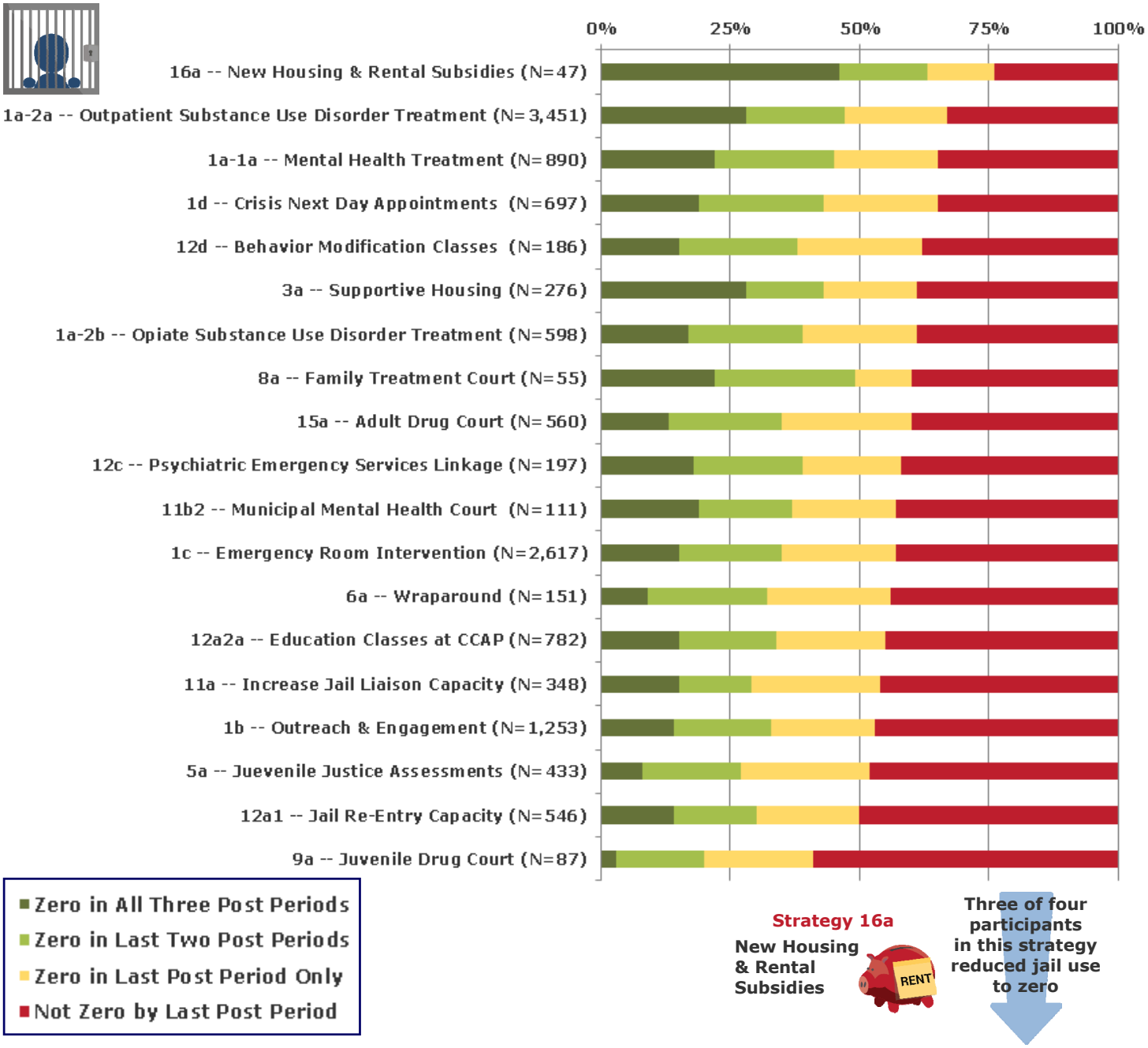
All strategies (and substrategies) that track system utilization over time as an outcome are listed in strategy order below. The four strategies without data in the table do not have people who are eligible for long-term analysis yet. The number of people eligible for analysis appears in the left column under each system heading. The average number of days or visits (as appropriate) for the year-long period prior to the start of MIDD services appears in the next column, followed by the average measure for the third post period. The percent change is calculated as the difference between the Pre and Post 3 average, divided by the pre period average. Statistically significant reductions within individuals are highlighted in blue. There were no statistically significant increases for any of the long-term measures shown below. Where slight increases and/or non-significant decreases were found, the number of cases contributing to the analysis are generally small. It is expected that as the eligible samples grow with the passage of time, more strategies will record statistically significant long-term reductions in system use.

	King County and Regional Municipality Jail Days				Harborview Medical Center Emergency Department Visits				Community Inpatient Psychiatric Hospital Days			
	N	Pre	Post 3	Change	N	Pre	Post 3	Change	N	Pre	Post 3	Change
Community-Based Mental Health (MH) and Substance Use Disorder (SUD) Intervention Strategies												
1a-1 - MH Treatment	715	46	21	-54%	996	1.84	1.17	-36%	530	21	8	-62%
1a-2a - Outpatient SUD Treatment	2,997	34	17	-50%	1,208	1.93	1.44	-25%				
1a-2b - Opiate SUD Treatment	484	32	17	-47%	459	1.80	1.42	-21%				
1b - Outreach & Engagement	1,051	32	24	-25%	1,097	2.28	1.90	-17%	98	11	8	-27%
1c - Emergency Room Intervention	2,086	31	26	-16%	3,832	2.51	1.65	-34%				
1d - Crisis Next Day Appointments	519	41	24	-41%	1,092	1.96	0.86	-56%	276	12	7	-42%
1g - Older Adults Prevention					505	1.68	1.19	-29%				
1h - Older Adults Crisis & Service Linkage					105	1.73	0.57	-67%	27	9	14	+56%
3a - Supportive Housing	250	60	25	-58%	332	4.24	2.24	-49%	78	33	19	-42%
Strategies with Programs to Help Youth												
4c - School-Based Services	-	-	-	-								
5a - Juvenile Justice Assessments	382	30	33	+10%								
6a - Wraparound	117	28	38	+36%								
7b - Expand Youth Crisis Services	-	-	-	-	-	-	-	-	-	-	-	-
8a - Family Treatment Court	50	16	12	-25%								
9a - Juvenile Drug Court	79	35	39	+11%								
Jail and Hospital Diversion Strategies												
10b - Adult Crisis Diversion	-	-	-	-	-	-	-	-	-	-	-	-
11a - Increase Jail Liaison Capacity	318	43	31	-28%								
11b - Regional Mental Health Court	96	42	39	-7%								
12a-1 - Jail Re-Entry Capacity	517	85	38	-55%								
12a-2a - Education Classes at CCAP	388	80	23	-71%								
12a-2b - CCAP Domestic Violence Education	344	36	25	-31%								
12b -Hospital Re-Entry Respite Beds	-	-	-	-	-	-	-	-	-	-	-	-
12c - PES Linkage	168	37	33	-11%	281	11.28	4.49	-60%	78	23	8	-65%
12d - Behavior Modification Classes	165	42	39	-7%								
15a - Adult Drug Court	510	32	21	-34%								
16a - New Housing & Rental Subsidies	41	48	13	-73%	62	1.66	1.03	-38%	60	42	17	-59%

Note: "Jail days" includes time in secure detention facilities for individuals between the ages of 9 and 18.

Jail or Detention Stabilization Analysis

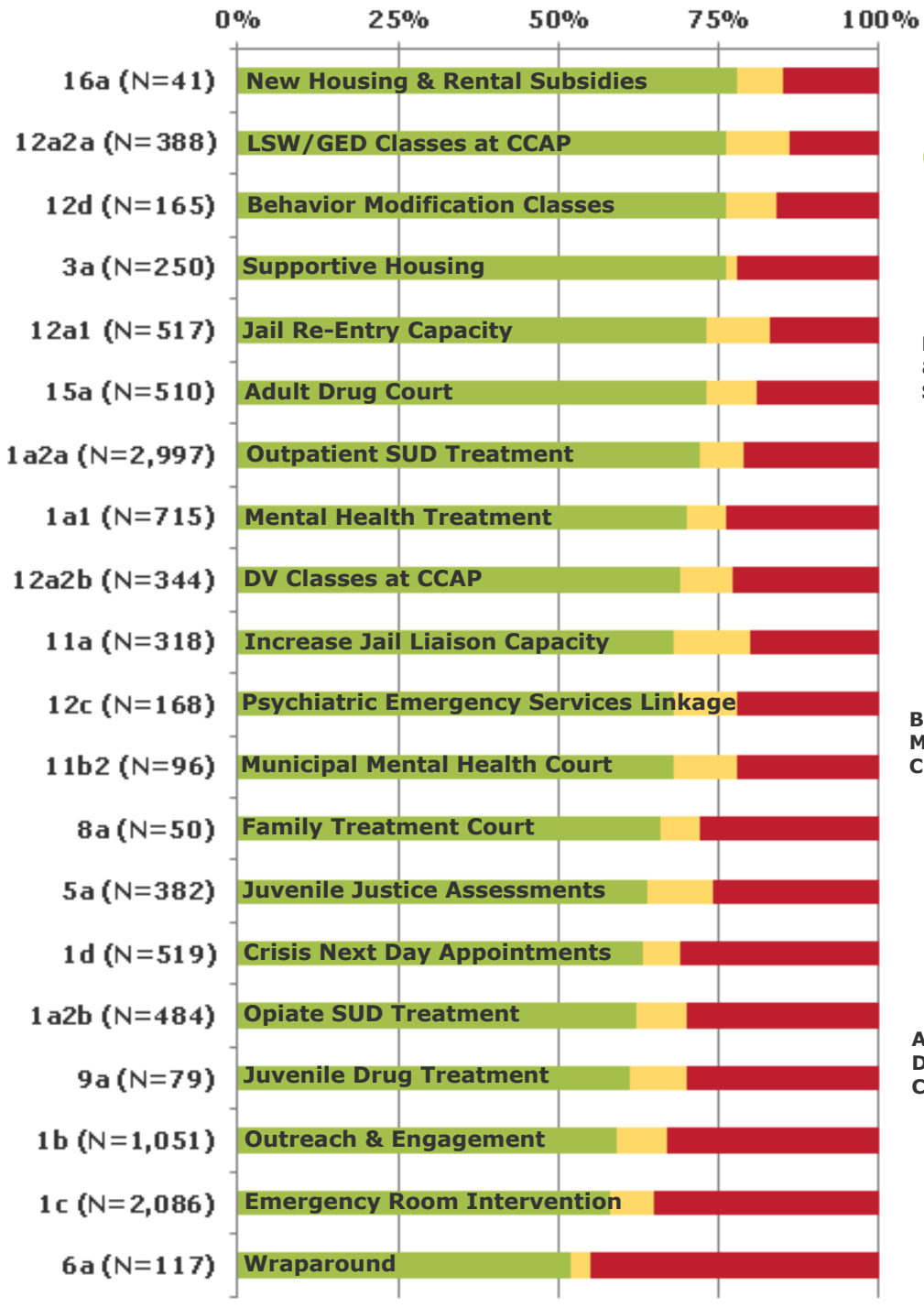
Percentage of Eligible Participants With at Least One Jail Booking Who Reduced to Zero Bookings During the Long-Term Analysis Period Sorted By Ultimate Stability Success

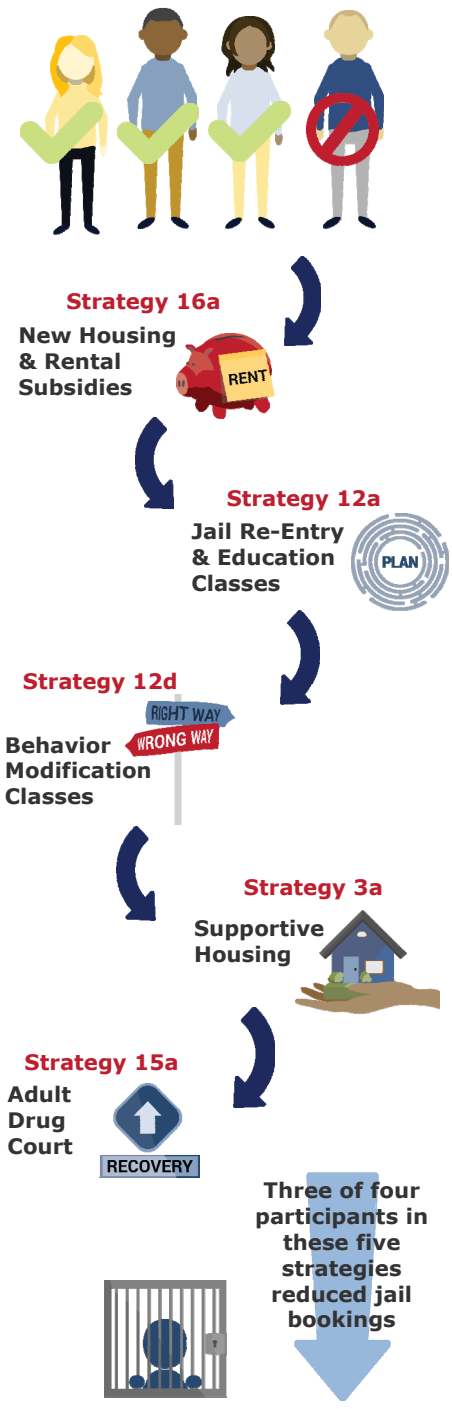


When individuals use expensive systems like jail, it is desirable to find reductions over time. It is even more desirable from a cost offset perspective for individuals to reduce their use to zero. The MIDD strategy that had the highest percentage of people who reduced their use to zero was 16a, which provides housing opportunities for individuals recovering from mental illness or substance use disorders. All strategies but one had half or more of their long-term participants eventually reach zero jail bookings. By looking at the darker green bars above, strategies with the quickest impact on long-term success are evident. Adding the light green bars allows one to see the total percentage in each strategy who held steady at zero for their last two post periods. Individuals characterized by the yellow bars reached zero for only their last year under study. Those in red may have reduced their jail use, but were unable to eliminate bookings completely during the three year period after their MIDD services started.

Changes in Jail or Detention Bookings From Pre to Third Post

Percentage of Eligible Participants Whose Jail Bookings Were Reduced, Stayed the Same, or Increased Over the Long Term



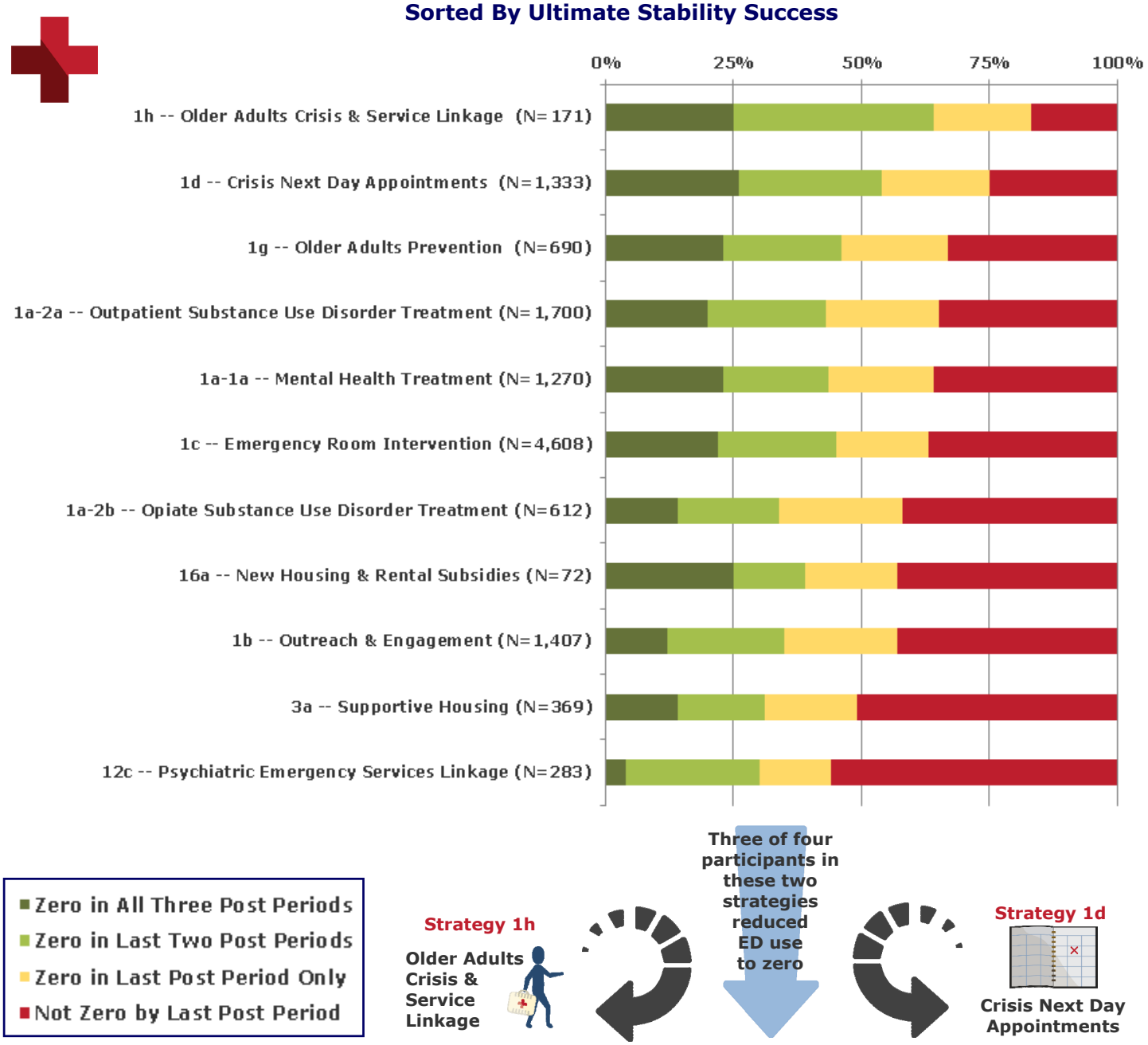


- Reduced Bookings
- Bookings Stayed the Same
- Increased Bookings

Two housing support strategies, three criminal justice initiatives in two strategies, and one therapeutic court had three of every four long-term participants reduce their King County jail bookings. All strategies included in the analysis had at least half of their participants attain this MIDD policy goal.

Emergency Department Stabilization Analysis

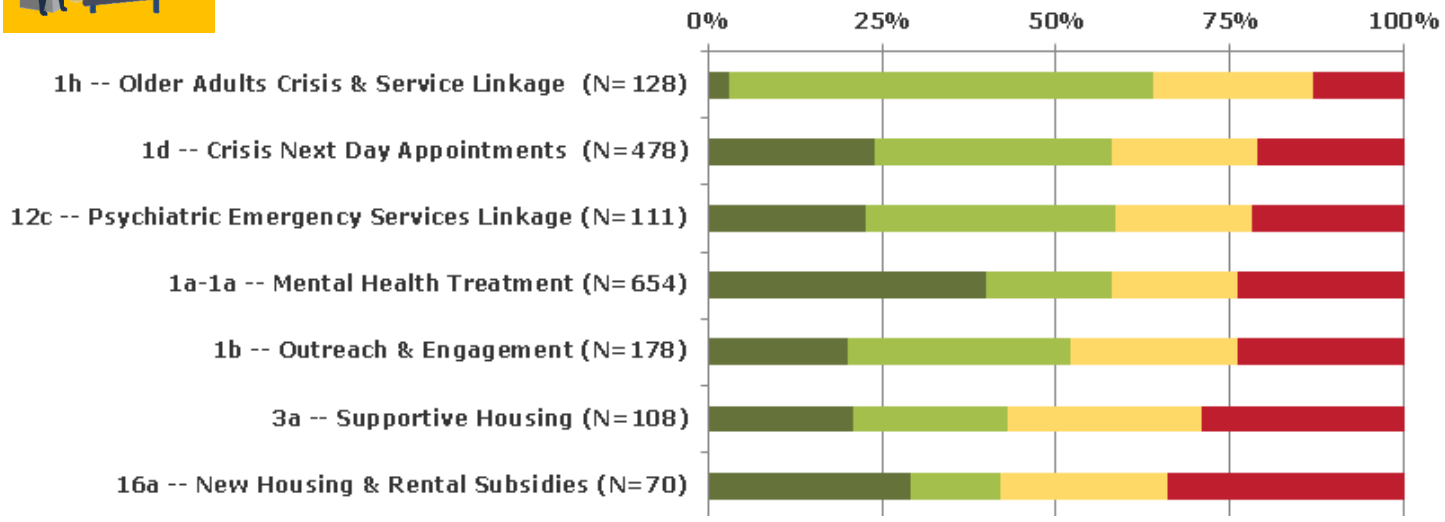
Percentage of Eligible Participants With at Least One Harborview Medical Center Emergency Department Visit Who Reduced to Zero Visits During the Long-Term Analysis Period Sorted By Ultimate Stability Success



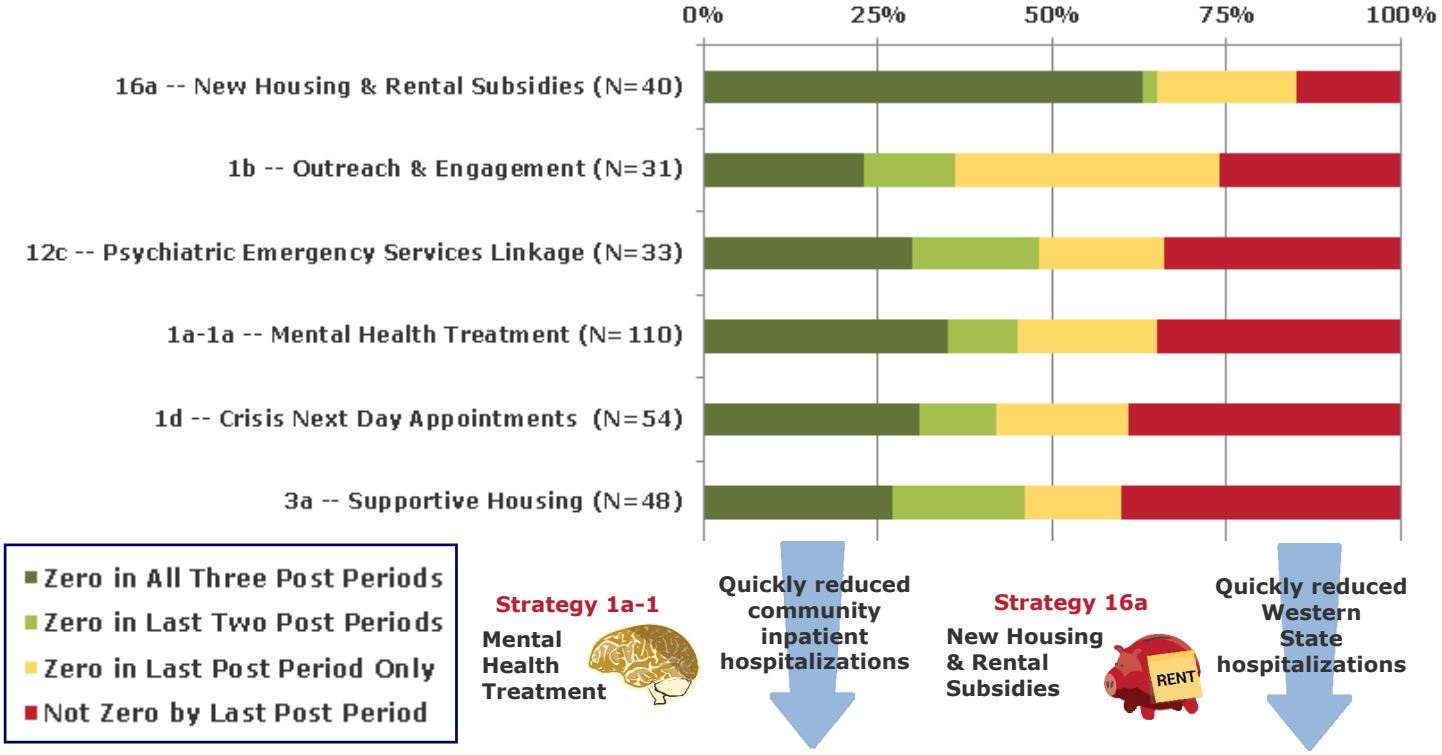
Measuring reductions in emergency department (ED) admissions has been limited due to difficulties in obtaining data sharing agreements with hospitals throughout King County. Only Harborview Medical Center (HMC) in Seattle, which is owned by King County and governed by a board of trustees appointed by the county, has agreed to participate in the MIDD evaluation thus far. The HMC is managed by the University of Washington and serves as a regional trauma center for Washington, Alaska, Montana, and Idaho. The hospital has a specific mission to care for the community's most vulnerable patients. In 2013, they recorded 66,000 total ED visits. Two MIDD strategies, both providing crisis stabilization services, were successful in having 75 percent or more of their clients who were eligible for long-term analysis reduce their HMC ED visits to zero.

Psychiatric Hospital Stabilization Analysis

Percentage of Eligible Participants With at Least One Community Inpatient Psychiatric Hospital Admit Who Reduced to Zero Admissions During the Long-Term Analysis Period Sorted By Ultimate Stability Success



Percentage of Eligible Participants With at Least One Western State Hospital Admit Who Reduced to Zero Admissions During the Long-Term Analysis Period Sorted By Ultimate Stability Success



The number of participants eligible for long-term analysis of psychiatric hospital use was relatively small, given low incidence rates in strategies with larger samples as shown on Page 10. Five strategies out of seven had at least 75 percent of their participants reduce their use of community inpatient psychiatric hospitals to zero over the long term. Strategy 16a had the highest percentage of individuals who reduced their admissions at Western State Hospital to zero in all three post periods.

Appendix IV: MIDD Jail Utilization by Race and Gender

Incidence of Jail Use* and Changes in Bookings and Days Over Time by Race

All outcomes-eligible MIDD cases were entered into an analysis of jail use by race and gender. For all time periods, three race groups had high jail use rates (above 50%) and three groups had moderate rates (31 to 50%). Only the "Other" group that was mostly Hispanic/Latino had low rates (30% or less).

	Pre to First Post			Pre to Second Post			Pre to Third Post		
	Sample Size	Subsample with Use		Sample Size	Subsample with Use		Sample Size	Subsample with Use	
Multiple Races	2,616	1,433	55%	1,965	1,163	59%	1,421	849	60%
African American/Black	9,562	5,119	53%	7,216	3,947	55%	4,959	2,748	55%
Native American	1,954	1,012	52%	1,504	799	53%	1,053	563	53%
Unknown Race	2,732	971	35%	2,218	824	37%	1,737	649	37%
Caucasian/White	29,664	10,275	35%	22,287	7,528	34%	15,186	5,225	34%
Asian/Pacific Islander	3,321	985	30%	2,543	787	31%	1,716	578	34%
Other (79% Hispanic)	5,532	1,301	24%	4,286	953	22%	2,987	665	22%

Colors above highlight high (red), moderate (yellow), and low (green) jail use incidence rates.

Statistically significant reductions in jail bookings over time were recorded for all race groups by the second post period, but both the African American/Black and Multiple Races samples had higher average bookings per period than the others. The results are sorted by percent change over the long term.

	Pre to First Post			Pre to Second Post			Pre to Third Post		
	Pre	Post 1	Change	Pre	Post 2	Change	Pre	Post 3	Change
Asian/Pacific Islander	1.97	1.35	-31%	1.94	1.08	-44%	2.02	1.03	-49%
Caucasian/White	1.82	1.51	-17%	1.91	1.19	-38%	1.93	0.98	-49%
Other (79% Hispanic)	1.66	1.59	-4%	1.77	1.24	-30%	1.84	0.93	-49%
Native American	2.09	1.72	-17%	2.18	1.36	-38%	2.21	1.17	-47%
African American/Black	2.35	2.03	-14%	2.41	1.67	-31%	2.44	1.40	-43%
Unknown Race	1.88	1.42	-26%	1.85	1.26	-32%	1.80	1.06	-41%
Multiple Races	2.28	2.10	-7%	2.39	1.72	-28%	2.44	1.52	-38%

Statistically significant within-subjects decreases (blue) are shown. Red highlights significantly higher averages between groups.

Significant increases in jail days over the short term were found for two race groups, Other and Multiple Races. By the second post period, however, jail days were significantly reduced by all race groups. As with jail bookings, jail days were higher in the last two periods for African American/Blacks when compared to others. Again, results are sorted from highest to lowest percent change over the long term.

	Pre to First Post			Pre to Second Post			Pre to Third Post		
	Pre	Post 1	Change	Pre	Post 2	Change	Pre	Post 3	Change
Caucasian/White	31.70	30.71	-3%	34.54	25.51	-26%	35.60	19.33	-46%
Native American	35.60	30.77	-13%	36.94	24.60	-33%	37.97	21.64	-43%
Other (79% Hispanic)	27.74	32.38	+17%	30.53	24.58	-19%	31.44	19.84	-37%
African American/Black	44.94	46.11	+3%	47.38	39.56	-17%	48.76	31.10	-36%
Asian/Pacific Islander	36.47	27.38	-25%	33.54	23.61	-30%	36.71	24.82	-32%
Unknown Race	30.82	28.25	-8%	30.74	24.17	-21%	30.10	21.35	-29%
Multiple Races	37.22	42.60	+14%	40.28	33.23	-18%	42.75	31.16	-27%

Statistically significant within-subjects increases (gold) and decreases (blue) are shown. Red highlights significantly higher averages between groups.

* "Jail use" includes time in secure detention facilities for individuals between the ages of 9 and 18.

Incidence of Jail Use* and Changes in Bookings and Days Over Time by Gender

Participants in MIDD programs who were male had significantly higher jail use incidence rates than female participants. The incidence where gender was coded Other/Unknown was moderate in the first two periods and low in the last period.

	Pre to First Post			Pre to Second Post			Pre to Third Post		
	Sample Size	Subsample with Use		Sample Size	Subsample with Use		Sample Size	Subsample with Use	
Male	35,371	15,709	44%	27,158	12,074	44%	19,050	8,536	45%
Female	19,893	5,349	27%	14,772	3,898	26%	9,953	2,726	27%
Other/Unknown	117	38	32%	89	29	33%	56	15	27%

Colors above highlight moderate (yellow) and low (green) jail use incidence rates.

In all three time periods shown, males consistently posted significantly higher jail bookings, on average, than women. Both males and females, however, posted statistically significant reductions over time. Interestingly, men and women improved at roughly the same rate, which means that the amount of change over time did not vary significantly by gender. The Other/Unknown sample was too small for inclusion in further analysis.

	Pre to First Post			Pre to Second Post			Pre to Third Post		
	Pre	Post 1	Change	Pre	Post 2	Change	Pre	Post 3	Change
Male	2.07	1.73	-16%	2.14	1.41	-34%	2.16	1.17	-46%
Female	1.78	1.54	-13%	1.88	1.19	-37%	1.90	1.02	-46%

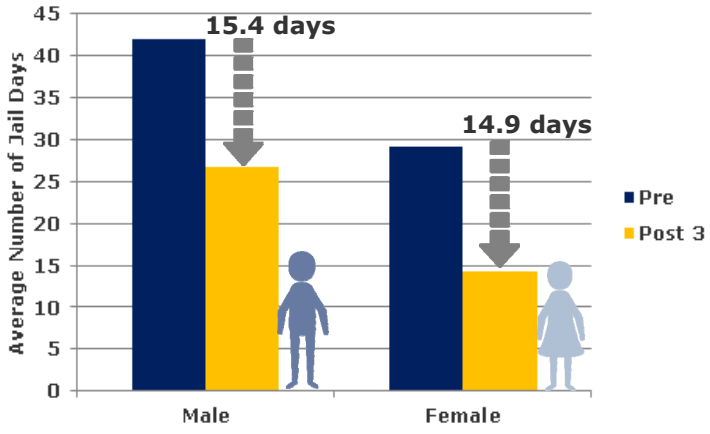
Statistically significant within-subjects decreases (blue) are shown.

Reductions in average jail days were not found for either gender group studied until the second post period, at which time significant changes were recorded for both groups. Both men and women further reduced their average days in jail over the third post period. Looking at long-term results, the change over time difference for men (42.04 days minus 26.64 = 15.40) was almost identical to the difference for women (29.21 days minus 14.27 = 14.94). While the percent change was greater for women (-51% vs. -37% for men) due to their lower pre period averages, a true gender effect was not evident.

	Pre to First Post			Pre to Second Post			Pre to Third Post		
	Pre	Post 1	Change	Pre	Post 2	Change	Pre	Post 3	Change
Male	38.87	38.39	-1%	41.09	32.50	-21%	42.04	26.64	-37%
Female	25.18	25.47	+1%	27.36	19.40	-29%	29.21	14.27	-51%

Statistically significant within-subjects decreases (blue) are shown.

Average Jail Days Varied by Gender But Change Over Time Did Not



* Jail use includes time in secure detention facilities for individuals between the ages of 9 and 18.