# Mental Illness and Drug Dependency


**Implementation and Evaluation Summary for Year Four**
October 1, 2011—September 30, 2012

**Fifth Annual Report**

King County

Mental Illness and Drug Dependency Oversight Committee

February 2013

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# Fifth Annual Report
**October 1, 2011—September 30, 2012**


Report design by Lisa Kimmerly
Cover photo by Sherry Hamilton, Communications Manager


**For further information on the current status of MIDD activities, please see the MIDD Web site at:**

www.kingcounty.gov/healthservices/MHSA/MIDDPlan

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

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# Oversight Committee Membership Roster

**Mike Heinisch**, Executive Director, Kent Youth and Family Services (Co-Chair)
*Representing*: Provider of youth mental health and chemical dependency services in King County

**Dan Satterberg**, King County Prosecuting Attorney (Co-Chair)
*Representing*: Prosecuting Attorney's Office

**Claudia Balducci**, Director, King County Department of Adult and Juvenile Detention
*Representing*: Adult and Juvenile Detention

**Rhonda Berry**, Assistant County Executive
*Representing*: County Executive

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

**Bill Block**, Project Director, Committee to End Homelessness in King County
*Representing*: Committee to End Homelessness

**Linda Brown**, Board Member, King County Alcoholism and Substance Abuse Administrative Board
*Representing*: King County Alcoholism and Substance Abuse Administrative Board

**John Chelminiak**, Councilmember, City of Bellevue
*Representing*: City of Bellevue

**Catherine Cornwall**, Senior Policy Analyst
*Representing*: City of Seattle

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

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

**Bob Ferguson**, Councilmember, Metropolitan King County Council
*Representing*: King County Council

**Michael Finkle**, Judge, King County District Court
*Representing*: District Court

**David Fleming**, Director and Health Officer, Public Health–Seattle & King County
Representing: Public Health

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

**Dennis Higgins**, Kent City Council President, City of Kent
*Representing*: Suburban Cities Association

**David Chapman**, Director, King County Office of the Public Defender
*Representing*: Public Defense

**Darcy Jaffe**, Assistant Administrator, Patient Care Services
*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

**Christine Lindquist**, National Alliance on Mental Illness (NAMI) member
*Representing*: NAMI in King County

**Jackie MacLean**, Director, King County Department of Community and Human Services (DCHS)
*Representing*: King County DCHS

**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

**Richard McDermott**, Presiding Judge, King County Superior Court
*Representing*: Superior Court

**Ann McGettigan**, Executive Director, Seattle Counseling Service
*Representing*: Provider of culturally specific mental health services in King County

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

**Steve Strachan**, Sheriff, King County Sheriff's Office
*Representing*: Sheriff's Office

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

**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 9/30/2012*

Dear Friend:

We are pleased to report on the Mental Illness and Drug Dependency (MIDD) Plan Implementation and Evaluation Summary for Year Four (October 1, 2011 – September 30, 2012). The MIDD-funded programs are making a difference in the lives of people throughout King County.

Thirty-four of the 37 strategies were operational during MIDD Year Four, with only three strategies remaining on hold due to budget constraints. During the 2012 calendar year, $39.1 million of the $43.4 million budgeted were spent implementing MIDD strategies, with the remaining being spent on MIDD supplantation and fund balance.

Among the year's highlights:

- Approximately 32,112 unique individuals were served by MIDD-funded strategies.
- Of the MIDD clients served, approximately 955 were current or past members the U.S. military.
- MIDD clients were from throughout King County, including greater Seattle, south, east, and north King County.
- Thirty-one of the 33 strategies with performance measurement data met at least 85 percent of their annual target for one or more key targets.

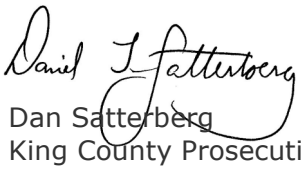
Encouraging outcomes analysis showed that for all ten strategies with adequate three-year outcome samples, average stays in jail were reduced below baseline by as much as 56 percent. The total number of inpatient community psychiatric hospitalizations decreased by 12 percent between the baseline period and the first post period for the sample of 1,364 people eligible for short-term outcomes analysis. Their total number of days hospitalized decreased by 14 percent during that first year. By the third post period, however, observed reductions were more than 50 percent for two strategies. Strategies with the highest percentage of individuals linked to publicly-funded mental health treatment within a year of their MIDD start date were: 12c—Psychiatric Emergency Services Link to Community Services (51%), 3a—Supportive Housing (47%), and 11b—Mental Health Court Expansion (43%). For substance abuse, 60 percent of the youth served by Juvenile Drug Court were enrolled in treatment within a year of their start date, along with 58 percent of the parents served by Family Treatment Court.

We look forward to continuing our oversight role, monitoring programs firsthand, and reviewing evaluation reports to ensure the MIDD-funded programs achieve their intended results. As the MIDD reaches more people who are retained in service over time, the ability to look at outcomes at the individual strategy level increases.

In 2010, King County approved the King County Strategic Plan. Two of the goals of the Plan are to "support safe communities and accessible justice systems for all" and "promote opportunities for all communities and individuals to realize their full potential". The MIDD aligns with the strategic plan by providing a full array of mental health, chemical dependency and therapeutic court services which help reduce or prevent involvement in the criminal justice, crisis mental health and emergency medical systems, and promotes stability for individuals currently involved in those systems.

As you read this 2011-2012 report, you will learn a great deal about the services that the sales tax revenue provides to improve and stabilize the lives of people with mental illness and chemical dependency. Thank you very much for your continued support and investment in the MIDD.

Mike Heinisch
Executive Director, Kent Youth and Family Services
Co-Chair



Dan Satterberg
King County Prosecuting Attorney
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. 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 fourth year of the MIDD to monitor program implementation and progress. Members of the committee cumulatively contributed over 151 hours of service during these meetings. At each of the following OC meetings, the membership received updates and engaged in discussions on several key topics as shown below:

| Meeting Date | Key Topics, Updates, and Discussions |
|---|---|
| 10/27/2011 | * Strategy 10b—Adult Crisis Diversion<br>• Good neighbor agreement finalized<br>• Pilot of the Mobile Crisis Team to begin in November 2011<br>* 2012 MIDD budget update given in context of County budget process and supplantation legislation allowing MIDD revenues to replace lost state funds for certain programs |
| 2/23/2012 | * Strategy 1f—Parent Partners Family Assistance<br>• Consultant hired to guide new agency development<br>• Key informant interviews conducted within stakeholder groups<br>* Strategy 10a—Crisis Intervention Team (CIT) Training<br>• Overview of CIT performance, courses offered, and future course development<br>* State of Washington budget update given with emphasis on funding impacts for mental health, substance abuse, and criminal justice programs |
| 4/26/2012 | * Strategy 15a—Adult Drug Court<br>• Proposed revision to change subcontracted young adult Wraparound program to transitional housing resources for individuals aged 18 to 26 years<br>* Strategy 10b—Adult Crisis Diversion<br>• Land use lawsuit dismissed in January 2012<br>• Construction began, with Crisis Solutions Center (CSC) to open in August 2012 |
| 6/28/2012 | * Strategy 1f—Parent Partners Family Assistance<br>• Family Support Organization created and Board of Directors recruited<br>* Strategy 1c—Substance Abuse Emergency Room Intervention<br>• Performance overview given on Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs in emergency departments of area hospitals |
| 8/23/2012 | * Strategy 10b—Adult Crisis Diversion<br>• Provider agency presented a CSC overview, including program components, facilities, referral procedures, and tales from the first two weeks in operation<br>* 2013/2014 MIDD budget update given with revenue forecast information projecting a $5 million gap in 2014. King County Executive requested evaluation of all supplantation programs by the first quarter of 2013 to inform the budget process. |

## Five Criteria Recommended by the OC to Guide Future Budget Decisions

1) Maintain a balance of core services at levels necessary for the core services to be effective (NOTE: Core excludes most expansions and programs with other primary funding)

2) Preserve a continuum of services across age groups, intervention points, and types of services

3) Seek individual strategy level efficiencies

4) Ensure that equity and social justice priorities are maintained without disproportionate impacts on disadvantaged communities/geographical areas

5) Look at program effectiveness, based on achievement of performance measurement targets and on available outcomes.

# Introduction

The Implementation and Evaluation Summary for Year Four of the Mental Illness and Drug Dependency (MIDD) Plan covers the time period of October 1, 2011 through September 30, 2012. This is the fifth annual MIDD report, as required by 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

On November 13, 2007, the Metropolitan King County Council voted to enact a one-tenth of one percent sales tax to fund the strategies and programs 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.

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

Ordinance 15949 called for the development of three separate plans – an Oversight Plan, 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 to the extent possible given the ongoing economic recession. This fifth annual report covers the fourth year of MIDD programming from October 2011 through September 2012 and provides updates on all strategies, including relevant output measures, outcomes analyses for those who began services prior to October 1, 2011, client success stories, and features on specific strategies and providers making a difference in the lives of the people they serve.

# 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*

# Longitudinal Evaluation Methodology

Longitudinal evaluation involves collecting data for the same group of individuals over time and then making comparisons between various time periods. Analysts look for patterns in the data that can suggest relationships between measured variables without implying causation, as other factors not being measured could also be contributing to observed results. In the MIDD evaluation, the number of people eligible for outcomes measurement at any given point in time depends on the strategy, each person's start date or some other relevant date (see the gray box at the bottom of this page) in that strategy, and how much time has passed since services began. In some cases, services are delivered in a single encounter, and in other cases they may be ongoing for an extended time, such as months or even years. Service "dose" varies widely both within and between strategies.

Another factor impacting eligibility for any given outcome (for example, jail vs. psychiatric hospitalization) is whether or not a person had any contact with that particular system during the time periods of interest. As such, some MIDD evaluation results are presented in terms of the sample of people eligible for measurement (by strategy participation and the passage of time), and also by the sub-sample of people who had at least one contact with a given system in the study timeframe. Tables on Pages 61 to 63 of this report show MIDD strategies aligned with each outcome type, the eligible sample size, and data for each of the sub-samples using the various systems during each of the following time periods:

- **Pre**: The one-year period leading up to a person's first MIDD start date or index booking (see box below for explanation) within each relevant strategy.
- **First Post**: The one-year span following a person's MIDD start date or release from their index event, sometimes called "the first year in MIDD services".
- **Second Post**: The year-long period after the first anniversary of MIDD service initiation.
- **Third Post**: The year following the second anniversary of a person's "MIDD start".

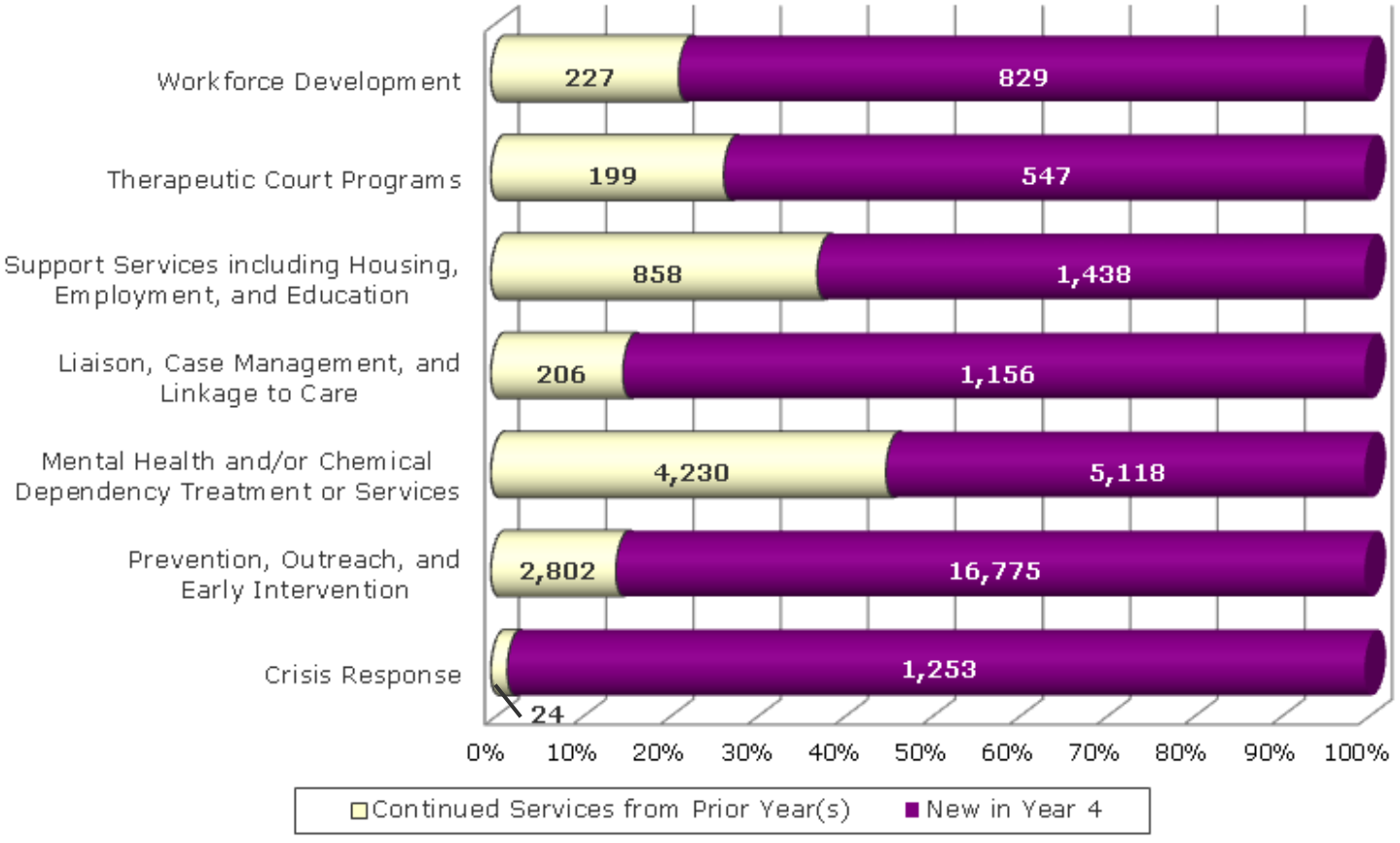
### When is a Person's "MIDD Start" Not Their Actual Start Date?

Many strategies launch MIDD services when individuals come into contact with the criminal justice system. To create a buffer around these "index" events, jail bookings and days associated with MIDD services that began as a result of a specific criminal justice contact are excluded during the outcomes analysis. In order to prevent bias toward showing either reductions or increases in jail utilization, index bookings and the days associated with those events are simply not counted in either the pre period or the first post period. For records with the buffer applied, the baseline period includes all jail episodes in the year prior to the index booking; the initial post period begins on the day after release from the index event, rather than on the actual MIDD start date, which is used for all other strategies. Note that booking days provided by jail sources are used as a proxy for custodial jail days. Strategies that employ index buffering are: 5a—Juvenile Justice Assessments, 6a—Wraparound, 8a—Family Treatment Court, 9a—Juvenile Drug Court, 11a—Increase Jail Liaison Capacity, 11b—MH Court Expansion, 12a—Jail Re-Entry Capacity Increase & CCAP Education Classes, 12d—Behavior Modification for CCAP, and 15a—Adult Drug Court.

# Executive Summary

- $39.1 million of the $43.4 million budgeted were spent implementing MIDD strategies during the 2012 calendar year.
- Three youth-serving strategies remain on hold due to budget constraints. All other strategies have been implemented, although most were funded at levels below the original plans.
- Thirty-one of the 33 strategies with performance data met at least 85 percent of one or more of their key annual targets.
- The MIDD Oversight Committee members contributed over 150 cumulative hours of service to monitor MIDD implementation and progress.
- At least 32,112 individuals (20,150 adults and 11,962 youth/children) received one or more MIDD-funded services during MIDD Year Four.
- MIDD clients were from all areas of King County, including greater Seattle (35%), south King County (34%), east (16%), north (6%), and other/unknown (9%).
- At least 995 military veterans received services in MIDD Year Four.
- In Strategy 1a-1—Mental Health Treatment, 884 of 1,044 participants (85%) whose anxiety and depression symptoms changed over time showed improvement.
- In a sample of 499 people treated for alcohol abuse or dependence in Strategy 1a-2—Chemical Dependency Treatment, 128 (26%) had reduced their use to abstinence.
- For all 10 strategies with adequate three-year outcomes samples, average days in jail were reduced below baseline; reductions for six strategies were greater than 40 percent.
- Average days in community inpatient psychiatric hospitals decreased by 48 percent, from 13.4 (pre period) to seven (third post period) for a sample of 537 people starting MIDD services before October 2009.
- Ten of 11 strategies trying to reduce emergency department (ED) use demonstrated reductions over baseline by the second post period; reductions as high as 82 percent were evident by the third-year post. This was the first reporting period where analysis of visits to Harborview Medical Center's ED was possible.

## Total Number of Individuals Served by Type of Service



# Guide to New Layout for Individual Strategy Information

Strategy Number

Strategy Description

## 10a Crisis Intervention Team Training for First Responders

Brief Strategy Overview

Crisis Intervention Team (CIT) 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 the safety of the public. Funds are also available to reimburse law enforcement agencies for backfill or overtime when officers are in training and away from their duties.

Performance Measurement

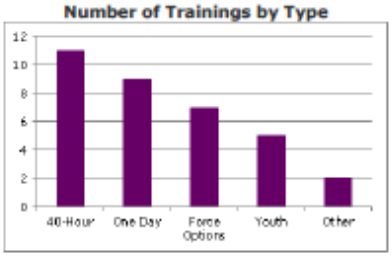
| Year 4 Target | New in Year 4 | Percent of Year 4 Target |
|---|---|---|
| **180 trainees/yr (40-hour)** | **256 (40-hour)** | **142%** |
| **300 trainees/yr (one day)** | **266 (one day)** | **93%** |
| **150 trainees/yr (other CIT programs)** | **185 (other)** | **123%** |

See Appendix I for Detailed Information

### Service Highlights

Between October 10, 2011 and September 27, 2012, the CIT education team offered a total of 34 training opportunities as shown in the graphic below.

**Number of Trainings by Type**




Services Information for the Current Reporting Period or in Historical Context

Multiplying course hours by the number of attendees per course, 14,103 aggregate training hours were delivered in MIDD Year Four.

Post-training comments included:

- "Not a fan of role playing, but it was great."
- "It is amazing that I have been a cop for 10 years and have not used most of the resources [presented]."
- "Instructor was amazing and effectively memorable."

Quotes or Success Stories

### Outcomes

Outcomes Information for Eligible Samples

Of the 256 professionals who attended the 40-hour CIT training over the past year, 228 (89%) completed evaluations. By contrast, only 47 percent of the single-day trainees provided formal feedback, so their responses may not be representative of all trainees.

Training topics with the highest percentage of "Excellent" ratings during the week-long training were: Excited Delirium (76%), Communicating with the Mentally Ill (57%), and the role play scenarios (46%). After a curriculum change in early 2012, an 82 percent endorsement for recommending the course to others rose to 95 percent.

Asked if the CIT classes were relevant and useful, 64 percent gave the highest approval rating to the 40-hour course after the curriculum change (up from 34%) compared to 84 and 91 percent of the respondents, respectively, for the in-service (or one day) and CIT Force Options. Overall ratings for these three types of trainings were:

**Percentage of Ratings Given by Topic**

| | Excellent | Good | Fair | Poor |
|---|---|---|---|---|
| 40-Hour | 44% | 41% | 13% | 1% |
| One Day | 84% | 15% | 1% | 0% |
| Force Options | 84% | 14% | 2% | 0% |

See Detailed Tables of Findings for All Strategies in the Appendices

Tables or Graphics

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# Community-Based Care Strategies

# 1a-1 Increase Access to Community Mental Health Treatment

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

| Year 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **2,400 clients/yr** | **1,841** | **2,504** | **4,345** | **181%** |

## Service Highlights

More than 4,000 people received Strategy 1a-1 benefits in the current reporting period; more than half were new clients. The total number served represents a 41 percent increase from the previous MIDD year. Just over half of all participants identified as racial or ethnic minorities or were of mixed race. Among those served, 447 were homeless individuals and 196 were military veterans.

In 2012, MIDD funding also began covering non-Medicaid clubhouse services at HERO House and Wallingford House. Clubhouses provide educational, vocational, and social opportunities for their members (adults recovering from mental illness). Programs offered in the clubhouse model foster meaningful relationships and a sense of purpose, while complementing more traditional forms of treatment. Of the 204 people receiving clubhouse services through this strategy, 42 also had mental health benefits funded by MIDD.

**Common Symptoms of Depression**

* Unshakable sadness
* Hopelessness
* Guilt & low self-worth
* Loss of energy
* Helplessness
* Extreme insomnia
* Weight loss or gain
* Irritability

## Outcomes

Fewer than 20 percent of the 4,551 people served in this strategy prior to October 2011 had any jail use. Of the 757 using jails, the average number of days jailed in the year prior to MIDD services was 44, dropping to 31 days in the first post period. For the 640 eligible for a second post period, the average number of days in jail was 24. For the 335 eligible for a third post period, this figure was only 17 days; a 60 percent reduction in average jail days over the four-year period.

In the year prior to their MIDD start, 538 participants in Strategy 1a-1 were hospitalized for an average of 20 days in community inpatient psychiatric settings. During the first post period, average days hospitalized for this group dropped significantly to 11 days. Those eligible for a longer term analysis were hospitalized, on average, only one week per year.

Reducing the severity of mental health symptoms is a key outcome for this strategy. The Problem Severity Summary (PSS) is administered to adult participants at intake, six months, and one year. While anxiety and depression symptoms remained stable over time for about 65 percent of the 2,943 people studied, a majority of those who did experience a change (884 of 1,044 or 85%) showed improvement. See detailed results on symptom reduction in Appendix II.

# 1a-2 Increase Access to Community Substance Abuse Treatment

Assessment, individual counseling, group counseling, and case management are all aspects of substance abuse treatment for adults in outpatient (OP) settings. Treatment for youth includes all of these components, plus urinalysis. Individuals enrolled in opiate substitution therapy (OST) typically receive daily dosing of medications such as methadone. More than thirty provider agencies increased access to their services or enhanced treatment continuity because of this strategy.

| Year 4 Target | New in Year 4 | Percent of Year 4 Target |
|---|---|---|
| **50,000 adult OP units** | **30,053 adult OP units** | **60%** |
| **4,000 youth OP units** | **6,564 youth OP units** | **164%** |
| **70,000 OST units** | **79,017 OST units** | **113%** |

## Service Highlights

A total of 3,351 unduplicated individuals received help in overcoming addictions to drugs and alcohol and/or maintaining their recovery during the fourth full year of MIDD funding. By treatment type, 2,628 people were enrolled in outpatient treatment, 711 in medication-assisted opiate treatment, and 12 in both.

Performance measurement focused on the number of units purchased for each type of treatment. Compared to the prior year, the number of units purchased was about 10 percent higher this period. The availability of state funds accounted for the need to purchase fewer adult outpatient units.

**The Role of Recreation in Treatment at Consejo Counseling and Referral Service**

A young woman in youth substance abuse treatment at Consejo has improved both cognitively and behaviorally by learning how to think before reacting and engaging in less risky behavior. Her willingness to change is evident in her consistent group attendance and active engagement in other agency programs, such as a girls' basketball team. She has successfully reduced her substance use to the point of being able to fully abstain. By developing hobbies and a constructive social calendar, her relapse risk is greatly reduced.

## Outcomes

Nearly half of the one-year outcomes sample for those in substance abuse treatment (3,458 of 7,588) had encounters with the local criminal justice system. On average, those jailed were incarcerated for just over a month in the year preceding their MIDD-funded treatment start. During their first year of services, the average time spent in jail was about 24 days. Over time, average days in jail dropped below 17 days for the opiate substitution sample that was eligible for longer term outcomes.

Short-term reductions in emergency department (ED) use at Seattle's Harborview Medical Center were significant for those in outpatient treatment (from an average of 1.6 visits per year prior to the start of treatment to 1.4 during the first year after). First-year reductions for OST were not significant, but by the third post period, average ED visits were 0.9, down significantly from 1.2 at baseline (N=347).

Symptom reduction analysis looked at 2,699 outpatient cases, finding that the top three primary drugs of choice were: alcohol (55%), marijuana (25%), and cocaine (6%). For primary alcohol use, 128 of 499 (26%) with data measured at two different points in time reduced their use to abstinence. For marijuana, this percentage was 24; for cocaine, 20 percent achieved abstinence.

# 1b Outreach and Engagement to Individuals Leaving Hospitals, Jails, or Crisis Facilities

Through a partnership with Public Health—Seattle & King County's Healthcare for the Homeless and other providers, individuals coping with chronic homelessness and addictions to drugs or alcohol are engaged by outreach workers in an effort to link them with various service providers in the community. Successful engagement employs principles of harm reduction, motivational interviewing, and trauma-informed care. Outreach efforts focus on meeting people "where they are."

| Year 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **675 clients/yr** | **681** | **849** | **1,530** | **226%** |

## Service Highlights

By using MIDD funds to leverage matching funds from other sources, Strategy 1b is able to serve twice as many individuals as one would expect based on the MIDD portion alone. In particular, Public Health's Needle Exchange (NE) served over 1,000 of the estimated 18,000 injection drug users in King County, providing outreach and case management for those on the waiting list for opiate substitution treatment.

In this reporting period, the NE program alone recorded 3,796 encounters, ranging from one to 24 per person. By contrast, each of the other three agencies involved in delivering Strategy 1b services averaged about 125 clients per year. Those providers combined for a total of 1,666 encounters, or just over five per person on average.

### Providers Overcome Challenges

These providers work with clients who live in "crisis mode", spending their days trying to find food, companionship, a shower, and shelter for the night ahead. They have learned not to trust people, but despite these extreme circumstances, the Strategy 1b providers are able to engage many clients and help them make positive changes in their lives.

## Outcomes

The average number of days in jail held fairly steady for the 1,024 people eligible for one-year post outcomes when comparing the year prior to their enrollment with their first year in services (32 vs. 30 days). For the 696 eligible for a second-year analysis, average jail days decreased by four from their baseline of 28.6 days to 24.6 (second post), which was not statistically significant.

For this strategy, initial increases in community psychiatric hospital days leveled off during the second year of services.

Of those referred to treatment for mental illness or chemical dependency, some programs reported confirmed linkages in excess of 70 percent. The outside source rate of linkage to these services for all outcomes-eligible participants, whether referred or not, was 18 percent for mental health treatment and 43 percent for substance abuse treatment (within one year of the initial enrollment date).

Analysis of emergency department use at one local hospital showed that those engaged in Strategy 1b were more likely to increase their hospital use in the short term (from an average of 2.3 visits in the year prior to their MIDD start to 2.7 in the next year). For the second-year post sample, average visits fell from 2.0 to 1.8, a not yet significant trend in the desired direction.

# 1c Emergency Room Substance Abuse Early Intervention Program

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice focused on engaging persons at early risk for substance use disorders. The MIDD supports SBIRT for patients who are admitted to certain emergency departments (ED) for a variety of reasons. Key tenants 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 (assessing each person's motivation to change), and assisting the individual with a referral for treatment if needed.

| Year 4 Target (Adjusted) | New in Year 4 | Percent of Year 4 Target |
|---|---|---|
| **5,600 screens/yr**<br>**3,798 brief interventions/yr** | **3,695 screens**<br>**4,763 brief interventions** | **66%**<br>**125% (Adjusted)** |

## Service Highlights

For the four quarters which began on October 1, 2011, chemical dependency professionals at three area hospitals saw a total of 4,057 unique individuals for the delivery of SBIRT services. The number of people who were seen at more than one hospital was 118; seven people were seen at all three EDs. The table below shows the unduplicated numbers served by location.

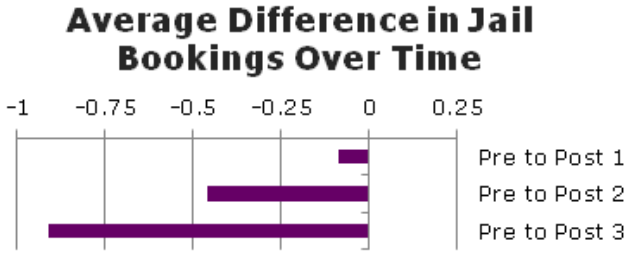
**Number Served by Location**

| Location | Number of Staff | Number Served |
|---|---|---|
| Harborview Medical Center | 5 | 2,957 |
| Highline Medical Center | 1 | 578 |
| St. Francis Hospital | 1 | 648 |

Staff received in-service training on using the AUDIT, a standardized screening tool for problematic alcohol use, as a secondary prevention tool, to provide education to patients whose alcohol use was only considered marginally hazardous. About one-third of all people screened by SBIRT in this reporting period said that they drank alcohol on a daily basis.

## Outcomes

The Strategy 1c first-year outcomes sample grew to 7,364 cases. Longer term outcomes were available for 4,310 people with a second post period and 1,392 with a third post period. The percent of each sample that had criminal justice system contact within the various study time periods was roughly one-third. For the 509 jail users who got SBIRT services at Harborview Medical Center prior to October 1, 2009, statistical testing showed that longer term reductions in jail bookings were significant.




The number of days spent in jail was not significantly different from one time period to the next until the third post period when the baseline average of 31 days dropped to 20 (a mean difference of over 10).

Visits to the Dutch Shisler Sobering Center fell significantly over a four-year span by 66 percent for the 305 people with any use, from an average of 17 to six days.

# 1d Mental Health Crisis Next Day Appointments and Stabilization Services

State-funded crisis stabilization services, including next day appointments, are enhanced with MIDD funding to provide additional services such as psychiatric medication evaluations. Following a mental health crisis, highly-trained medical professionals perform these face-to-face reviews of the prescribing and/or administering of medications and their side effects. 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 4 Target (Adjusted) | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **285 clients/yr with enhanced services** | **18** | **213** | **231** | **81% (Adjusted)** |

## Service Highlights

Funding cuts at the state level in 2011 led to drastic reductions in the availability of next day appointments (NDAs) for individuals experiencing mental health crises. The overall capacity to deliver core adult crisis stabilization services was recently reduced by 62 percent in King County. Provision of enhancement services, such as psychiatric medication evaluations, was correspondingly impacted and performance targets have been adjusted accordingly.

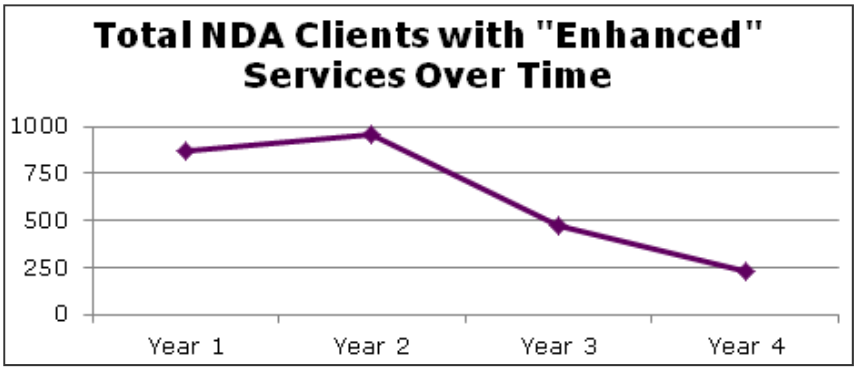
The impact on Strategy 1d's ability to serve the original target of 750 people per year with service enhancements is shown below, using the number of NDA recipients with medical or medication services as a proxy.

## Outcomes

About 28 percent of the people in this strategy were found in the jail database. Their average days in jail declined steadily over time.

Of the 2,122 cases eligible for short term analysis of their community psychiatric hospitalizations, 381 (18%) had at least one inpatient stay. The average number of days hospitalized during the year before their qualifying NDA encounter was only 8.8. In the year which followed, these hospital days rose to 12.6. By the second post period, the sample average had decreased to 6.6 days.

Subsequent to receiving enhanced NDA services, at least one-third of each outcomes sample was linked to treatment for mental illness.




# 1e Chemical Dependency Professional (CDP) Education and Training

A workforce development plan was adopted in 2010 to incorporate evidence-based practices into service delivery throughout King County's chemical dependency treatment system. A key aspect of the plan involves training CDP's in motivational interviewing, then ensuring fidelity to this model through clinical supervision with performance feedback and coaching. Funding also reimburses expenses incurred earning/renewing CDP or Certified Prevention Professional (CPP) credentials.

| Year 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **125 reimbursed trainees/yr** | **227** | **122** | **349** | **279%** |
| **250 workforce development trainees/yr** | **N/A** | **253** | **253** | **101%** |

## Service Highlights

The Northwest Frontier Addiction Technology Transfer Center delivered 17 trainings/learning collaboratives in MIDD Year Four, educating a total of 253 trainees. In addition to both introductory and advanced courses in motivational interviewing and clinical supervision, three treatment planning courses were offered. Working in small groups, participants developed professional treatment plans utilizing King County guidelines based on the principles of MATRS (Measurable, Attainable, Time-limited, Realistic, and Specific).

Students at the University of Washington School of Social Work also had several opportunities to participate in newly developed courses and practicums with a focus on chemical dependency treatment.

The number of CDPs, CDP trainees, and CPPs applying for reimbursement of costs associated with their education and/or certifications continued to climb in MIDD's fourth year. Fewer applications for the more expensive tuition reimbursements contributed to increased availability of funds for those with only credential acquisition expenses.

## Outcomes

After trainings on all topics, participants completed evaluations to rate course quality and effectiveness. When asked about the overall quality of trainings, 161 (64%) of the 253 trained were "very satisfied"; another 87 (34%) were "satisfied." In regard to enhancement of skills in each topic area, 135 (53%) "strongly agreed" and 104 (41%) "agreed."

Following up six months later, 34 of 38 trainees who responded to an on-line survey (89%) said they felt they could now serve clients better. Of the 21 who felt there were barriers to implementing what they had learned in their current job, 14 (67%) said "time."

Statistically significant increases in skills and knowledge (identified below) related to motivational interviewing were found among those completing pre/post assessments.

**Aspects of Motivational Interviewing**

* Person-centered
* Collaborative
* Open-end questions
* Affirmations
* Reflective listening
* Roll with resistance
* Develop discrepancy
* Change talk

# 1f Parent Partner and Youth Peer Support Assistance Program

A new family support organization, named Guided Pathways—Support (GPS) for Youth and Families, was developed in 2012 to provide services for families by families. The GPS program will serve King County families whose children or youth experience 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 4 Target | New in Year 4 | Percent of Year 4 Target |
|---|---|---|
| **4,000 clients/yr** | **Start up only** | **N/A** |

## Service Highlights

Development of the nonprofit GPS for Youth and Families began moving forward in earnest in October 2011 under the guidance of a consulting firm that specializes in strategic planning, service delivery planning, capacity building and leadership development. An 11 member steering committee was selected and in April 2012, this group transitioned to a Board of Directors (pictured below) that will govern the organization. By August 2012, a pool of candidates for the Executive Director position had been finalized, and in early September, interviews for the top leadership position began.

The mission statement for GPS is:

*We are families helping families. We empower and support families and youth struggling with behavioral, emotional or substance abuse challenges in navigating resources to achieve wellness and resilience.*

Members of the GPS Board of Directors are pictured above with the Executive Director, Susan Millender, (second from right).

## 2012 Key Tasks

**Spring 2012**

- Develop mission and name options and test with parent network
- Review program/service framework options
- Develop documents to create legal nonprofit organization

**Summer 2012**

- File legal documents for nonprofit incorporation
- Announce name and mission
- Finalize program/service framework
- Develop 2012-13 operational plan
- Begin recruitment process for executive director

**Fall 2012**

- File for IRS 501(c)3 tax-exempt status
- Finalize contract with King County
- Approve selection of Executive Director
- Office established and doors open
- Begin developing and providing initial services

# 1g Prevention and Early Intervention Mental Health and Substance Abuse Services for Adults Age 50+

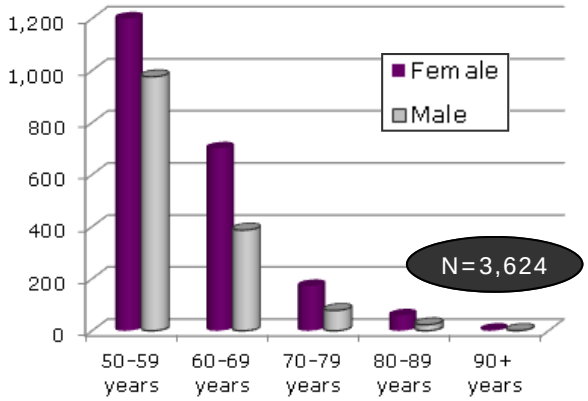
Older adults receiving primary medical care through a network of 26 “safety net” clinics may now be screened for depression, anxiety, and substance abuse disorders. When appropriate, short-term behavioral health interventions are made available for both uninsured and underinsured individuals who are 50 or older. This strategy has been on the cutting edge of healthcare integration efforts, serving over 8,000 clients since it was first implemented in 2009.

| Year 4 Target (Adjusted) | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **2,196 clients/yr** | **1,409** | **2,226** | **3,635** | **166% (Adjusted)** |

## Service Highlights

For the sample of Strategy 1g participants for whom both age and gender were known, the distribution of the number of individuals recently screened appears below.

**Number Served by Age and Gender**




At least 638 of the 3,635 older adults screened (18%), received a clinical assessment during MIDD Year Four and/or opted to enter into short term treatment services for mental health or substance use issues provided within their community medical facility. As of October 1, 2012, the average number of program contacts for those continuing in care was 6.7. The average number of total program minutes per person was 248 minutes, or just over four hours.

The treatment strategies employed are evidence-based.

## Outcomes

Before October 2011, a total of 2,596 unique individuals were clinically-assessed beyond their initial positive screening for either mental health (MH) or substance abuse concerns. A subset of 235 people (9%) were referred on to community MH providers after an average of eight program contacts or 291 average program minutes.

Referrals for the treatment of chemical dependencies (CD) were given out to 134 older adults, or five percent of the sample that received a clinical assessment. Agency follow-up on those referrals indicated that 32 (24%) had confirmed linkages to CD treatment. The prevalence of potential substance abuse for one sample of 1,762 Strategy 1g patients was about 32 percent.

In the year prior to their MIDD start, 805 of the 5,256 eligible* for one-year post outcomes (15%) had visited the emergency department at Harborview Medical Center. They averaged 1.3 visits in both the pre and first post period (no significant short-term change). For the smaller samples eligible for second-year and third-year post outcomes, the average number of visits per year dropped down to 0.85 and then 0.67, respectively. While these improvements were not statistically significant, they do indicate a trend in the desired direction.

* Includes all persons who were screened.

# 1h Expand Availability of Crisis Intervention and Linkage to Ongoing Services for Older Adults

The Geriatric Regional Assessment Team (GRAT) delivers crisis intervention services in the community for adults aged 60 and older. In response to calls from police and other first responders, the team is deployed countywide to assess those in crisis and connect them with appropriate service providers. The GRAT often helps divert individuals from admission to emergency departments, psychiatric hospitalizations, and evictions from their homes. With funding from the MIDD, the team has hired additional geriatric specialists in order to serve more clients in a timely manner.

| Year 4 Target (Adjusted) | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **258 clients/yr** | **24** | **302** | **326** | **166% (Adjusted)** |

## Service Highlights

The GRAT staff positions funded during MIDD Year Four were 1.0 full-time equivalent (FTE) mental health therapist, 1.0 FTE chemical dependency professional (CDP), 1.0 FTE CDP trainee, and a 0.5 FTE geriatric nurse.

From October 2011 through September 2012, the GRAT received 384 mental health referrals and 38 chemical dependency referrals. The number of clients who were appropriate for services was 326. Of the 309 who were discharged before October 2012, 188 (61%) were referred to medical services, 111 (36%) were helped by family or friends after resolution of their crises, 88 (28%) were referred to Adult Protective Services, and 84 (27%) were linked to community mental health agencies. Note that multiple discharge dispositions per person were possible.

In addition to specialized crisis outreach services, GRAT clients received face-to-face assessments that enhanced their subsequent referrals to appropriate help.

## Outcomes

For the first nine months of 2012, the following diversions were documented by GRAT staff. Clients were able to avoid:

- 24 evictions
- 22 emergency department visits
- 21 involuntary commitment cases
- 19 psychiatric hospital admissions.

A total of 91 people had at least one community psychiatric hospitalization in either the year prior to their MIDD start or in the year that followed (8% of the 1,146 eligible for one-year outcomes). As expected in crisis resolution situations, the average number of days per year spent in psychiatric hospitals rose from 2.5 in the pre period to 23.7 in the first post. In smaller samples with longer term data, the averages fell to 7.4 (second year) and then 2.1 (third year).

Seven percent of the 1,146 who began GRAT services prior to October 2011 had at least one publicly-funded mental health treatment benefit in the year that followed their MIDD start date.

After an initial spike in emergency department visits at Harborview (from 1.3 to 1.4), by the third post period the average had dropped significantly to 0.2 visits.

# 2a Workload Reduction for Mental Health

The workload reduction strategy was designed to increase the number of direct services staff in participating community mental health agencies. By funding more or different staff positions, overall caseload size can be reduced in order to improve the frequency and quality of mental health services delivered to clients. This strategy is aligned with goals of the Mental Health Recovery Plan of King County that was adopted through Ordinance 15327 in November 2005.

| Year 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **16 agencies participating** | **16** | **1** | **17** | **106%** |

## Impact Analysis

In April 2012, a new mental health agency, Atlantic Street Center, began participating in the workload reduction strategy. This is the first change in the number of agencies participating since the strategy was first implemented in November 2008.

As reported previously, over a four-year period, average caseloads have been reduced from 42 clients per direct service staff member to 35; a reduction of 17 percent. Client-to-staff ratios still vary widely between the various mental health agencies, but this finding is not unexpected as the complexity of clients served and specialized program offerings are often quite diverse.

In contract reports submitted by providers, they explain the types of staffing increases made and the impact of those changes. Two examples illustrate the value of this strategy.

**Example 1**—An agency located in south King County hired a registered nurse (RN) to reduce the primary clinician's workload. Prior to this, primary clinicians had only the prescriber or the on-call medical staff available to assist with medication-related concerns. The RN reduced the overall caseload by managing a caseload of clients in recovery who were receiving only medication services.

**Example 2**—A mental health service provider in the north region of the County hired a Health & Wellness Licensed Practical Nurse (LPN) in 2009 utilizing Strategy 2a funds. Due to the success of this position, the agency utilized their additional 2011 Workload Reduction funds to hire another 1.0 FTE Health & Wellness LPN to increase their ability to provide and coordinate basic health care services to enrolled clients. The Health and Wellness LPNs conduct basic health and metabolic screenings, provide groups such as smoking cessation and wellness, and coordinate care between the agency's clinical and medical staff with community health care providers. This position contributed to the reduction of workload for current direct staff by providing a specialized focus of services for clients.

**Recovery Principles**

* Empowerment
* Choice
* Voice
* Dignity
* Respect
* Strengths-focused
* Self-determination
* Connection
* Trust
* Hope

# 2b Employment Services for Individuals with Mental Illness and Chemical Dependency

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 4 Target (Adjusted) | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **700 clients/yr** | **404** | **430** | **834** | **119% (Adjusted)** |

## Service Highlights

Nine King County mental health (MH) agencies currently operate evidence-based SE programs with funds provided through the MIDD and the State of Washington's Division of Vocational Rehabilitation. Because the agencies only receive funding upon completion of various job placement milestones, they must be successful in order to sustain their programming. One successful job placement per SE staff per month is the current expectation for program sustainability.

Of the 834 adults enrolled in SE during the fourth year of the MIDD, 163 (20%) were known to have less than a high school education. Of those, 27 were also homeless and six did not speak English as their first language. Altogether, 101 SE participants were known to be homeless at the time of their MIDD start date and 104 spoke primary languages other than English. Despite these apparent barriers to employment, SE's zero exclusion policy made it possible for these job-seekers, by expressing a desire to work, to get the help they needed when they were most motivated to be successful.

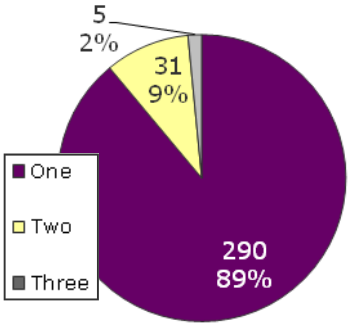
Original plans called for Strategy 2b to also serve individuals enrolled in chemical dependency treatment, but funding constraints prevented the system-wide implementation of SE.

## Outcomes

Everyone who began an SE benefit prior to October 2011 was eligible for examination of jobs outcomes. The current analysis examined job placements and retention of jobs for 1,608 cases, whereby individuals served by more than one participating agency were counted more than once.

Altogether, 326 cases (20%) resulted in at least one job placement in the community before October 2012, as shown here.

**Number of Job Placements**




**Job Retention**

At least **159** different jobs were held for at least 90 days; a 90-day retention rate of **49 percent**.

The average length of time between a person's first SE start date (engagement in services) and their first job placement was 262 days, or nearly nine months. The range was three days to 3.5 years.

In King County, the rate of employment for persons receiving a year-long MH benefit via public funding has risen to about six percent over the past two years.

# 3a 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.

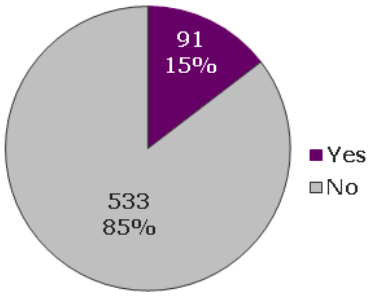
| Year 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **553 clients/yr** | **334** | **290** | **624** | **113%** |

## Service Highlights

Each year, five-year grants are awarded to provide funding for delivery of supportive services in new or existing units of housing developed or set aside for populations with special needs. In 2012, funds were awarded to benefit 18 of the 50 slots in the Forensic Assertive Community Treatment (FACT) program and 17 in the South King County Housing First (SKCHF) program, both of which are administered by Sound Mental Health. With a combined capacity to serve 35 clients, the addition of these two programs brings the total capacity for this strategy to 553. The MIDD evaluation will track everyone in FACT and SKCHF.

A total of 624 adults had supportive housing services covered by MIDD contracts in this period; six of these people were served by two different providers. Fifteen percent had past U.S. military experience as shown in the pie chart below.

**"Have You Ever Served in the U.S. Military?"**




## Outcomes

Of the 510 supportive housing participants currently eligible for initial outcomes analysis, 242 (47%) had jail bookings in either the year prior to their MIDD start or during their first year of services. Average reductions in jail days between the pre and first post period were remarkable, from 60.6 days to 28.3 days; a decrease of 53 percent. Further decreases were noted as more time passed.

The relationship between level of involvement in services and jail outcomes was studied using a small sample with adequate data. Neither service duration nor intensity (coded as minimal, moderate, and maximal relatively within each program) had a measurable impact on changes in jail use in the short term. Of the 58 cases with a full second-year post, however, the 41 with minimal intensity ratings showed a slight increase in jail days, whereas those with moderate to maximal intensity ratings (N=17) decreased their jail use by over 50 days on average.

Emergency department visits at Harborview were recorded for over 60 percent of the supportive housing recipients in each outcomes time period. The average number of visits, however, declined appreciably over time from 3.8 (pre) to 2.4 (first post) to 2.3 (second post), and 1.3 (third post).

Average sobering center visits changed as follows: 47.68 (pre) to 1.17 (third post).

# 13a 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 professionals, and 3) consultation with DV advocates and others on issues pertaining to mental health and substance abuse. Strategy 13a also contributes toward retaining the services of a systems coordinator.

| Year 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **560-640 clients/yr** | **157** | **357** | **514** | **92%** |

## Service Highlights

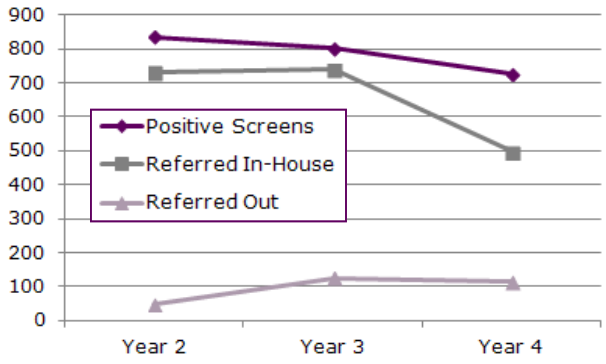
A total of 1,137 individuals seeking help from four DV advocacy agencies located throughout the County were offered screening using the Global Appraisal of Individual Needs Short Screener (GAIN-SS). Of the 882 who agreed to be screened, 728 (83%) showed an indication that further intervention could be beneficial by screening positive for the following issues.

**Positive Screens by Problem Type**

| | |
|---|---|
| Mental Health (MH) | 616 |
| Chemical Dependency (CD) | 7 |
| Both MH and CD | 105 |

The graphic below shows a year-to-year comparison of positive screenings and some of the referral dispositions that resulted.

**Number of Screens and Referrals Over Time**




## Outcomes

Anonymous feedback from clients praised the insight of therapists who helped them work through difficult decisions and to overcome the challenges they faced in leaving DV situations. Specific knowledge of abuse and trauma were seen by clients to be particularly beneficial in these therapeutic relationships. Many felt they would not have survived their ordeals without the support they received.

During MIDD Year Four, 48 client-rated and 37 clinician-rated outcomes surveys were submitted. Most respondents (73%) felt they could manage stress better as a result of their therapy work. Higher ratings on survey items were associated with slightly higher average service hours (16 hours for “strongly agree” and 13 hours for “agree”). Note: This small, self-selected sample may not represent the views of all Strategy 13a clients.

### Systems Coordination Highlights

- Resource workshop in November 2011 hosted 36 attendees
- DV Screening and Response Guideline created for MH and CD providers
- DV referral guidelines distributed to sexual assault agencies
- Ongoing technical assistance and consultation across systems, including with courts
- Multiple trainings attended and delivered

# 14a Sexual Assault and Mental Health Services

By blending MIDD funds with other sources of revenue, four agencies 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 issues and/or substance abuse 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 mental health and drug abuse treatment agencies and the fields of domestic violence and sexual assault advocacy.

| Year 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **170 clients/yr** | **118** | **269** | **387** | **228%** |

## Service Highlights

In MIDD Year Four, 1,607 clients at area sexual assault centers were offered screening for mental health and chemical dependency issues. Of the 1,510 who accepted the screening service, 1,209 (80%) screened positive for signs of mental illness; 177 (12%) also screened positive for substance abuse. This indicates an eight percent increase in positive screens when compared to the 1,120 reported for the prior year. The number of people who engaged in at least one MIDD-funded service in the current time period represents about 32 percent of all those who screened positive.

### MAKING A DIFFERENCE

An older woman who had been sexually assaulted, as well as experiencing many other traumas, finally decided to seek treatment for the lifelong effects that she had experienced. She was only able to qualify for partial charity care support, and would have been unable to attend therapy without MIDD funding. The therapist said that when she informed the patient that her therapy would be subsidized by this special funding, the victim broke into tears of gratitude.

## Outcomes

Outcome information for the current year was submitted by three of the four sexual assault providers. Of the 40 youth for whom outcomes were available, 36 (90%) had favorable outcomes as evidenced by two or more positive responses to the following five indicators:

* Positive engagement
* Behavior change
* Emotional stability
* Treatment goals
* Safety and security

Altogether, 102 of the 110 youth for whom outcomes were provided since MIDD Year One (93%) had achieved their outcomes.

For the 53 adults with outcomes data since the beginning of the MIDD, 49 (92%) had achieved successful outcomes by meeting two or more of these measured items: understanding of their experience, coping skills, symptom reduction, and treatment goals.

In the current reporting period, 115 youth and adults combined had exited from the program. Of those, 61 (53%) had completed their treatment. The remainder left services prior to completion for a number of different reasons, including moving away from the area.

# Strategies with Programs to Help Youth

## 4a Services for Parents in Substance Abuse Outpatient Treatment

Strategy 4a was included in the MIDD plan to fund programs for parents recovering from chemical dependencies to learn more effective parenting skills in an effort to reduce the risk that their children might abuse drugs or alcohol in the future. Developed at the University of Washington in the Social Development Research Group, Families Facing the Future, is an evidenced-based parenting program for families experiencing substance abuse problems. Consisting of a five-hour family retreat and 90-minute parent training sessions conducted twice weekly over the course of 16 weeks, the program focuses on teaching:

- Family goal setting
- Relapse prevention
- Family communication skills
- Family management skills
- Creating family expectations about drugs and alcohol
- Teaching skills to children
- Helping children succeed in school.

Other aspects of the full implementation of this strategy were to include assessment of family functioning, development of service plans with parents, parenting classes, meetings with family support workers, and intensive programming as needed.

**During the MIDD's fourth year, this strategy remained on hold.**

## 4b Prevention Services to Children of Substance Abusers

Targeting children separately from those in Strategy 4a, this strategy would fund prevention activities multiple times in all geographic regions of King County. Examples of drug and alcohol prevention programs that could be offered are educational/support groups, life-skills training, mentoring services, parent education, and specialized drug prevention awareness events.

Because children of substance abusers are more likely to develop problems with alcohol and other drugs over time, Strategy 4b seeks to employ evidence-based prevention programs to offset risk factors with protective ones.

**Budgetary constraints have kept this MIDD strategy on hold.**

While drug and alcohol prevention work has been included among the offerings of the Strategy 4c (Collaborative School-Based Mental Health and Substance Abuse Services) providers, this strategy was intended to target a very specific population.

# 4c 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 MH/substance abuse agencies and neighboring schools, serving youth aged 11 to 15 years. Agency staff are integrated at the schools to provide services that include indicated prevention and early intervention, plus screening, brief intervention, and referral to treatment. Delivery of two specific suicide prevention curricula, SafeTalk and Applied Suicide Intervention Skills Trainings (ASIST), is another element of the implementation of this strategy.

| Year 4 Target (Adjusted) | New in Year 4 | Percent of Year 4 Target |
|---|---|---|
| **1,550 youth/yr** | **At least 1,410** | **91% (Adjusted)** |

## Service Highlights

Ten providers continued to deliver 13 programs for 21 different King County schools during the current reporting period. The number of youth served in these collaborative, school-based programs who have data that identifies them individually is shown in the performance measurement grid above. Many more youth (not unduplicated) were exposed to prevention services provided in large group contexts, such as school assemblies, as indicated in the table below. For a description of one of these projects, please see Page 35.

**Large Group Events by Region**

| Region | Event Count | Sum of Participants |
|---|---|---|
| East | 89 | 951 |
| Seattle | 161 | 10,116 |
| South | 148 | 7,631 |

The Youth Suicide Prevention Project delivered a total of four SafeTalk suicide alertness and awareness trainings to 57 trainees, plus nine ASIST trainings to 227 trainees. The total number of specialized trainings delivered over a three-year period was 47.

## Outcomes

Since the implementation of school-based services was delayed and individual-level data were not universally available for clients seen before September 2011, more time must pass before outcomes evaluation can be done. Reduction in truancy petitions and detention admissions will be examined, if possible, in the next annual report.

Only a small sample of data from the Performance Based Prevention System (PBPS) collected by the Division of Behavioral Health and Recovery in Washington State's Department of Social and Health Services was available to analyze increased protective factors and reduced risk factors for youth. Measured at two points in time (before and after a given intervention such as Life Skills Training), the Healthy Decisions Survey looks at attitudinal changes in three areas: Refusal Skills, Risk of Use, and Rewards for Antisocial Behavior. For the MIDD sample, no statistically significant changes were detected, although there was slight improvement in the likelihood that youth would say "no" if someone asked them to drink alcohol or take drugs. By targeting middle school students before they begin using substances, the trainings work to reinforce the protective factors as measured by the PBPS.

# 4d School-Based Suicide Prevention

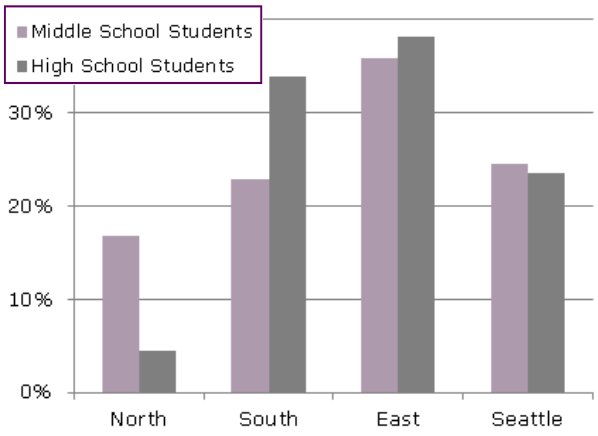
In 2009, the Washington State Department of Health published a plan for Youth Suicide Prevention. The report estimated that, on average, two youth take their own lives and 17 others are hospitalized for attempted suicide each week in Washington. With MIDD funding, youth suicide prevention trainings are delivered to both school-aged youth and concerned adults throughout King County in an effort to reduce these alarming statistics. The 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 have the opportunity to improve safety planning and their written crisis response policies as well.

| Year 4 Target | New in Year 4 | Percent of Year 4 Target |
|---|---|---|
| **1,500 adults/yr** | **633 adults** | **42%** |
| **3,250 youth/yr** | **8,129 youth** | **250%** |

## Service Highlights

Combining MIDD funds with other fund sources, suicide prevention trainings reached 6,774 high school-aged youth and 1,355 from middle schools. The percentage of each age grouping trained by geographic region is shown below.

**Percent of Age Grouping by Region**




In September 2012, emails were sent to every individual middle and high school principal, and in some cases other school resource staff, outlining available services and offering free training and consultation regarding crisis response planning. Follow up with targeted districts and schools began in late September and continues.

## Outcomes

Measuring the impacts of youth suicide prevention work is difficult, but many would agree that saving only one life makes the effort worthwhile. In addition to training youth directly, successful prevention strategies rely on adults who have been trained to know what signs to look for and how to help youth at risk for suicide.

In the current reporting period, less than half of the adult target for training attendance was achieved. The original target of 200 adults per year was modified on May 20, 2009 to the current goal of 1,500 adults per year. Staff turnover and lower than expected attendance at trainings offered have both contributed to underserving adults in this strategy.

| Suicide Risk and Protective Factors* | |
|---|---|
| Risk Factors | Protective Factors |
| - Prior suicide attempt(s) | - Effective mental health treatment or care |
| - Mood disorders | |
| - Substance abuse | - Connectedness |
| - Access to lethal means | - Problem-solving skills |

* From www.sprc.org/basics/about-suicide.

# 5a Expand Assessments for Youth in the Juvenile Justice System

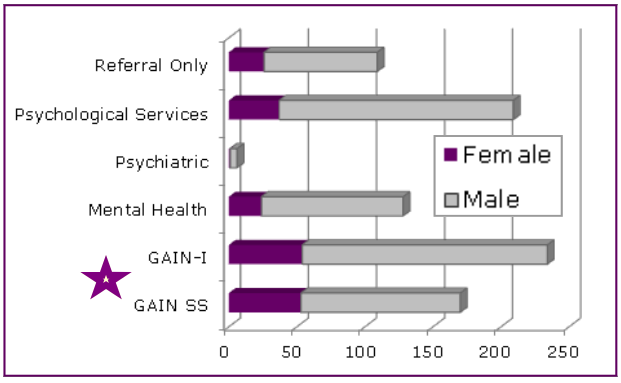
Accurately assessing youth who become involved with the criminal justice system for mental health (MH) and/or chemical dependency (CD) issues is the capstone of Strategy 5a. Assembling the Juvenile Justice Assessment Team (JJAT) began in 2010, increasing the availability of screening and evaluation options for youth. Other JJAT services include: triage, consultation, MH status exams, and psychological/psychiatric exams. Successfully helping youth re-connect with their families, schools, and communities motivates the team that serves, on average, nearly 20 youth each week.

| Year 4 Target | New in Year 4 | Percent of Year 4 Target |
|---|---|---|
| **Coordinate 500 assessments/yr** | **856 coordinations for 493 unique youth** | **171%** |
| **200 psychological services/yr** | **209 psychological services** | **105%** |
| **140 MH assessments/yr** | **128 MH assessments** | **91%** |
| **165 CD assessments/yr** | **404 CD assessments** | **245%** |

## Service Highlights

Type of assessment was recorded for each of the 856 coordination encounters done between October 2011 and September 2012. The total number of services by gender is graphed below.

**Number Served by Service Type and Gender**




Females made up only 23 percent of the total youth served by JJAT in the past year. This percentage is fairly consistent with national estimates that about 27 percent of all juveniles arrested in the U.S. are girls.

By September 30, 2012, 86 percent of all encounters opened in the preceding year had resulted in a successful completion of either an assessment service or a referral.

## Outcomes

Juvenile offenders who came before a judge on matters unrelated to the charges that launched their JJAT involvement were given longer detention sentences during their first year of MIDD services. The baseline average days in detention for the one-year outcomes sample of 400 youth was 26.5; this number rose to 49 days during the first post period. In a sample of 238 youth who were eligible for two-year outcomes analysis, the average days detained was 36.5.

In the year following their JJAT start date, 19 percent of youth served had received MH treatment made possible by public funding. This percentage rose to 22 percent for the second-year post. For CD treatment, at least 23 percent of youth were linked to care in their first year. Of the 299 youth who began JJAT services prior to October 2010, at least 85 (28%) had received outpatient CD treatment, as confirmed through matching to outside information sources.

★ Global Appraisal of Individual Needs Initial and the Global Appraisal of Individual Needs Short Screener

# 6a 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 mental health 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 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **450 enrolled youth/yr** | **219** | **301** | **520** | **116%** |

## Service Highlights

Each MIDD wraparound team has one coach, six facilitators, and three parent partners. The 520 youth assigned to these teams ranged in age from three years to 22 (as of October 1, 2012). Individuals up to 21 years old are eligible for this program. A total of 56 young adults enrolled in wraparound services at some point during MIDD Year Four were over the age of 18.

Of the 197 wraparound participants who exited services during this time, their status upon exit is shown below.

**Status Upon Exit from Wraparound**

| | | |
|---|---|---|
| Treatment Completed | 104 | 53% |
| Refused Ongoing Services | 49 | 25% |
| Client Moved Away | 18 | 9% |
| Lost Contact | 13 | 6.5% |
| All Others | 13 | 6.5% |

Only 22 of the 520 youth and children with a wraparound benefit in this year (4%) were also served in other strategies with MIDD funding. This indicates the program meets very specialized service needs.

## Outcomes

Data on living arrangements, school attendance and performance, juvenile delinquency, drug and alcohol use, and other aspects of youth/family functioning are gathered every six months for youth enrolled in wraparound. Descriptive findings have not yet been tested for statistical significance.

Of the 125 individuals with both baseline and six-month follow-up data, after an average of six months:

- 100 (80%) were enrolled in school full time; an increase of 20 percent over baseline when 83 were full-time students.
- The number with poor school attendance decreased from 30 to 24, a 20 percent decline from baseline to first follow-up.
- 72 (58%) had satisfactory marks or grades above a “C” average; up 24 percent from 58 (46%) at baseline.
- 99 (79%) experienced stability in their living situation.
- Only one in five youth reported using any drugs or alcohol at baseline or follow-up.

In caregiver surveys, statistically significant reductions in perceived problem severity were found in key areas such as disruption to the family routine, children getting into trouble in the community, and caregiver feelings of worry about the family’s future.

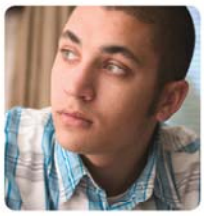
# 7a Reception Centers for Youth in Crisis

**The strategy to develop reception centers for youth has been on hold since the start of the MIDD.** The original plan called for facilities in two different parts of the county where police and other first responders could take youth in crisis. One cost-saving idea would have co-located central coordination and triage centers within new or existing youth shelters or residential crisis facilities. Youth brought to these locations would be assessed by specially-trained staff and linked to ongoing services and housing.

Given the ever-changing landscape of human services program delivery, when funding is restored to a level where implementation of this strategy becomes feasible, a needs assessment will be necessary. Results of this assessment will guide what is ultimately created in order to best meet the needs of vulnerable youth throughout King County. Until that time, outreach and emergency response services, offered by the YMCA of Greater Seattle and expanded under Strategy 7b, fulfill on the county's commitment to ensuring safety for area youth.

## New Marketing Materials for Strategy 7b

Materials developed to raise awareness of crisis support programs enhanced with MIDD funding are shown below. They include refrigerator magnets, brochures in four different languages, and posters with tear-off phone numbers.


# 7b 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 services provide direct assistance to families in order to maintain troubled youth safely in their own communities. Funding from MIDD also partially supports marketing and communication efforts for the purpose of increasing awareness about CCORS services. Please see Page 30 for examples of materials now available, including brochures in English, Spanish, Somali, and Vietnamese.

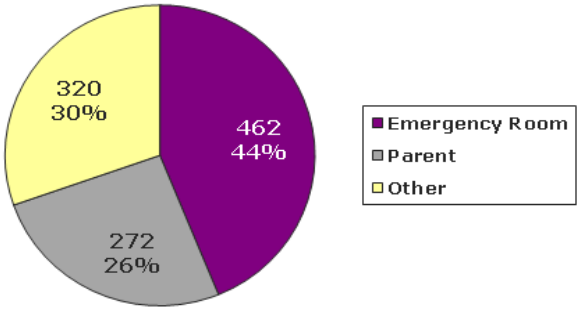
| Year 4 Target | New in Year 4 | Percent of Year 4 Target |
|---|---|---|
| **300 youth/yr** | **951** | **317%** |

## Service Highlights

Detailed information was provided for 1,054 service encounters with 942 unduplicated youth. Crisis stabilization services were delivered in just over half of these cases and intensive stabilization was necessary in 153 cases (15%). The other 369 service episodes involved either non-emergency or emergency crisis outreach or follow-up.

The largest percentage of referrals came to CCORS from emergency rooms (ER), as shown in the graphic below. One goal of the new marketing plan is to avoid unnecessary ER visits. Examples of other referral sources were schools (N=75), the Division of Children and Family Services (N=62), and police (N=4).

**Top Three Referral Sources for CCORS**




Just over half of the referred youth were female (51%). At least 14 youth were known to be dependents of persons who served in the U.S. military.

## Outcomes

A key outcome identified for this MIDD strategy is to reduce the number of requests for placement of youth in the child welfare system. Placement concerns were tracked in situations where children were at risk for placement into more restrictive settings for reasons other than abuse, neglect, or clinical severity. In the 265 cases where placement was a concern, 227 (86%) involved caregivers requesting hospitalization of youth to resolve their crisis situation. Dispositions for these 227 interactions were as follows:

- 91 (40%) youth were stabilized and remained in their current living situation
- 76 (33%) were voluntarily hospitalized
- 46 (20%) were involuntarily hospitalized.

In the other 38 cases with placement concerns, all but three youth were diverted from a child welfare system or foster care placement.

Given delays in the planned expansion of CCORS funded by this strategy, the first cohort enrolled in Strategy 7b services will not be eligible for juvenile justice, psychiatric hospital, or emergency department outcomes until the first quarter of 2013.

# 8a 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 chemical dependency recovery, with the goal of minimizing their children's involvement with the child welfare system.

| Year 4 Target | New in Year 4 | Percent of Year 4 Target **(Reverse Scored*)** |
|---|---|---|
| **90 children/yr maximum**<br>**60 children at one time maximum** | **103 children (in MIDD Year 4)**<br>**56 average daily maximum** | **86%**<br>**107%** |

## Service Highlights

The FTC has operated at full capacity since the end of MIDD Year Two. Service caps were adopted in 2012 to ensure that the number of social workers available was aligned with best practices for meeting the needs of children served by the program. For the year beginning October 1, 2011, there were actually 103 children in families served by FTC. The program monitors its cap based on the calendar year and can show that the limit of 90 was never exceeded.

During MIDD's fourth year, 65 adults were enrolled in FTC. Forty (62%) had documented disabilities. Their dispersion by county region, based on zip code follows.

**Adults Enrolled by Geographic Region**

| | | |
|---|---|---|
| South | 23 | 36% |
| East | 9 | 14% |
| North | 8 | 12% |
| Seattle | 17 | 26% |
| Other | 8 | 12% |

A total of 56 unique families participated during the year; nine of these families had two parents enrolled in court services. Ten families were coping with homelessness at the time of their enrollment.

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

## Outcomes

The results of external academic evaluations of various aspects of the FTC model suggest that participants experience significant positive gains in both their attitudes (trust and understanding) and their behaviors (engagement, compliance, and visitation).

Of the 28 parents with end dates between October 2011 and September 2012, 10 graduated (36%) and two had their cases dismissed. In all of these cases, but one, the children were returned home. By contrast, no children were known to have returned home in the nine cases (32%) with noncompliance exits or the four (14%) where parents opted out by choice. The remaining three who exited had relinquished their parental rights.

One-year outcomes information was available for the 81 FTC participants who began MIDD services prior to October 2011. About half of them had served time in jail during the year leading up to their enrollment; the average length of stay was two weeks. During the first year of FTC services, the average jail days climbed slightly higher to 16, but leveled out back to baseline by the second-year analysis. This is consistent with similar court programs.

Of the 47 for whom substance use data was available, 13 (28%) listed methamphetamine as their primary drug of choice, followed by cocaine and alcohol at 19 percent apiece. More data are needed to examine changes in substance use over time.

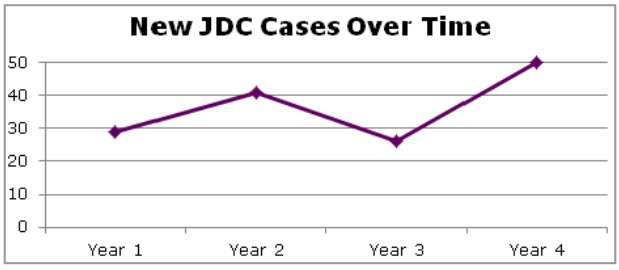
# 9a Juvenile Drug Court Expansion

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 these additional positions: four specialized juvenile probation counselors and one treatment liaison. The court offers weekly hearings and introduces youth to drug treatment options.

| Year 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **36 new youth/yr** | **47** | **34 new opt-ins 16 new pre opt-ins** | **97** | **139% (Total new)** |

## Service Highlights

In response to declining referrals to their program throughout 2011 and to better align with current national best practices, the JDC reorganized their structure to begin accepting youth into an "engagement" phase (or pre opt-in phase). In this phase, youth are assigned to JDC probation counselors, rather than mainstream probation officers, and are exposed to substance abuse treatment concepts prior to opting-in to the court. Their addition reversed the pattern of earlier decline.




In 2012, the JDC also added two new specialty tracks: 1) a co-occurring disorders track for youth with both mental health and substance use concerns, and 2) a "light" track for those with less serious criminal offenses. These improvements are expected to enhance the utilization of the MIDD-funded court resources.

Most of the teens served by JDC were male (86%), most of whom (80%) were referred by the Juvenile Justice Assessment Team.

## Outcomes

Increasing linkages to substance abuse treatment, improving treatment outcomes, reducing substance misuse symptoms, and ultimately reducing detention admissions are key outcomes for this strategy. Of the 81 youth who opted-in to services before October 2011, 47 (58%) had confirmed enrollment in formalized treatment within their first year of services. Among those eligible for analysis of their second year after starting JDC, the overall linkage rate rose to 71 percent.

As detailed in the MIDD Year Four Progress Report, the Global Appraisal of Individual Needs (GAIN) is the assessment tool adopted to gather information on substances used and symptomology. Baseline measures indicate that marijuana is by far the most prevalent drug of choice for youth in King County. A full analysis of follow-up data will be undertaken in the next year to determine if JDC involvement is related to the frequency of use and negative consequences of using either marijuana or alcohol.

Individuals enrolled in JDC did not immediately reduce their admissions to juvenile detention facilities, with average bookings rising from 2.3 (pre) to 3.7 (first post). The average number of days per booking rose from 11 to 21. For the smaller sample with a second post period, the average number of days per booking was 16.

# 13b 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 effects of DV-related trauma 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 treatment with effective DV prevention and intervention strategies.

| Year 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **85 families/yr** | **81** | **102** | **147** | **173%** |

## Service Highlights

The CDVRT-South provided outreach to 147 different families exposed to violence in the home, engaging them in various preventive and solutions-based services during the fourth MIDD year. In their summary report, they indicated they had served 296 new individuals, including 35 for whom language interpretation services were necessary. Service delivery highlights included:

- 222 hours of wraparound style family team meetings
- 1,596 hours of DV advocacy
- 27 hours of Kids Club, a group psycho-educational intervention
- 297 hours of in-home DV family education and support
- 1,832 hours of mental health services to youth and DV survivors.

The CDVRT continues to garner high praise from the community as evidenced by their growing number of referrals and invitations to provide education in other systems of care. In September 2012, the team requested that experts in the field provide guidance as to the appropriateness of certain evidence-based practices for working with families where DV has occurred.

## Outcomes

Data collection for this strategy continues to present a challenge, but planned revisions will seek to better measure objectives, such as increasing resiliency factors and reducing children's negative and erroneous beliefs about violence being their fault. Questions will be added to the CDVRT Program Satisfaction Survey that was completed anonymously by 26 parents in 2012. Of the 26 responders, 25 (96%) felt their relationships with their children were more positive as a result of working with CDVRT.

An analysis of symptom reduction was completed using 97 cases with symptom assessment measures taken at least two months apart. Scores dropped below the threshold of concern for 43 children (44%) at some point during their treatment. The length of time in CDVRT varied significantly between this group and the remaining group of 54 with scores that stayed above the clinical threshold. Those reducing symptoms were in treatment on average for 17 months vs. only 14 months for those remaining at elevated symptom levels.

Of the 26 with a trauma-focused cognitive behavioral therapy (TF-CBT) session, 14 (54%) showed symptom reduction. Those with TF-CBT averaged 20 months in services and 127 family treatment hours vs. 14 months and 100 hours for those without it.

## Changing Social Norms One Student At A Time
### A Project Made Possible by MIDD Strategy 4c

Changing perceptions of social norms or shared beliefs of what is “normal” can be one of the most challenging aspects of community prevention. One approach that focuses on using positive social marketing is the Positive Community Norms (PCN) Framework. The PCN focuses on “growing positive healthy attitudes and behaviors” to improve health and safety. At Twin Falls Middle School in the Snoqualmie School District, the MIDD 4c school-based prevention counselor collaborated with the technology teacher to teach PCN marketing to students. Students in a digital imaging class made their own photographs, applying the PCN principles, along with using Healthy Youth Survey data, and created screensavers to promote positive messaging. The Screensaver Project was used as a communication method aimed at changing current misperceptions that "everyone uses" and shift norms to "most of us do NOT use alcohol, tobacco and other drugs." This academic activity developed students’ creative and technical skills while contributing to community transformation.

http://www.mostofus.org/about-us/what-is-the-positive-community-norms-framework/

## Improving Young Lives One School Day At A Time
### More “Hallway” Success Stories from MIDD Strategy 4c

- A 15-year-old white male was referred to a MIDD-funded counselor at his school by a friend who was worried about him. It turned out that the student was abusing his prescription medication, smoking marijuana, and was starting to get into using club drugs. After meeting with the counselor on a weekly basis, the student finally agreed to outpatient treatment. From there, he went on to residential treatment where he was able to get the help he needed.
- A 14-year-old Asian female was struggling with her sexuality, family issues, and low grades. A counselor engaged her in a prevention program, as well as individual sessions. Over the year, her sense of self grew, her self-esteem was more positive, her grades improved, and she became very active in making the school a better place for all.
- A 13-year-old Latino male was caught trying to buy marijuana at school. After the school-based counselor did a drug and alcohol assessment with him, she met with him individually and with his parents to set up a good game plan for him. The student worked hard to focus on his school work and got involved with other school activities. When last the counselor spoke with him, he had absolutely no desire to try drugs or alcohol again.

# Jail and Hospital Diversion Strategies

# 10a Crisis Intervention Team Training for First Responders

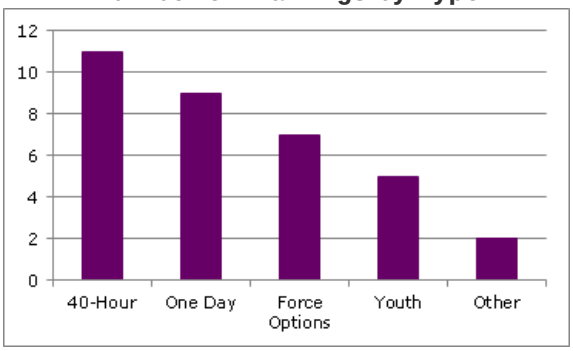
Crisis Intervention Team (CIT) trainings introduce law enforcement officers and other first responders to concepts, skills, and resources that can assist them when responding to calls involving individuals with mental illness or substance use disorders. Delivered at the Washington State Criminal Justice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

| Year 4 Target | New in Year 4 | Percent of Year 4 Target |
|---|---|---|
| **180 trainees/yr (40-hour)** | **256 (40-hour)** | **142%** |
| **300 trainees/yr (one day)** | **266 (one day)** | **93%** |
| **150 trainees/yr (other CIT programs)** | **185 (other)** | **123%** |

## Service Highlights

Between October 10, 2011 and September 27, 2012, the CIT education team offered a total of 34 training opportunities as shown in the graphic below.

**Number of Trainings by Type**




Multiplying course hours by the number of attendees per course, 14,103 aggregate training hours were delivered in MIDD Year Four.

Post-training comments included:

- "Not a fan of role playing, but it was great."
- "It is amazing that I have been a cop for 10 years and have not used most of the resources [presented]."
- "Instructor was amazing and effectively memorable."

## Outcomes

Of the 256 professionals who attended the 40-hour CIT training over the past year, 228 (89%) completed evaluations. By contrast, only 47 percent of the single-day trainees provided formal feedback, so their responses may not be representative of all trainees.

Training topics with the highest percentage of "Excellent" ratings during the week-long training were: Excited Delirium (76%), Communicating with the Mentally Ill (57%), and the role play scenarios (46%). After a curriculum change in early 2012, an 82 percent endorsement for recommending the course to others rose to 95 percent.

Asked if the CIT classes were relevant and useful, 64 percent gave the highest approval rating to the 40-hour course after the curriculum change (up from 34%) compared to 84 and 91 percent of the respondents, respectively, for the in-service (or one day) and CIT Force Options. Overall ratings for these three types of trainings were:

**Percentage of Ratings Given by Topic**

| | Excellent | Good | Fair | Poor |
|---|---|---|---|---|
| 40-Hour | 44% | 41% | 13% | 1% |
| One Day | 84% | 15% | 1% | 0% |
| Force Options | 84% | 14% | 2% | 0% |

# 10b Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team

Strategy 10b relies on three interconnected programs: 1) a facility specializing in short-term stabilization for adults in crisis, 2) an interim services facility with up to two weeks of further services to address individualized needs after the initial crisis is resolved, and 3) the Mobile Crisis Team (MCT) responding to first responder requests for crisis de-escalation. The Crisis Solutions Center opened in August 2012 and is operated by DESC, a Seattle-based nonprofit founded in 1979.

| Year 4 Target (Adjusted) | New in Year 4 | Percent of Year 4 Target |
|---|---|---|
| **500 adults for two month period (to include MCT pilot)** | **359** | **72%*** |

## Service Highlights

In November 2011, members of the MCT began responding to calls for assistance from three law enforcement agencies and one fire department in a pilot program that preceded opening of the Crisis Solutions Center (CSC). For all of MIDD Year Four, they received 238 separate referrals and provided services to 177 unduplicated individuals, ranging in age from 18 to 94. The number of people served by the MCT during their nine-month pilot was 139; they served another 38 after the CSC opened.

Between August 6 and September 30, 2012, 115 people received services from the Crisis Diversion Facility (CDF). Seven of those people (6%) were brought to the CDF by the MCT and 108 (94%) came from other referral sources. Only hospitals, law enforcement, fire departments, and County Designated Mental Health Professionals are allowed to make referrals to the CDF.

Upon discharge from the CDF, 67 individuals (58%) moved on to the Crisis Diversion Interim Services (CDIS) facility for longer stays and additional services. The other 48 people (42%) exited to other service systems, agencies, or facilities and/or were referred to their primary care provider to manage their mental health needs.

* This finding was not unexpected as it takes time for new programs to become fully staffed and operating at their full capacity. Meeting 100 percent of target would have been an unrealistic expectation.

DESC Executive Director, Bill Hobson, welcomes guests, including King County Councilmember Larry Gossett, to the grand opening of the Crisis Solutions Center.

Cubicles divide larger spaces within the CDF and CDIS into sleeping areas that afford clients privacy without compromising their safety and security.

Laundry and shower rooms are included in the newly remodeled state-of-the-art facility located in Seattle's Central District.

Staff workstations are integrated throughout the building.

# 11a 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. Prior to their release, those ordered to WER have the opportunity to work with a liaison who is funded by the MIDD. The liaison's job involves linking clients to services and resources, such as housing and transportation, that can reduce recidivism risks.

| Year 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **200 clients/yr** | **24** | **168** | **192** | **96%** |

## Service Highlights

The number of clients served by the WER liaison in MIDD Year Four was nearly identical to the MIDD Year Three total. Nine military veterans, five under the age of 40, were among those who received targeted case management to help them plan their successful return to the community.

Multiple referrals to community services per individual were common. Of the 314 referrals where linkages were confirmed by program staff, the top five are shown here.

**Most Commonly Confirmed Linkages**

| | |
|---|---|
| Community support | 64 |
| The Defender Association | 40 |
| Harborview Medical Center | 38 |
| Primary care providers | 33 |
| Housing* | 21 |

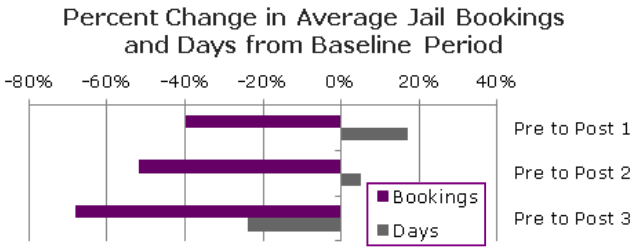
For the 148 people who exited the program during this reporting period, the average length of time engaged in services was 57 days. The minimum length of service was two days. Five individuals worked with the liaison for the program maximum of six months.

* Another 31 people were referred to housing, but linkage confirmation was pending. Inclusion of these referrals would drive housing to the second most common referral type for WER participants.

## Outcomes

Like many of the other criminal justice strategies, this one saw a rise in jail days between the period preceding the MIDD start date and the following year, even as new bookings declined steadily.

Of the 66 WER clients served by the MIDD liaison before October 2009, 51 (77%) had at least two contacts with the criminal justice system over a four-year period. The average number of jail bookings in their pre period was 2.5, but fell to 1.5 (first post), then 1.2 (second post), and finally 0.8 (third post). At the same time, initial increases in average jail days (from 35.7 to 41.8) were offset by an ultimate reduction to 27 days (third post). This small sample's percent change over time for bookings and days is shown below.




Another outcome for Strategy 11a is linkage to treatment. In the year after their MIDD start date, 94 of 415 (23%) had received mental health treatment; 90 people (22%) had similar linkages in the substance use disorder treatment system.

# 11b 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 further 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 within the existing RMHC that began accepting cases in September 2012 and will be fully piloted during MIDD Year Five.

| Year 4 Target (Adjusted) | New in Year 4 | Percent of Year 4 Target |
|---|---|---|
| **38 opt-in clients/yr for RMHC (Please see Page 59 for explanation)** | **22 opt-ins** | **58%* (Adjusted)** |
| **50 clients/yr for SMHC** | **268 screened candidates** | **536%** |

## Service Highlights

In addition to the 22 offenders who opted in to the RMHC after referrals from King County municipalities (see Page 41), 80 other "city transfer" cases were referred to the court and were screened for clinical eligibility. Court monitors or liaisons who screened defendants were funded in part by the MIDD, along with forensic peer staff who helped provide a bridge between the court system and treatment services. A performance measurement target was not adopted for individuals not opting in, although demographic and outcomes information is available for this group.

Criteria assessed for clinical eligibility:

- Axis 1 mental illness diagnosis
- Level of functioning
- Amenability
- Level of insight into issues.

Of the 370 cases with contact by either RMHC or SMHC liaison staff during MIDD Year Four, 11 (3%) also received housing vouchers made available through the MIDD.

See one client's success story on Page 41.

## Outcomes

Outcome information is currently tracked for all court candidates who originate from municipal referrals and are screened by a MIDD-funded court liaison. All those with MIDD start dates prior to October 2011 were eligible for first-year outcomes analysis.

Of the 104 people in the outcomes sample that included those who opted in and opted out, 87 (84%) had at least one jail booking over a two-year period. Their average number of jail bookings in the pre period was 2.3, but only 1.8 during their first post year. As bookings decreased, however, average days spent in jail increased from 40 to 47 days. These differences were likely due to programmatic sanctioning by the courts, but neither difference (the increase nor the decrease) was statistically significant.

A total of 45 people (43% of the sample) were linked to at least one publicly-funded mental health treatment program in the first year that followed their MIDD start date in Strategy 11b.

* During the current year, one RMHC liaison position was vacant for six months. The adjustment factors in partial coverage of the workload by a supervisor.

## Regional Mental Health Court Helps Turn the Tide
### A Success Story from MIDD Strategy 11b

P moved to south King County as a teenager. He had ongoing family conflict, moved around a lot, and had poor school attendance. One day he was caught "cleaning out" a police officer's car and ended up in jail. It was a tremendously scary time. He was delusional due to mental illness and didn't understand what he was being told. Feeling confused and lost fed his paranoid fears.

With a family history of mental illness, P had tried counseling and medication, but hated that he felt "dumber" and was unable to think on the medication, so he stopped taking it. His experience in jail was "eye opening" and he realized that he did need help.

Today, P is enrolled in Regional Mental Health Court. His new medication works for him and counseling helps him understand the "reason why" people do the things they do. He is a bright 20-year-old who enjoys video games, researching things, and exploring new areas of knowledge. He recently completed his GED and works at a coffee shop.


Photo by Kimberly Cisson

One of his major challenges is paying restitution and getting on his feet financially. Sometimes it feels like a big hole to dig himself out of, but P is determined to succeed. He plans to start community college soon and wants to get a degree in a helping profession. He wants people coming into the court system to fully understand their situation and their options so they can make better, well-informed decisions.

## King County Municipalities Refer Cases to RMHC
### City Transfer Referrals from October 2011 to September 2012

The list below shows the number of defendants referred to RMHC by each municipality or court of limited jurisdiction in the county. There were 171 different cases associated with these referrals; each case must be reviewed by the court. Of the 107 people referred in the current reporting period, 41 percent came from two cities, Federal Way and Shoreline.

| | | | | | |
|---|---|---|---|---|---|
| Algona | 0 | Hunts Point | 0 | Pacific | 1 |
| Auburn | 2 | Issaquah | 1 | Redmond | 9 |
| Bellevue | 7 | Kenmore | 2 | Renton | 5 |
| Black Diamond | 0 | Kent | 6 | Sammamish | 0 |
| Bothell | 1 | KC District Court | 0 | SeaTac | 1 |
| Burien | 4 | Kirkland | 2 | Seattle | 3 |
| Carnation | 0 | Lake Forest Park | 5 | Shoreline | 19 |
| Clyde Hill | 0 | Maple Valley | 0 | Skykomish | 0 |
| Covington | 1 | Medina | 0 | Snoqualmie | 0 |
| Des Moines | 5 | Mercer Island | 0 | Tukwila | 5 |
| Duvall | 0 | Newcastle | 0 | Woodinville | 1 |
| Enumclaw | 2 | Normandy Park | 0 | Yarrow Point | 0 |
| Federal Way | 25 | North Bend | 0 | | |

# 12a-1 Jail Re-Entry Program Capacity Increase

Short-term case management services are provided to incarcerated individuals with mental health and/or substance abuse issues who are near their release date. Under MIDD expansion, more jail inmates from the county's south and east regions have access to transition services through the addition of three full-time staff. Successful community reintegration is one immediate goal of the jail re-entry program, with reduced recidivism being the main "big picture" goal.

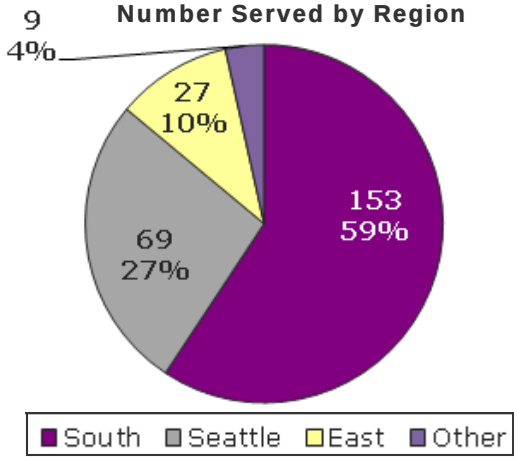
| Year 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **300 clients/yr** | **69** | **189** | **258** | **86%** |

## Service Highlights

Three case managers provided services to 258 jail inmates in preparation for their successful release to the community. The average number served per staff person for the year was 86; only 14 each below the target set in the MIDD evaluation matrix. It is not uncommon for caseloads to fluctuate slightly over time, depending on differences in individuals' needs for the various types of services offered.

Among those served during MIDD Year Four were 71 women (28%) and 187 men (72%). The average age for both genders was 38 years. Recipients of these jail release case management services were widely dispersed in the county, with the heaviest concentration in the south region as shown in the pie chart below.

**Number Served by Region**




## Outcomes

Up to 90 percent of the offenders in each sample tracked for this strategy had at least one other jail booking in the outcomes evaluation timeframe, in addition to the one that introduced them to MIDD services. For the largest eligible sample (N=591), the total number of days spent in jail in the year leading up to their MIDD booking averaged 82 days. Unlike some of the other criminal justice strategies, this figure was reduced by three weeks, on average, during the first post period. Further reductions were noted in the smaller samples with longer-term data whereby the average days jailed in the third year after their start (43 days) was nearly half of that observed during the pre period.

The percentage of each sample subsequently enrolled in either formal mental health (MH) treatment or treatment for chemical dependencies (CD) rose year after year. The grid below shows numbers and percentages.

**Subsequent Enrollment in Treatment**

| | Post 1 | Post 2 | Post 3 |
|---|---|---|---|
| Sample Size | 591 | 424 | 219 |
| Enrolled (MH) | 223 | 223 | 123 |
| Percentage | 38% | 53% | 56% |
| Enrolled (CD) | 184 | 172 | 106 |
| Percentage | 31% | 41% | 48% |

# 12a-2 Education Classes at Community Center for Alternative Programs (CCAP)

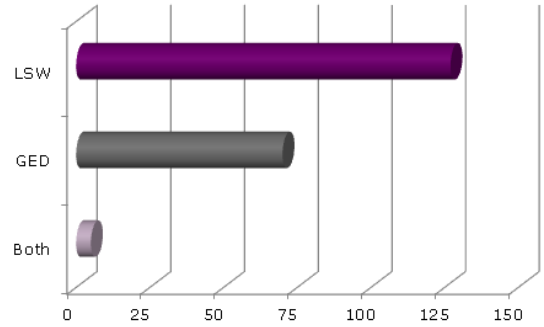
Adults in the criminal justice system may be court-ordered to serve time at CCAP and/or The Learning Center (TLC). The Community Corrections Division holds individuals accountable for attendance in various structured programs, including those made possible at CCAP and TLC. With MIDD funding, basic life-skills,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

| Year 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **600 clients/yr** | **50** | **529** | **579** | **97%** |

## Service Highlights

Just over 200 TLC participants took Life Skills to Work (LSW) classes and/or GED courses in the fourth MIDD year. The breakdown between LSW and GED participation is illustrated below.

**Number of Participants by Class Type**




Classes about domestic violence (DV) were taken by 377 CCAP participants. Analysis of class sign-in sheets for the DV prevention courses indicated that topics with the highest number of attendees were:

- Open Discussion
- Emotions (including Anger and Guilt)
- Red Flags
- Healthy Relationships (including Listening and Communication)
- Personal Boundaries/Resolving Conflict.

The total number of unduplicated people who took at least one TLC or CCAP class was 514.

## Outcomes

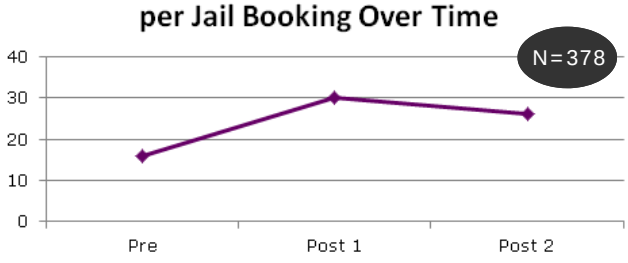
The current outcomes analysis for Strategy 12a-2 does not distinguish between the types of classes taken at CCAP and TLC. A potential line of inquiry in the future may involve examining differential outcomes based on the type of course and the level of involvement in each type.

It is common for repeat offenders to receive longer jail sentences when appearing in court to answer subsequent charges. Of the 490 people who began taking classes at CCAP prior to October 1, 2010, 378 (77%) were sentenced to serve jail time at some point between October 2009 and October 2012. The graphics below illustrate the change in average jail bookings, days, and days per booking over time.

**Average Jail Use Over Time**

| | Pre | Post 1 | Post 2 |
|---|---|---|---|
| Bookings | 2.4 | 1.6 | 1.3 |
| Days | 38.9 | 47.8 | 33.8 |

**Average Number of Days per Jail Booking Over Time**



# 12b 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 contribution goes toward providing mental health and substance abuse services, including case management and treatment linkages.

| Year 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **350-500 clients/yr** | **3** | **339** | **342** | **98%** |

## Service Highlights

In 2012, MIDD funds supported a total of 6.82 FTE staff positions at the Edward Thomas House—Medical Respite at Jefferson Terrace. Mental health practitioners, specialists, and a supervisor were among those hired to conduct psychosocial assessments, stabilize clients, and provide assistance in obtaining needed ongoing services. The facility has trained professional staff on-site 24 hours per day, seven days per week. A psychiatrist is available for individuals needing medication stabilization services during their stay.

During MIDD Year Four, 342 individuals with complex needs received respite care. Only eight (2%) did not consider themselves to be homeless at the time of their admission to care. The youngest patient was 19 years old and the oldest was 75. The average length of stay in the program was 19 days per person.

Since MIDD expansion of respite care, a larger portion of people who successfully complete the program were reported to be discharged to a more stable housing situation (52%). This percentage is notable for a program with relatively short stays and such an intense focus on medical needs.

## Outcomes

Because this strategy began only recently, it is too soon to analyze reductions in jail utilization, psychiatric hospital admissions, and emergency department (ED) visits.

A utilization review provided by the program operator, HMC's Pioneer Square Clinic, in collaboration with Health Care for the Homeless Network (HCHN), showed encouraging trends. For 62 clients referred and admitted in the first half-year of expanded operations, a comparison of their system use during the six months before vs. after their respite stay found:

- 56 percent fewer inpatient hospital visits
- A 70 percent reduction in total inpatient hospital days
- A 10 percent reduction in ED use
- 67 percent fewer surgeries or procedures.

A total of seven different hospitals referred patients to respite care. A Respite Steering Committee met nine times in 2012 to guide program implementation and service improvements.

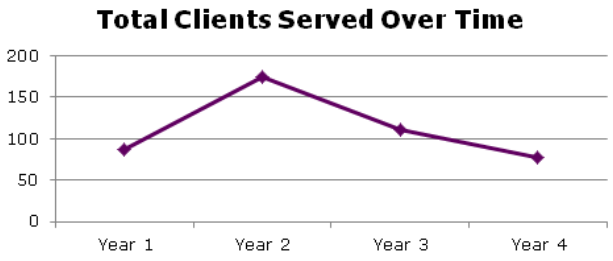
# 12c Increase Harborview's Psychiatric Emergency Services (PES) Capacity to Link Individuals to Community Services upon Emergency Room Discharge

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 the course of unconventional outreach, 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 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **75-100 clients/yr** | **31** | **46** | **77** | **103%** |

## Service Highlights

The number of PES clients who were served by the high utilizer case management team has fluctuated quite a bit during the program's first four years with MIDD support, as shown below.




One explanation for the caseload variance in this strategy is client complexity. Fewer new clients can be served when those with current open cases require additional outreach and attention as a result of their high level of need. Housing has always been the greatest barrier for moving these clients toward long-term stability.

The high-needs group served during the focus of this report included only 18 women (23%) and only 16 people who had any type of housing (21%). The average age of all clients was just under 48 years; the eldest was 74 years of age.

## Outcomes

Reductions in the utilization of Harborview Medical Center's ED reported in the Fourth Annual Report were confirmed in the current analysis. Of the 11 strategies for which ED reductions were a goal, Strategy 12c had the highest use rates, by far, in the year leading up to each person's MIDD start date. Over 90 percent of the first-year outcomes sample were matched to ED visits in either the year prior to their MIDD start or the year after; their average number of visits was 10. By contrast, the strategy with the next highest percentage of clients with ED use in the pre period (62%) was Strategy 3a (Supportive Housing); they averaged fewer than four visits per person.

The short term reduction in ED visits for Strategy 12c was significant at 19 percent (from 10.2 to 8.2 visits per year). In smaller samples, further reductions over baseline of 60 and 70 percent were recorded in the second and third post periods, respectively.

For 28 eligible cases, average days spent in area psychiatric hospitals dropped by 85 percent over a three-year span, from 36 days to five. During the same timeframe, jail bookings were reduced by 66 percent and jail days dropped 49 percent for the 62 eligible cases with any jail utilization.

# 12d Behavior Modification Classes for Community Center for Alternative Programs (CCAP) Clients

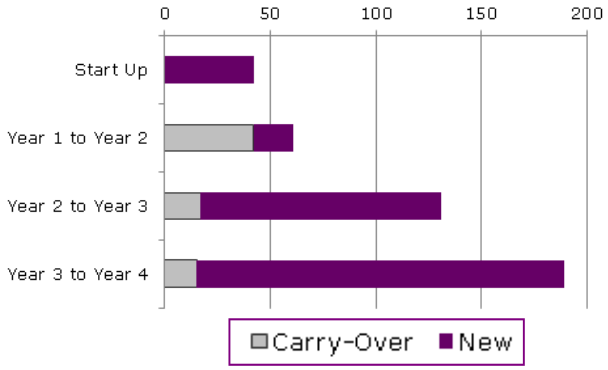
Moral Reconation Therapy (MRT) is an evidence-based cognitive-behavioral treatment program proven to be especially effective for substance-abusing offender populations. With funding from the MIDD, certified MRT facilitators work with enrolled clients to enhance their moral reasoning, to improve their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

| Year 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **100 clients/yr** | **15** | **174** | **189** | **189%** |

## Service Highlights

Sound Mental Health (SMH) was the community mental health agency awarded the contract to facilitate MRT treatment groups with clients at CCAP. The first set of 42 enrollees with MIDD funding began their work in July 2009. Since that time, the number of individuals benefiting from this specialized therapy has continued to climb year after year as shown here.

**Growth in Number of MRT Clients Over Time**



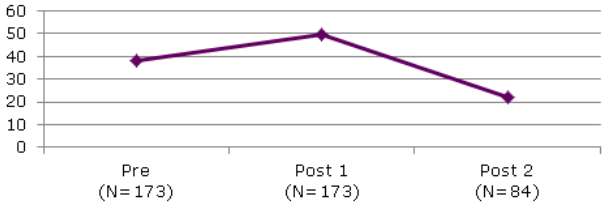

Of the 189 people served in the current year, only one in five was female. Their age range was 18 to 58. For the males served, the average age was 36; the range was from 19 to 67 years.

Non-Hispanic Caucasians made up 42 percent of the total number receiving MRT, with the remaining 58 percent being of mixed race or racial minority status. Altogether, 18 people (10%) identified as being of Hispanic origin.

## Outcomes

Looking only at baseline and the first post period, jail bookings decreased significantly from 2.3 to 1.5, on average, for individuals enrolled in MRT classes. As seen in the outcomes for other criminal justice intervention strategies, their average days in jail increased at a statistically significant rate over that same period of time. The trend toward a reduction in jail days for those eligible for longer-term outcomes, however, is encouraging as illustrated below.

**Average Days Jailed**




Beginning in February 2011, SMH began tracking assessment dates, final MRT service dates, and the highest “steps” achieved in their program. In a sample of 102 clients with this data, the average length of participation for the 69 who had attended at least one MRT group was 70 days. Forty-eight people (70%) ended below the fifth of 16 levels, but the remainder had made significant progress toward completing the program before their sentences ended. Where possible, SMH continues MRT after clients leave CCAP. Future evaluation efforts will examine the relationship between services and outcomes.

# 15a 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 two housing case management specialists. These case managers help clients find and keep drug-free housing. In 2012, the court was able to secure eight recovery-oriented transitional housing units with on-site case management services for youth aged 18 to 24, replacing Young Adult Wraparound.

| Year 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **250 clients/yr** | **115** | **179** | **294** | **118%** |

## Service Highlights

During this reporting period, enhanced MIDD-funded services were delivered to about half of the total enrollees in ADC. Among those participating in housing case management and/or CHOICES life-skills classes were 75 women (26%) and 219 men (74%).

On June 5, 2012, the ADC housing case managers participated in a webinar in cooperation with HousingSearchNW.org. The drug court was chosen to pilot special access to this organization's database, which allows more in-depth searches for landlords willing to accept tenants with criminal backgrounds. Also in June, new housing options for transition-aged youth (under the age of 25) were introduced, with set-aside units for ADC. In September 2012, the housing case managers took part in a motivational interviewing training that is expected to improve their effectiveness.

Of the 151 exits from ADC in MIDD Year Four, 79 (52%) graduated, 30 opted-out, 11 entered guilty pleas to their original charges, and 31 ended due to lack of compliance. Among graduates, 50 (63%) were permanently housed and 29 had temporary housing. Twenty (25%) had either part-time or full-time jobs at exit.

## Outcomes

Of the 125 ADC participants eligible for an examination of their three-year outcomes, 105 (84%) had been jailed in either the year prior to their MIDD start or in any of the three years following that date, not counting the booking related to ADC enrollment. On average, jail episodes declined over time.

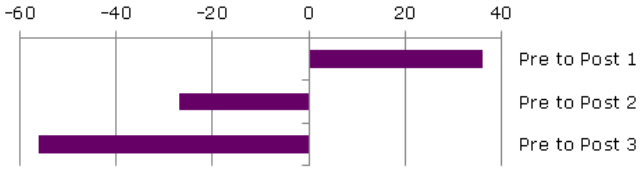
**Average Jail Bookings Per Time Period**

| Pre | Post 1 | Post 2 | Post 3 |
|---|---|---|---|
| 2.6 | 1.7 | 1.2 | 0.8 |

Statistical analysis confirmed that each of the incremental drops in average jail episodes was significant.

For jail days, programmatic sanctioning (using jail time to encourage behavior change) was evident whereby an expected increase in average jail days occurred during the first post period. By the third year, however, average jail days were 56 percent lower than baseline (N=105) as shown.

**Percent Change in Average Days from Baseline Period**




Note: Only the pre to third post reduction was significant.

# 16a New Housing Units and Rental Subsidies

Prior to full implementation of the MIDD, Strategy 16a appropriated capital funding 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, and those clients are tracked here. This strategy also provides five-year rental subsidies to serve up to 40 clients per year.

| Year 4 Target | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Total | Percent of Year 4 Target |
|---|---|---|---|---|
| **40 rental subsidies/yr** | **36** | **5** | **41** | **103%** |
| **25 tenants/yr** | **19** | **10** | **29** | **116%** |

## Service Highlights

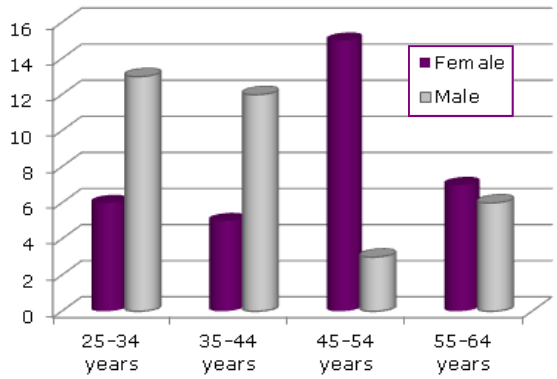
Seventy people, served by three different mental health agencies, benefited from housing opportunities made possible through Strategy 16a during the past year. Benefits went to 33 females and 37 males. This represents a shift toward greater gender equity over time as shown below.

**Percent of Participants by Gender Over Time**

| | Year 2 | Year 3 | Year 4 |
|---|---|---|---|
| Male | 48 (62%) | 47 (57%) | 37 (53%) |
| Female | 29 (38%) | 36 (43%) | 33 (47%) |

The distribution of age by gender for individuals served during MIDD Year Four appears in the graphic below. Not shown are two additional males who were under the age of 25, and one who was over 65.

**Number Served by Age and Gender**




## Outcomes

Low turnover for units in Brierwood, a housing community managed by Community House Mental Health, showed that in MIDD Year Four, 66 percent of clients remained housed there for at least a year. Similarly, 88 percent of those with rental subsidies stayed housed for a year or more.

Of the 103 people who entered Strategy 16a housing between October 2008 and September 2011, 42 had spent some time in jail. The average number of jail days for this group was 47 in the year prior to their housing start. During their first year housed, average jail days were reduced significantly by 53 percent to only 22 days.

Sixty of these 103 housing recipients had at least one psychiatric hospitalization in the study period. Their average days spent in inpatient treatment dropped from an average of 42 in the pre period to 25 in the first post. Within the smaller sample of 80 for whom two years of follow-up data were available, this average was only 15.5.

After a small spike in average admissions to Harborview's emergency department (from 1.36 to 1.44 per year), the sample eligible for two-year outcomes showed a 33 percent reduction over the pre period to 0.9 admits per year, indicating a desirable trend.

## 17a Crisis Intervention Team / Mental Health Partnership Pilot

The partnership between the Seattle Police Department's Crisis Intervention Team (CIT) and mental health professionals (MHPs) trained to assist them when responding to behavioral crises grew from MIDD strategy planning efforts. Although MIDD funding was not needed upon receipt of a Federal Bureau of Justice Assistance grant, this report provides an update on the pilot project.

On August 31, 2012, researchers from Seattle University released a final descriptive evaluation of the 24-month program that began in October 2010. In their executive summary, they explain that the CIT was implemented in 1998 to improve police response to individuals with mental illness. Adding specialized MHPs to the crisis response team facilitated an improved response to individuals with chemical dependencies as well. The unique collaboration between law enforcers and mental health workers was described in elaborate detail throughout the 74-page report, which concluded that the pilot project had met its goals and was of value to the police department, especially in triaging cases that would otherwise place an inappropriate burden on law enforcement time.

The full evaluation report is available on the Northwest Justice Solutions website. Please see: http://www.nwjs.org/docs/DescEvalSPDCrisisTeam.pdf.

## 17b Safe Housing and Treatment for Children in Prostitution Pilot

Human trafficking is defined as "compelling a person into any form of labor against their will" and includes the commercial sexual exploitation of children. In King County, it is estimated that between 300 and 500 children are bought and sold each year. In 2010, a one-time contribution of $100,000 from the MIDD fund was made for the purpose of providing mental health and substance abuse treatment services to formerly prostituted youth.

The Bridge Program, operated by YouthCare, provides the only shelter and recovery program in Washington State with dedicated residential services for minors attempting to break the cycle of violence and coercion associated with prostitution. The program offers six beds in a home-like setting and has the capacity to offer comprehensive wraparound services for up to 20 young people per year.

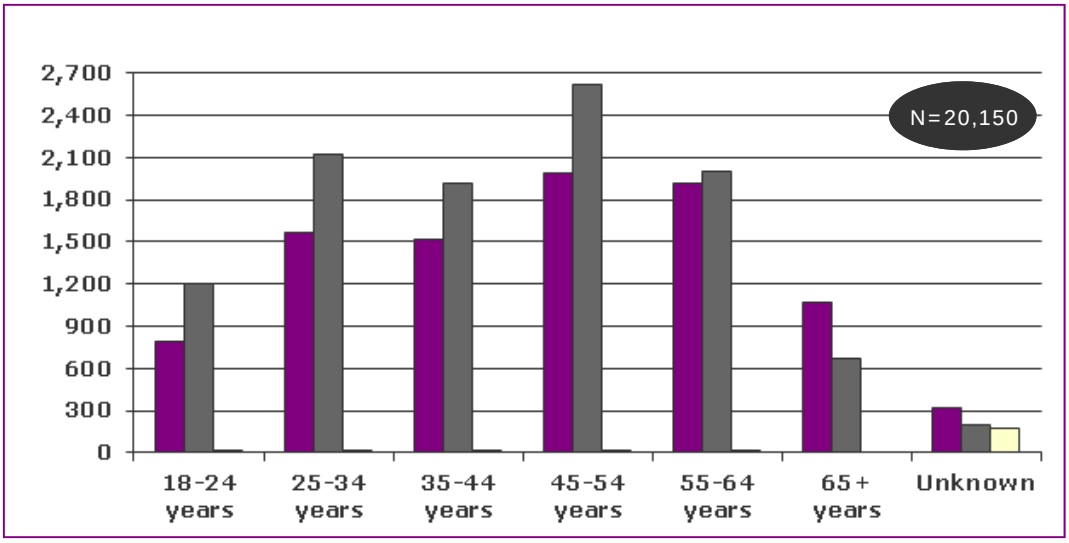
According to the City of Seattle Human Services Department, the Bridge Program will be professionally evaluated to ensure that its goals are being met and that the services offered are achieving their intended impact. When results of this independent evaluation are made publicly available, a summary will be provided in either the MIDD progress report or MIDD annual report.

# MIDD Demographic Information

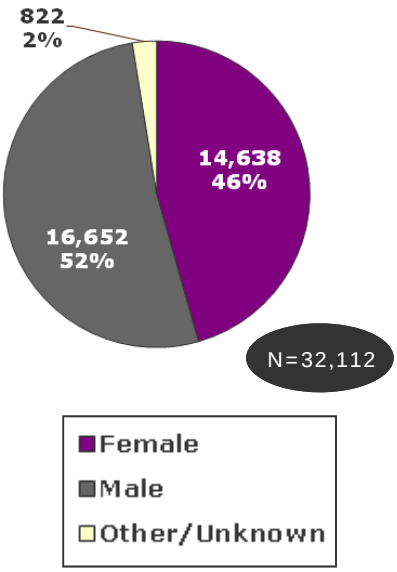
Information on age group and/or gender was available for 32,112 unduplicated people who received at least one MIDD-funded service between October 1, 2011 and September 30, 2012. Individuals with duplicate demographics over 28 different strategies and four data sources were counted only once in this section. Basic demographics were also collected for professionals in strategies that provide training and/or reimbursement for the purpose of workforce and capacity development, but those numbers are not included here.

In addition to their individual-level data, duplicated demographics from MIDD Strategy 4c—Collaborative School-Based Mental Health and Substance Abuse Services indicated that at least 18,698 people were served in large group settings. These were people who attended events such as assemblies, health fairs, or parent forums. Thirty-two percent of those served in these large events were African American/Black or Asian/Pacific Islander.

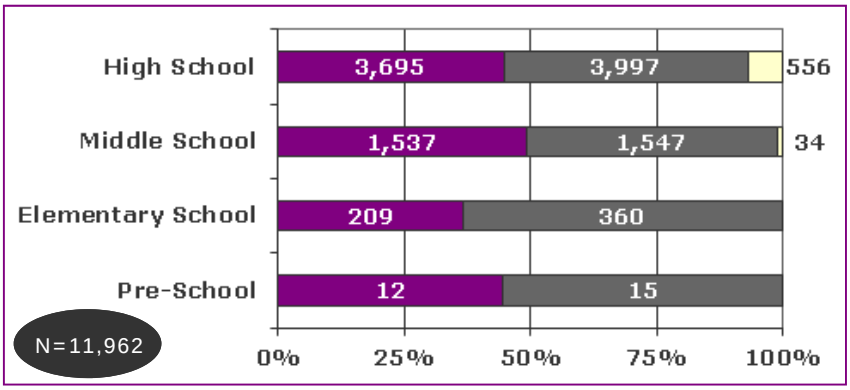
**Unduplicated Gender by Age Group for Adults Receiving MIDD Services**



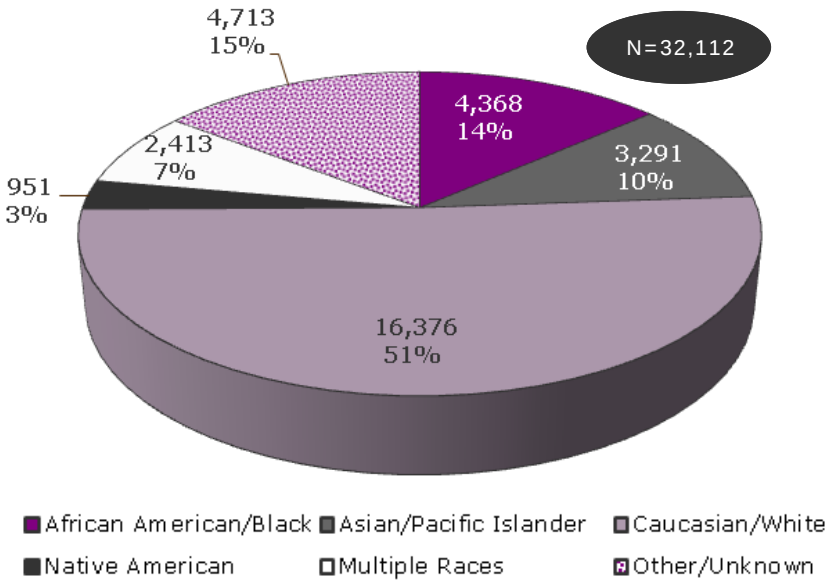

**Overall Gender Distribution**




**Gender by School Age Grouping for Youth Receiving MIDD Services**



## Distribution of Primary Race

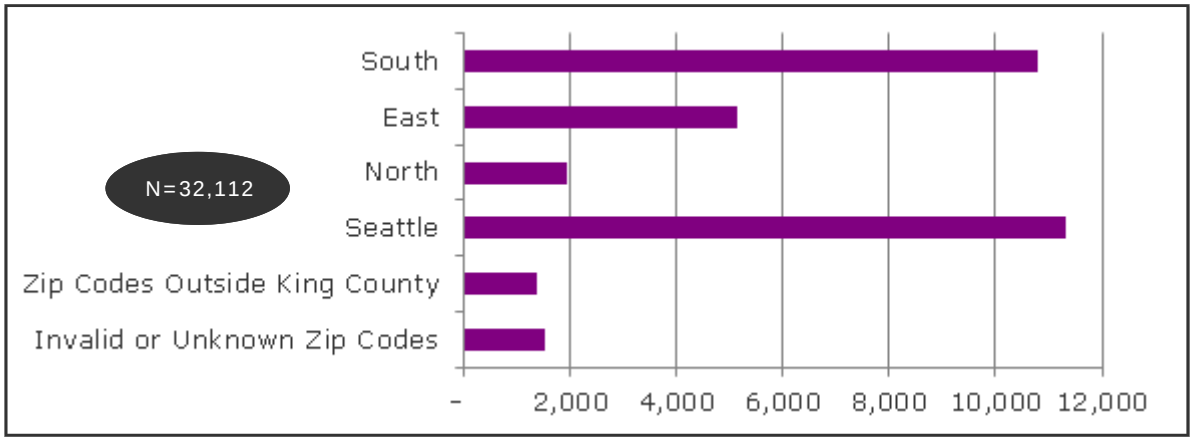



### How Have MIDD Race and Ethnicity Demographics Changed Over Time?

In 2009, the proportion of all MIDD clients identifying their primary race as Caucasian/White was 57 percent. Since that time, the proportion identifying with racial minority categories has climbed each year. By 2012, only 51 percent of the people served said they were Caucasian/White.

Eleven percent of the total demographics sample said they were Hispanic in 2011 and 2012, down from 13 percent in 2010.

## Total Number Served in MIDD Year Four by King County Region



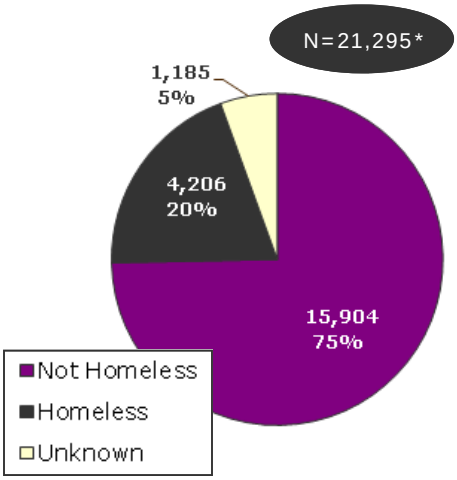

## U.S. Military Service

N=21,229*

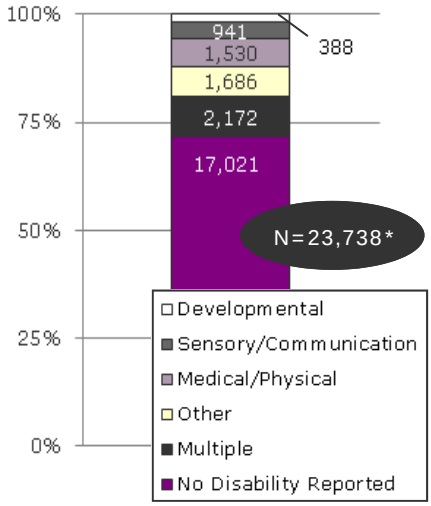
At least 995 clients (5%) had served in the U.S. military; 196 in multiple strategies. The top five veteran-serving strategies are shown here.

| Strategy | Number |
|---|---|
| 1c | 293 |
| 1a-1 | 196 |
| 1g | 167 |
| 1a-2 | 133 |
| 3a | 91 |

## Homelessness




## Disabilities




* These demographics are not universally available. The number of valid cases for each element is provided.

# Recommendations for Plan Revisions

Implementation, evaluation, and oversight of the MIDD sales tax fund requires occasional modifications to plans as more and/or better information becomes available over time. 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. For the current reporting period, proposed adjustments to performance targets and/or methods of measurement are provided below.

| Strategy Number | Strategy Name | MIDD Year 5 Revised Performance Target | Explanation for Proposed Revision |
|---|---|---|---|
| 1f | Parent Partners Family Assistance | To be determined<br>(Not 4,000 clients/yr as currently written) | Given changes in the implementation of this strategy since initial conception, targets must be reassessed and the evaluation matrix needs to be rewritten in 2013. |
| 9a | Juvenile Drug Court | 36 new youth/yr<br>(Counting both pre opt-ins and opt-ins) | In 2012, the program added new tracks and began providing services to youth prior to their opting-in to the court. |
| 11b | Mental Health Court Expansion | 115 opt-in clients over two-year period for Regional MH Court | A request has been made to revise the implementation of this portion of Strategy 11b. New targets may be adopted upon completion of this work. |
| | | 300 screened candidates/yr for Seattle Municipal MH Court | The target of 50 clients/yr adopted in June 2012 was intended to count only those found incompetent to stand trial. Actual implementation of the MIDD-funded liaison position currently involves screening of candidates who are ultimately determined to be both competent and incompetent. The new performance target counts all persons screened or served by the liaison position. |
| 16a | New Housing and Rental Subsidies | 25 rental subsidies/yr | The capacity for providing rental subsidies was decreased from 40 to 25 in November 2012. |

# MIDD Financial Report

Financial information provided over the next three pages is for calendar year 2012 (January 1 through December 31, 2012). The MIDD Fund spent approximately $39.1 million in strategy funding and approximately $11.8 million in MIDD supplantation. The MIDD sales tax is strongly influenced by changes in the economy, such that as consumer spending declines, the MIDD Fund declines. Parts I and II show budgeted and actual spending by strategy. Also included in the financial report are summary revenues/ expenditures and detailed supplantation spending.

## Mental Illness and Drug Dependency Fund - Part I

| | Strategy | 2012 Budget | 2012 Actual |
|---|---|---|---|
| 1a-1 | Increase Access to Community Mental Health Treatment (including clubhouses) | $ 8,520,000 | $ 8,361,193 |
| 1a-2 | Increase Access to Community Substance Abuse Treatment | $ 2,650,000 | $ 2,627,944 |
| 1b | Outreach and Engagement to Individuals Leaving Hospitals, Jails, or Crisis Facilities | $ 495,000 | $ 474,975 |
| 1c | Emergency Room Substance Abuse Early Intervention Program | $ 717,000 | $ 571,321 |
| 1d | Mental Health Crisis Next Day Appointments and Stabilization Services | $ 225,000 | $ 250,000 |
| 1e | Chemical Dependency Professional Education and Training | $ 651,070 | $ 503,694 |
| 1f | Parent Partner and Youth Peer Support Assistance Program | $ 375,000 | $ 343,328 |
| 1g | Prevention and Early Intervention Mental Health and Substance Abuse Services for Adults Age 50+ | $ 450,000 | $ 450,000 |
| 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 | $ 4,002,720 |
| 2b | Employment Services for Individuals with Mental Illness and Chemical Dependency | $ 1,000,000 | $ 1,024,804 |
| 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 | $ 1,237,651 | $ 1,135,712 |
| 4d | School-Based Suicide Prevention | $ 200,000 | $ 205,172 |
| 5a | Expand Assessments for Youth in the Juvenile Justice System | $ 176,938 | $ 140,000 |
| 6a | Wraparound Services for Emotionally Disturbed Youth | $ 4,500,000 | $ 4,241,940 |
| 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 | $ - | $ - |
| 10a | Crisis Intervention Team Training for First Responders | $ 823,747 | $ 633,269 |
| 10b | Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team | $ 6,100,000 | $ 3,375,333 |
| 11a | Increase Jail Liaison Capacity | $ 80,000 | $ 83,768 |
| 11b | Increase Services for New or Existing Mental Health Court Programs | $ 545,282 | $ 494,832 |
| 12a | Jail Re-Entry Program Capacity Increase | $ 320,000 | $ 363,380 |
| 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 | $ 309,957 |
| 13b | Domestic Violence Prevention | $ 224,000 | $ 224,000 |
| 14a | Sexual Assault, Mental Health, and Chemical Dependency Services | $ 400,000 | $ 324,502 |
| 15a | Drug Court: Expansion of Recovery Support Services | $ 103,778 | $ 89,474 |
| 16a | New Housing Units and Rental Subsidies | $ - | $ - |
| | Sexual Assault Supplantation | $ 362,000 | $ 362,000 |
| | | | |
| | **MIDD Administration** | **$ 2,936,861** | **$ 2,176,435** |
| | Personnel | 2,936,861 | $ 1,206,122 |
| | Other Costs | | $ 970,313 |
| | **Total MIDD Operating Dollars** | **$41,023,077** | **$36,441,983** |
| | **Percentage of Appropriation** | | **88.83%** |

## Mental Illness and Drug Dependency Fund - Part II

| | Other MIDD Funds (Separate Appropriation Units) | 2012 Budget | 2012 Actual |
|---|---|---|---|
| | **Department of Judicial Administration** | **$ 128,651** | **$ 114,098** |
| 15a | Drug Court: Expansion of Recovery Support Services | $ 128,651 | $ 114,098 |
| | | | |
| | **Prosecuting Attorney's Office** | **$ 274,199** | **$ 486,669** |
| 11b | Increase Services for New or Existing Mental Health Court Programs | $ 231,938 | $ 486,669 |
| 9a | Expand Juvenile Drug Court Treatment | $ 42,261 | $ - |
| | | | |
| | **Superior Court** | **$ 1,062,604** | **$ 1,239,338** |
| 5a | Expand Assessments for Youth in the Juvenile Justice System | $ 215,864 | $ 187,071 |
| 8a | Expand Family Treatment Court Services and Support to Parents | $ 304,557 | $ 567,584 |
| 9a | Expand Juvenile Drug Court Treatment | $ 542,183 | $ 484,683 |
| | | | |
| | **Sheriff Pre-Booking Diversion** | **$ 228,075** | **$ 74,467** |
| 10a | Crisis Intervention Team Training for First Responders | $ 90,382 | $ 70,264 |
| | Sheriff MIDD | $ 137,693 | $ 4,203 |
| | | | |
| | **Office of Public Defense** | **$ 448,149** | **$ 442,154** |
| 8a | Expand Family Treatment Court Services and Support to Parents | $ 101,600 | $ 101,600 |
| 9a | Expand Juvenile Drug Court Treatment | $ 42,949 | $ 41,945 |
| 11b | Increase Services for New or Existing Mental Health Court Programs | $ 303,600 | $ 298,609 |
| | | | |
| | **District Court** | **$ 321,354** | **$ 320,494** |
| 11b | Increase Services for New or Existing Mental Health Court Programs | $ 321,354 | $ 320,494 |
| | **Total Other MIDD Funds** | **$ 2,463,032** | **$ 2,677,220** |
| | **Percentage of Appropriation** | | **108.70%** |
| | | | |
| | **Total All MIDD Funds** | **$43,486,109** | **$39,119,203** |

## Mental Illness and Drug Dependency Fund Total Revenues and Expenditures

| | 2012 Actual |
|---|---|
| **Revenue** | |
| MIDD Tax | $ 43,893,722 |
| Streamlined Mitigation | $ 636,915 |
| Investment Interest - Gross | $ 140,298 |
| Cash Management Svcs Fee | $ (2,104) |
| Invest Service Fee - Pool | $ (10,012) |
| Prior Year Correction | $ 121,790 |
| Other Miscellaneous Revenue | $ 13,320 |
| **Total Revenues** | **$ 44,793,929** |
| | |
| Total MIDD Funds | $ 39,119,203 |
| Total MIDD Supplantation | $ 11,828,457 |
| **Total Expenditures** | **$ 50,947,660** |
| | |
| **Expenditures Over Revenues** | **$ (6,153,731)** |

## Mental Illness and Drug Dependency Fund - Supplantation

| Strategy | 2012 Budget | 2012 Actual |
|---|---|---|
| **Other MIDD Funds** | | |
| **Department of Judicial Administration** | **$ 1,397,684** | **$ 1,354,172** |
| Adult Drug Court Base | $ 1,397,684 | $ 1,354,172 |
| | | |
| **Prosecuting Attorney's Office** | **$ 881,421** | **$ 662,953** |
| Adult Drug Court Base | $ 549,140 | $ 490,337 |
| Juvenile Drug Court Base | $ 121,778 | - |
| Mental Health Court Base | $ 210,503 | $ 172,616 |
| | | |
| **Superior Court** | **$ 501,193** | **$ 286,649** |
| Adult Drug Court Base | $ 166,631 | $ 128,040 |
| Juvenile Drug Court Base | $ 33,021 | $ 22,607 |
| Family Treatment Court Base | $ 301,541 | $ 136,002 |
| | | |
| **Office of Public Defense** | **$ 1,369,034** | **$ 1,375,029** |
| Adult Drug Court Base | $ 829,356 | $ 887,248 |
| Juvenile Drug Court Base | $ 42,949 | $ 26,711 |
| Mental Health Court Base | $ 344,329 | $ 336,843 |
| Family Treatment Court Base | $ 152,400 | $ 124,227 |
| | | |
| **District Court** | **$ 662,335** | **$ 638,677** |
| Mental Health Court Base | $ 662,335 | $ 638,677 |
| | | |
| **Department of Adult and Juvenile Detention** | **$ 329,464** | **$ 295,728** |
| Community Center for Alternate Programs (CCAP) | $ 28,644 | $ 28,644 |
| Juvenile MH Treatment | $ 300,820 | $ 267,084 |
| | | |
| **Jail Health Services** | **$ 3,313,545** | **$ 2,577,035** |
| Psychiatric Services | $ 3,313,545 | $ 2,577,035 |
| | | |
| **Total Other MIDD Funds** | **$ 8,454,676** | **$ 7,190,243** |
| **Percentage of Appropriation** | | **85.04%** |
| **MH & Substance Abuse (SA) MIDD Supplantation** | **$ 5,012,727** | **$ 4,638,214** |
| SA Administration | $ 399,835 | $ 399,835 |
| SA Criminal Justice Initiative | $ 981,104 | $ 889,122 |
| SA Contracts | $ 121,757 | $ 124,274 |
| SA Housing Voucher Program | $ 708,990 | $ 578,022 |
| SA Emergency Service Patrol | $ 595,734 | $ 519,759 |
| SA CCAP | $ 472,981 | $ 472,981 |
| | | |
| MH Co-Occurring Disorders Tier | $ 800,000 | $ 800,000 |
| MH Recovery (decreased by $106,375) | $ 218,720 | $ 184,664 |
| MH Juvenile Justice Liaison | $ 90,000 | $ 90,000 |
| MH Crisis Triage Unit | $ 263,606 | $ 251,877 |
| MH Functional Family Therapy | $ 272,000 | $ 244,816 |
| MH Mental Health Court Liaison | $ 88,000 | $ 82,864 |
| **Total Other MH/SA MIDD Supplantation Funds** | **$ 5,012,727** | **$ 4,638,214** |
| **Percentage of Appropriation** | | **92.53%** |
| **Total MIDD Supplantation Dollars** | **$ 13,467,403** | **$ 11,828,457** |
| **Percentage of Appropriation** | | **87.83%** |

# MIDD 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Alpha Center | CD | | x | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asian CRS | MH & CD | x | x | | | | x | | | | x | x | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Atlantic Street Center | MH | x | | | | | | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Auburn Youth Resources | CD | | x | | | | x | | | | | | | | | x | | | | | | | | | | | | | | | | | | | | |
| Catholic Comm Svcs | MH & CD | x | x | | | | x | | | | | | x | | | | | | | | | | | | | | | | | | | | | | | x | |
| Center for Human Svcs | CD | | x | | | | x | | | | | | | | | x | | | x | | | | | | | | | | | | | | | | | |
| City of Seattle | Partner | | | | | | | | | | | | | | | | | | | | | | | | | | x | | | | | | | | | x |
| Community House | MH | x | | | | | | | | | x | | | | | | | | | | | | | | | | | | | | | | | | x | |
| Comm Psych Clinic | MH & CD | x | x | | | | x | | | | x | x | | | | | | | x | | | | | | | | | | | | | | | | | |
| Consejo | MH & CD | x | x | | | | x | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crisis Clinic (+) | MH | | | | | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | | | |
| DAWN | MIDD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | x | | | | | |
| DESC | MH & CD | x | x | | | | x | | | | x | x | x | | | | | | | | | | | | x | | | | | | | | | | | x | |
| Eastside DV Program | MIDD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | x | | | | | |
| Evergreen Healthcare | MH & CD | x | x | | | | x | | | x | x | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evergreen Treatment Svcs | CD | | x | | | | x | | | | | | x | | | | | | | | | | | | | | | | | | | | | | | | |
| Friends of Youth | CD | | x | | | | x | | | | | | | | | x | | | | | | | | | | | | | | | | | | | | |
| Guided Pathways – SYF | MIDD | | | | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Harborview | MH & CD | 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 | CD | | x | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intercept Associates | CD | | x | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KC Coalition Against DV | MIDD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | x | | x | | | |
| KC Dept Adult/Juv Detention (+) | Partner | | | | | | | | | | | | | | | | | | | | | | | | | | | x | | | x | | | | | | |
| KC Judicial Admin (+) | Partner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | x | | |
| KC Sexual Assault Res Ctr | MIDD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | x | | | |
| Kent Youth & Family Svcs | CD | | x | | | | x | | | | | | | | | x | | | | | | | | | | | | | | | | | | | | |
| Muckleshoot | CD | | x | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Navos | MH & CD | x | x | | | x | x | | | | x | x | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neighborcare Health | MIDD | | | | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | | | | |
| New Beginnings | MIDD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | x | | | | | |
| New Traditions | CD | | x | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Northshore Youth & Family | CD | | x | | | | x | | | | | | | | | x | | | | | | | | | | | | | | | | | | | | |
| Perinatal Treatment Svcs | CD | | x | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pioneer Human Svcs | MH & CD | x | x | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plymouth Housing Group | MIDD | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | | | | | | | x | |
| Public Health (+) | Partner | | | x | | | | | x | | | | | | | | | | | | | | | | | | | | x | | | | | | | | |
| Puget Sound ESD | Partner | | | | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | | | | |
| Recovery Centers of KC | CD | | x | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Renton Area Youth Svcs | CD | | x | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ReWA | MIDD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | x | | x | | | |
| Ruth Dykeman Youth & Family | CD | | x | | | | x | | | | | | | | | x | | | | | | | | | | | | | | | | | | | | |
| Ryther Child Center | MH & CD | x | | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sea Mar | MH & CD | x | x | | | | x | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seattle Children's Home | MH | x | | | | | | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seattle Children's (Hospital) | MH | x | | | | | | | | | x | | | | | x | | | | | | | | | | | | | | | | | | | | | |
| Seattle Counseling Svcs | MH & CD | x | x | | | | x | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seattle Indian Health Board | CD | | x | x | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Snoqualmie Tribe | CD | | x | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sound Mental Health (+) | MH & CD | x | x | | | x | x | | | | x | x | x | | | | | | x | | | | | | | x | x | x | | | x | | x | | | x | |
| St. Francis Hospital | MIDD | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Superior Court, Juvenile Div | Partner | | | | | | | | | | | | | | | | | x | | | | x | x | | | | | | | | | | | | | | |
| Therapeutic Health Svcs | MH & CD | x | x | | | | x | | | | x | x | | | | x | | | x | | | | | | | | | | | | | | | | | | |
| Transitional Resources | MIDD | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | | | | | | | x | |
| Valley Cities CC | MH & CD | x | x | | | x | x | | | | x | x | x | | | | | | x | | | | | | | | x | | | | | | | | | x | |
| WAPIFASA | CD | | x | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WA St CJ Training Comission | Partner | | | | | | | | | | | | | | | | | | | | | | | x | | | | | | | | | | | | | |
| YMCA | MH | x | | | | | | | | | x | | | | | | | | | | x | | | | | | | | | | | | | | | | |
| Youth Eastside Svcs | CD | | x | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

**Implementation delays**

**Non-MIDD funding secured**

# Appendix I: Performance Measures by Strategy Category

## Community-Based Care Strategies

Many strategies in this category are intended to increase access to community mental health (MH) and chemical dependency (CD) or substance abuse treatment for uninsured children, adults, and older adults. Other goals of strategies in the community-based care category include improving care quality by decreasing MH agency caseloads, individualizing employment services, and providing intensive support services within housing programs designed to address the needs of various MIDD populations.

| Strategy Number | Strategy "Nickname" | Year 3 Targets | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Totals [1] | Percent of Year 4 Target | Target Success Rating |
|---|---|---|---|---|---|---|---|
| 1a-1 | MH Treatment | 2,400 clients/yr | 1,841 | 2,504 | 4,345 | 181% | ↑ |
| 1a-2 | CD Treatment | 50,000 adult OP units<br>4,000 youth OP units<br>70,000 OST units | N/A | 30,053 adult OP units<br>6,564 youth OP units<br>79,017 OST units | See "New in Year 4" | 60% [2]<br>164%<br>113% | ↓<br>↑<br>↑ |
| 1b | Outreach & Engagement | 675 clients/yr | 681 | 849 | 1,530 | 226% [3] | ↑ |
| 1c | Substance Abuse Emergency Room Intervention | 6,400 screens/yr (8 FTE)<br>**Adjust to 5,600 screens/yr (7 FTE)**<br>4,340 brief interventions (BI)/yr (8 FTE)<br>**Adjust to 3,798 BI/yr (7 FTE)** | N/A | 3,695 screens<br>4,763 brief interventions | See "New in Year 4" | 66% (Adjusted)<br>125% (Adjusted) | →<br>↑ |
| 1d | MH Crisis Next Day Appts | 750 clients/yr with enhanced services<br>**Adjust to 285 for 62% reduction in funding/capacity** | 18 | 213 | 231 | 81% [4] (Adjusted) | → |
| 1e | Training for CD Professionals | 125 reimbursed trainees/yr<br>250 workforce development trainees/yr [5] | 227<br>N/A | 122<br>253 (17 trainings) | 349<br>N/A | 279%<br>101% | ↑<br>↑ |
| 1f | Parent Partners Family Assistance [6] | 4,000 clients/yr | N/A | N/A | N/A | N/A | N/A |
| 1g | Older Adults Prevention MH & Substance Abuse | 2,500 clients/yr (7.4 FTE)<br>**Adjust to 2,196 clients/yr (6.5 FTE)** | 1,409 | 2,226 | 3,635 | 166% (Adjusted) | ↑ |
| 1h | Older Adults Crisis & Service Linkage | 340 clients/yr (4.6 FTE)<br>**Adjust to 258 clients/yr (3.5 FTE)** | 24 | 302 | 326 | 126% (Adjusted) | ↑ |
| 2a | MH Workload Reduction | 16 agencies participating | 16 | 1 | 17 | 106% | ↑ |
| 2b | Employment Services MH & CD | 920 clients/yr (23 FTE)<br>**Adjust to 700 clients/yr (17.5 FTE)** | 404 | 430 | 834 | 119% (Adjusted) | ↑ |
| 3a | Supportive Housing | 553 clients/yr | 334 | 290 | 624 | 113% | ↑ |
| 13a | Domestic Violence MH Services | 560-640 clients/yr [5] | 157 | 357 | 514 | 92% | ↑ |
| 14a | Sexual Assault MH Services | 170 clients/yr | 118 | 269 | 387 | 228% [3] | ↑ |

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

[2] Other fund sources for these services were available during MIDD Year Four.

[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] This result may indicate rationing of services due to limited availability.

[5] Revised targets accepted by Council in motion of acceptance on 6/4/2012.

[6] Data for this strategy were not ready or available for analysis within the reporting period.

| Key to Target Success Rating Symbols | |
|---|---|
| ↑ | Percentage of annual target is higher than 85% |
| → | Percentage of annual target is 65% to 85% |
| ↓ | Percentage of annual target is less than 65% |

## Strategies with Programs to Help Youth

The youth category has strategies designed to expand prevention and early intervention programs, to increase availability of assessments for youth involved with the juvenile justice system, and to provide comprehensive, team-based interventions through Wraparound. In addition to helping more youth in crisis, funding is also available to maintain and expand both Family Treatment Court and the Juvenile Drug Court.

| Strategy Number | Strategy "Nickname" | Year 4 Targets | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Totals [1] | Percent of Year 4 Target | Target Success Rating |
|---|---|---|---|---|---|---|---|
| 4a | Parents in Recovery Services [2] | 400 parents/yr | N/A | N/A | N/A | N/A | N/A |
| 4b | CD Prevention for Children [2] | 400 children/yr | N/A | N/A | N/A | N/A | N/A |
| 4c | School-Based Services | 2,268 youth/yr (19 programs)<br>**Adjust to 1,550 youth/yr (13 programs)** | N/A | at least 1,410 [3] | 1,410 | 91% (Adjusted) | ↑ |
| 4d | Suicide Prevention Training | 1,500 adults/yr<br>3,250 youth/yr | N/A | 633 adults<br>8,129 youth | See "New in Year 4" | 42%<br>250% [4] | ↓<br>↑ |
| 5a | Juvenile Justice Assessments | Coordinate 500 assessments/yr<br>Provide 200 psychological services/yr<br>Conduct 140 MH assessments<br>Conduct 165 CD assessments | N/A | 856 coordinations for 493 unique youth<br>209 psych svcs<br>128 MH assessments<br>420 CD assessments | See "New in Year 4" | 171%<br>105%<br>91%<br>255% | ↑<br>↑<br>↑<br>↑ |
| 6a | Wraparound | 450 enrolled youth/yr [5] | 219 | 301 | 520 | 116% | ↑ |
| 7a | Youth Reception Centers [2] | TBD | N/A | N/A | N/A | N/A | N/A |
| 7b | Expand Youth Crisis Services | 300 youth/yr [5] | N/A | 951 | 951 | 317% [4] | ↑ |
| 8a | Family Treatment Court Expansion | No more than 90 children per year [6]<br>No more than 60 children at one time | N/A | N/A | 103 children (in MIDD Year 4)<br>56 average daily maximum | 86% [7]<br>107% | ↑<br>↑ |
| 9a | Juvenile Drug Court Expansion | 36 **new** youth/yr (up to 5.5 FTE) | 47 | 34 new opt-ins<br>16 new pre opt-ins | 97 | 139% (Total new) | ↑ |
| 13b | Domestic Violence Prevention | 85 families/yr | 81 | 102 | 147 unique families | 173% | ↑ |

[1] Unduplicated counts per strategy of those receiving at least one service during reporting period, unless otherwise indicated.
[2] This strategy was not implemented or data were not ready or available for analysis within the reporting period.
[3] Program also serves numerous youth in large groups and assemblies.
[4] Blended funds allow more clients to be served than the portion attributable to MIDD only on which the performance measurement targets are based.
[5] Revised targets accepted by Council in motion of acceptance on 6/4/2012.
[6] Program is operating at capacity, so service cap is being monitored. The cap was not exceeded during any *calendar* year.
[7] Reverse scored in order to be comparable with other strategies.

| Key to Target Success Rating Symbols | |
|---|---|
| ↑ | Percentage of annual target is higher than 85% |
| → | Percentage of annual target is 65% to 85% |
| ↓ | Percentage of annual target is less than 65% |

## Jail and Hospital Diversion Strategies

Strategies grouped in the diversion category are intended to help individuals who are experiencing mental health and/or substance abuse problems avoid costly incarcerations and psychiatric hospitalizations by linking them with appropriate community treatment. Diversion programs include education and training for justice-system involved individuals, jail and hospital re-entry services, intensive case management, and therapeutic courts.

| Strategy Number | Strategy "Nickname" | Year 4 Targets | Continued Services from Prior Year(s) | New in Year 4 | Year 4 Totals [1] | Percent of Year 4 Target | Target Success Rating |
|---|---|---|---|---|---|---|---|
| 10a | Crisis Intervention Team Training | 180 trainees/yr (40-hour) [2]<br>300 trainees/yr (one day)<br>150 trainees/yr (other CIT programs) [3] | N/A | 256 (40-hour)<br>266 (one-day)<br>185 (Other) | See "New in Year 4" (NOT unduplicated) | 142%<br>87%<br>123% | ↑<br>↑<br>↑ |
| 10b | Adult Crisis Diversion [4] | 3,000 adults/yr<br>**Adjust to 500 for two month period (to include MCT pilot)** | N/A | 359 | 359 (NOT unduplicated)[5] | 72% (Adjusted) | → |
| 11a | Increase Jail Liaison Capacity | 200 clients/yr | 24 | 168 | 192 | 96% | ↑ |
| 11b | MH Court Expansion | 115 opt-in clients/yr (9 FTE) for Regional MHC [2]<br>**Adjust to 38 for liaison understaffing and probation caseload limits** | N/A | N/A | 22 opt-ins | 58% [6] (Adjusted) | ↓ |
| | | 50 clients/yr (1 FTE) for Seattle MHC | N/A | 268 | 268 screened candidates | 536% | ↑ |
| 12a | Jail Re-Entry Capacity Increase | 300 clients/yr (3 FTE) | 69 | 189 | 258 | 86% | ↑ |
| | CCAP Education Classes | 600 clients/yr | 50 | 529 | 579 (NOT unduplicated) [5] | 97% | ↑ |
| 12b | Hospital Re-Entry Respite Beds | 350-500 clients/yr | 3 | 339 | 342 | 98% | ↑ |
| 12c | PES Link to Community Services | 75-100 clients/yr | 31 | 46 | 77 | 103% | ↑ |
| 12d | Behavior Modification for CCAP | 100 clients/yr | 15 | 174 | 189 | 189% | ↑ |
| 15a | Adult Drug Court Expansion | 250 clients/yr | 115 | 179 | 294 | 118% | ↑ |
| 16a | New Housing and Rental Subsidies | 40 rental subsidies/yr<br>Tenants in 25 capitally-funded beds without MIDD-funded support services through Strategy 3a | 36<br>19 | 5<br>10 | 41 (rental subsidies)<br>29 tenants (Brierwood) | 103%<br>116% | ↑<br>↑ |
| 17a | Crisis Intervention/MH Partnership | | N/A | N/A | N/A | N/A | N/A |
| 17b | Safe Housing - Child Prostitution | | N/A | N/A | N/A | N/A | N/A |

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

[2] Revised targets accepted by Council in motion of acceptance on 6/4/2012.

[3] Other trainings included: Youth, Youth (Train the Trainer), Force Options, and Executive Roundtable.

[4] This strategy was not fully implemented during the current reporting period. Initial referrals to the program were lower than expected.

[5] When clients participate in different aspects of a strategy, credit is given to each sub-part separately.

[6] RMHC is a two-year program. The maximum probation caseload size is 57 (over two years) and MIDD funds two positions. In MIDD Year Four, the court liaison position was staffed at 66%, resulting in an adjusted target of 38 opt-in clients for the one-year time period.

| Key to Target Success Rating Symbols | |
|---|---|
| ↑ | Percentage of annual target is higher than 85% |
| → | Percentage of annual target is 65% to 85% |
| ↓ | Percentage of annual target is less than 65% |

## Appendix II: Strategy 1a-1 Psychiatric Symptom Reduction

An analysis of psychiatric symptom reduction for participants in MIDD's access to mental health treatment strategy began with 2,719 people for whom at least one Problem Severity Summary (PSS) score was available shortly after their MIDD start date or intake appointment. Frequencies were run on the various subscales to establish the baseline incidence in this sample for each item considered most relevant to psychiatric symptomology. The figure below shows that the most problematic symptoms were related to depression and anxiety.

| | No Impairment to Slight Impairment | | Marked Impairment | | Severe to Extremely Severe Impairment | |
|---|---|---|---|---|---|---|
| Depressive Symptoms | 576 | 21% | 1,397 | 51% | 746 | 27% |
| Anxiety Symptoms | 850 | 31% | 1,302 | 48% | 567 | 21% |
| Negative Social Behavior | 1,862 | 68% | 687 | 25% | 170 | 6% |
| Psychotic Symptoms | 1,967 | 72% | 509 | 19% | 243 | 9% |
| Dangerous Behavior | 2,238 | 82% | 360 | 13% | 121 | 4% |
| Dissociative Symptoms | 2,539 | 93% | 151 | 6% | 29 | 1% |

Isolating the depression and anxiety subscales, change over time was examined for those individuals who had measures in at least two different time periods (at least six months apart). The "pre" score was their first evidence of measure (at baseline or later) and the "post" score was the lowest subsequent measure. Months to change was calculated as the time period between the pre and post scores. Note that in using this methodology, change could be either for better or worse, but the bias was toward those experiencing a reduction in symptoms at some point during the course of their treatment, as lower subsequent scores were always chosen over higher ones.

A total of 2,943 people had at least two anxiety scores measured in separate time periods. Of those, 1,899 (65%) remained stable over time. Among the 1,044 exhibiting a change in symptoms, 884 (85%) showed some improvement. Of the 613 with severe or extremely severe anxiety symptoms during their pre period, 161 (26%) showed only slight or no impairment in at least one follow-up measure. Thirty percent of the entire sample had improved anxiety scores.

Similar results were found for depression symptoms, whereby 28 percent of the 2,951 with two scores improved. Notably, of the 767 people with the most severe depression during their pre period, 179 (23%) had slight or no impairment during at least one subsequent measure. For both anxiety and depression, within subjects paired t-testing showed that these improvements were statistically significant. The average time associated with symptom reduction was about 15 months between measures.

# Appendix III: Detailed Outcome Findings for Eligible Samples

## Utilization of Community Inpatient Psychiatric Hospitals

| | 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 | |
| 1a-1—MH Treatment | 4,551 | 538 | 12% | 3,626 | 453 | 12% | 2,045 | 249 | 12% |
| 1b—Outreach & Engagement | 2,574 | 119 | 5% | 1,707 | 88 | 5% | - | - | - |
| 1d—MH Crisis Next Day Appointments | 2,122 | 381 | 18% | 1,750 | 346 | 20% | 898 | 189 | 21% |
| 1h—Older Adults Crisis & Service Linkage | 1,146 | 91 | 8% | 754 | 73 | 10% | 326 | 42 | 13% |
| 3a—Supportive Housing | 510 | 79 | 15% | 229 | 44 | 19% | 129 | 10 | 8% |
| 12c—PES Link to Community Services | 295 | 96 | 33% | 221 | 73 | 33% | 87 | 28 | 32% |
| 16a—New Housing & Rental Subsidies | 103 | 60 | 58% | 80 | 52 | 65% | 27 | 19 | 70% |

## Change in Average Number of Days Hospitalized Over Each Time Period

| | Pre to First Post | | | Pre to Second Post | | | Pre to Third Post* | | |
|---|---|---|---|---|---|---|---|---|---|
| | Pre | Post 1 | Change | Pre | Post 2 | Change | Pre | Post 3 | Change |
| 1a-1—MH Treatment | 20.41 | 10.84 | -47% | 17.85 | 7.02 | -61% | 15.53 | 7.40 | -52% |
| 1b—Outreach & Engagement | 8.59 | 13.19 | +54% | 6.99 | 8.60 | +23% | - | - | - |
| 1d—MH Crisis Next Day Appointments | 8.80 | 12.61 | +43% | 7.93 | 6.57 | -17% | 7.35 | 5.27 | -28% |
| 1h—Older Adults Crisis & Service Linkage | 2.53 | 23.68 | +836% | 2.23 | 7.44 | +234% | 2.81 | 2.14 | -24% |
| 3a—Supportive Housing | 32.97 | 18.72 | -43% | 18.48 | 16.82 | -9% | - | - | - |
| 12c—PES Link to Community Services | 18.40 | 21.71 | +18% | 20.70 | 9.07 | -56% | 36.14 | 5.39 | -85% |
| 16a—New Housing & Rental Subsidies | 41.87 | 24.65 | -41% | 35.31 | 15.50 | -56% | - | - | - |

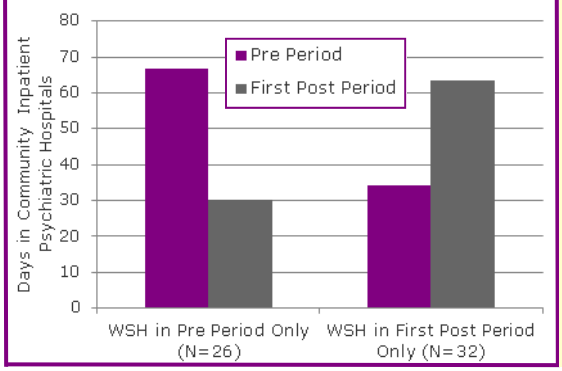
* Results are not shown where fewer than 20 cases contributed to the observed averages.

## Utilization of Western State Hospital

Individuals served in the seven strategies shown above were tracked for usage of Western State Hospital (WSH), a large psychiatric hospital administered by the State of Washington's Department of Social and Health Services. Of the 11,301 individuals eligible for examination of one-year outcomes, only 29 had WSH psychiatric hospitalizations in the year leading up to the MIDD start date. Another 32 people, who were not hospitalized at WSH during that pre period, had at least one hospitalization in their first year of MIDD services. Only three people had hospitalizations in both the pre and first post periods.

The relationship between inpatient psychiatric hospitalizations in the community and those at the state-run facility is illustrated in the graphic on the left. Hospitalizations at WSH during the pre period were associated with higher average days spent hospitalized in the community for inpatient psychiatric care during that same time period. In the following year, community hospitalizations were reduced by 55 percent. Similarly, those not hospitalized at WSH during their pre period had much lower community psychiatric hospitalizations during that time than during the period in which their WSH hospitalization occurred. While avoiding unnecessary psychiatric hospitalizations is a goal, WSH appears to be a resource used sparingly, but also appropriately, by MIDD clients.

**Average Number of Days in Community Inpatient Psychiatric Hospitals for Individuals with WSH Admissions in Different Time Periods**



## Utilization of Jail or Juvenile Detention Facilities

| | 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 | |
| 1a-1—MH Treatment | 4,551 | 757 | 17% | 3,626 | 640 | 18% | 2,045 | 335 | 16% |
| 1a-2a—Outpatient CD Treatment | 6,235 | 2,970 | 48% | 4,693 | 2,346 | 50% | 2,820 | 1,419 | 50% |
| 1a-2b—Opiate Substitution Treatment | 1,353 | 488 | 36% | 1,197 | 472 | 39% | 847 | 357 | 42% |
| 1b—Outreach & Engagement | 2,574 | 1,024 | 40% | 1,707 | 696 | 41% | - | - | - |
| 1c—Emergency Room Intervention | 7,364 | 2,138 | 29% | 4,310 | 1,446 | 34% | 1,392 | 509 | 37% |
| 1d—MH Crisis Next Day Appointments | 2,122 | 586 | 28% | 1,750 | 551 | 31% | 898 | 287 | 32% |
| 3a—Supportive Housing | 510 | 242 | 47% | 229 | 109 | 48% | 129 | 43 | 33% |
| 5a—Juvenile Justice Assessments | 539 | 400 | 74% | 299 | 238 | 80% | - | - | - |
| 6a—Wraparound | 421 | 112 | 27% | 236 | 85 | 36% | - | - | - |
| 8a—Family Treatment Court | 81 | 43 | 53% | 52 | 26 | 50% | 15 | 11 | 73% |
| 9a—Juvenile Drug Court | 92 | 67 | 73% | 62 | 48 | 77% | 16 | 14 | 88% |
| 11a—Increase Jail Liaison Capacity | 415 | 326 | 79% | 268 | 206 | 77% | 66 | 51 | 77% |
| 11b—MH Court Expansion | 104 | 87 | 84% | 80 | 31 | 39% | - | - | - |
| 12a-1—Jail Re-Entry Capacity | 591 | 532 | 90% | 424 | 380 | 90% | 219 | 187 | 85% |
| 12a-2—CCAP Education Classes | 870 | 650 | 75% | 490 | 378 | 77% | - | - | - |
| 12c—PES Link to Community Services | 295 | 178 | 60% | 221 | 150 | 68% | 87 | 62 | 71% |
| 12d—Behavior Modification at CCAP | 198 | 173 | 87% | 92 | 84 | 91% | - | - | - |
| 15a—Adult Drug Court | 402 | 346 | 86% | 256 | 219 | 86% | 125 | 105 | 84% |
| 16a—New Housing & Rental Subsidies | 103 | 42 | 41% | 80 | 31 | 39% | 27 | 18 | 67% |

## Change in Average Number of Days Jailed or Detained Over Each Time Period

| | Pre to First Post | | | Pre to Second Post | | | Pre to Third Post* | | |
|---|---|---|---|---|---|---|---|---|---|
| | Pre | Post 1 | Change | Pre | Post 2 | Change | Pre | Post 3 | Change |
| 1a-1—MH Treatment | 44.06 | 31.25 | -29% | 38.39 | 23.77 | -38% | 35.88 | 16.94 | -53% |
| 1a-2a—Outpatient CD Treatment | 33.09 | 23.18 | -30% | 29.60 | 20.51 | -31% | 27.98 | 16.60 | -41% |
| 1a-2b—Opiate Substitution Treatment | 32.26 | 24.60 | -24% | 25.98 | 16.62 | -36% | 20.85 | 16.76 | -20% |
| 1b—Outreach & Engagement | 31.75 | 30.10 | -5% | 28.31 | 24.67 | -13% | - | - | - |
| 1c—Emergency Room Intervention | 30.35 | 33.89 | +12% | 28.18 | 27.40 | -3% | 30.60 | 20.20 | -34% |
| 1d—MH Crisis Next Day Appointments | 37.01 | 27.22 | -26% | 34.16 | 21.35 | -37% | 35.52 | 20.46 | -42% |
| 3a—Supportive Housing | 60.60 | 28.32 | -53% | 47.37 | 26.40 | -44% | 29.23 | 21.44 | -27% |
| 5a—Juvenile Justice Assessments | 26.46 | 49.22 | +86% | 26.63 | 36.46 | +37% | - | - | - |
| 6a—Wraparound | 27.32 | 31.50 | +15% | 25.76 | 21.26 | -17% | - | - | - |
| 8a—Family Treatment Court | 14.26 | 15.60 | +9% | 18.46 | 14.88 | -19% | - | - | - |
| 9a—Juvenile Drug Court | 25.27 | 78.85 | +212% | 23.46 | 39.15 | +67% | - | - | - |
| 11a—Increase Jail Liaison Capacity | 41.59 | 45.05 | +8% | 40.47 | 35.17 | -13% | 35.73 | 27.04 | -24% |
| 11b—MH Court Expansion | 40.03 | 47.30 | +18% | - | - | - | - | - | - |
| 12a-1—Jail Re-Entry Capacity | 82.08 | 60.62 | -26% | 79.95 | 55.74 | -30% | 75.90 | 42.61 | -44% |
| 12a-2—CCAP Education Classes | 39.61 | 49.07 | +24% | 38.88 | 33.82 | -13% | - | - | - |
| 12c—PES Link to Community Services | 36.40 | 37.71 | +4% | 35.85 | 29.71 | -17% | 45.29 | 23.08 | -49% |
| 12d—Behavior Modification at CCAP | 38.17 | 49.78 | +30% | 34.90 | 22.15 | -37% | - | - | - |
| 15a—Adult Drug Court | 33.19 | 57.74 | +74% | 34.80 | 26.20 | -25% | 37.43 | 16.49 | -56% |
| 16a—New Housing & Rental Subsidies | 46.93 | 22.45 | -52% | 41.65 | 28.55 | -31% | - | - | - |

* Results are not shown where fewer than 20 cases contributed to the observed averages.

## Utilization of Harborview Medical Center's Emergency Department (ED)

| | 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 | |
| 1a-1—MH Treatment | 4,551 | 855 | 19% | 3,626 | 752 | 21% | 2,045 | 452 | 22% |
| 1a-2a—Outpatient CD Treatment | 6,235 | 1,091 | 17% | 4,693 | 989 | 21% | 2,820 | 693 | 25% |
| 1a-2b—Opiate Substitution Treatment | 1,353 | 430 | 32% | 1,197 | 439 | 37% | 847 | 347 | 41% |
| 1b—Outreach & Engagement | 2,574 | 854 | 33% | 1,707 | 581 | 34% | - | - | - |
| 1c—Emergency Room Intervention | 7,364 | 5,225 | 71% | 4,310 | 3,392 | 79% | 1,392 | 1,254 | 90% |
| 1d—MH Crisis Next Day Appointments | 2,122 | 1,009 | 48% | 1,750 | 900 | 51% | 898 | 457 | 51% |
| 1g—Older Adults Prevention MH & | 5,256 | 805 | 15% | 3,338 | 563 | 17% | 1,188 | 195 | 16% |
| 1h—Older Adults Crisis & Service Linkage | 1,146 | 132 | 12% | 754 | 94 | 12% | 326 | 46 | 14% |
| 3a—Supportive Housing | 510 | 318 | 62% | 229 | 144 | 63% | 129 | 78 | 60% |
| 12c—PES Link to Community Services | 295 | 271 | 92% | 221 | 201 | 91% | 87 | 81 | 93% |
| 16a—New Housing & Rental Subsidies | 103 | 50 | 49% | 80 | 47 | 59% | 27 | 16 | 59% |

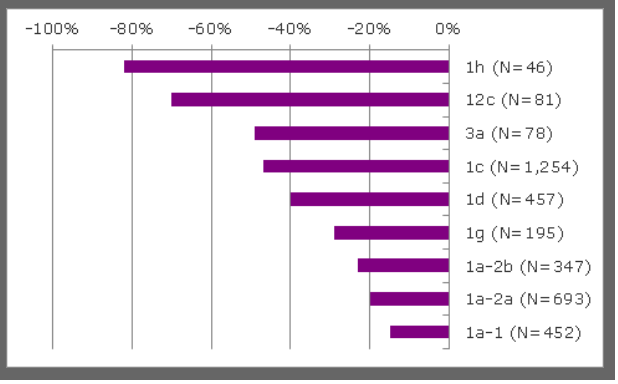
## Change in Average Number of ED Visits Over Each Time Period

| | Pre to First Post | | | Pre to Second Post | | | Pre to Third Post* | | |
|---|---|---|---|---|---|---|---|---|---|
| | Pre | Post 1 | Change | Pre | Post 2 | Change | Pre | Post 3 | Change |
| 1a-1—MH Treatment | 1.60 | 1.33 | -17% | 1.26 | 1.06 | -16% | 1.07 | 0.91 | -15% |
| 1a-2a—Outpatient CD Treatment | 1.60 | 1.36 | -15% | 1.36 | 1.01 | -26% | 1.29 | 1.03 | -20% |
| 1a-2b—Opiate Substitution Treatment | 1.57 | 1.53 | -3% | 1.30 | 1.30 | 0% | 1.15 | 0.89 | -23% |
| 1b—Outreach & Engagement | 2.29 | 2.65 | +16% | 2.00 | 1.81 | -9% | - | - | - |
| 1c—Emergency Room Intervention | 1.61 | 2.64 | +64% | 1.62 | 1.26 | -22% | 2.11 | 1.11 | -47% |
| 1d—MH Crisis Next Day Appointments | 1.46 | 1.75 | +20% | 1.28 | 1.12 | -12% | 1.19 | 0.71 | -40% |
| 1g—Older Adults Prevention MH & Substance Abuse | 1.34 | 1.27 | -5% | 1.10 | 0.85 | -23% | 0.95 | 0.67 | -29% |
| 1h—Older Adults Crisis & Service Linkage | 41.87 | 24.65 | -41% | 1.06 | 0.55 | -48% | 1.11 | 0.20 | -82% |
| 3a—Supportive Housing | 3.81 | 2.36 | -38% | 3.12 | 2.33 | -25% | 2.58 | 1.31 | -49% |
| 12c—PES Link to Community Services | 10.17 | 8.18 | -20% | 10.40 | 4.18 | -60% | 12.80 | 3.83 | -70% |
| 16a—New Housing & Rental Subsidies | 1.36 | 1.44 | +6% | 1.23 | 0.91 | -26% | - | - | - |

* Results are not shown where fewer than 20 cases contributed to the observed averages.

### Long-Term Reductions in Average Number of ED Visits by Strategy

For people who began MIDD services prior to October of 2009, four years' worth of Harborview ED data was analyzed. The number of visits in the year prior to each person's MIDD start date was compared to the number recorded during the year-long span that began on their second MIDD anniversary (third post period). Reductions in the average number of ED visits were recorded for the nine strategies shown at right. Paired samples t-testing revealed statistically significant reductions within individuals between baseline and the third post period for all strategies except 1a-1—MH Treatment and 1g—Older Adults Prevention MH & Substance Abuse.



## Linkages to Mental Health and Substance Abuse Treatment

For each eligible sample, treatment management databases were queried for matches with MIDD participants. The number of matches found was unrelated to the number of individuals actually referred by programs within strategies for treatment of mental illness or substance use disorders. As such, the percentage of people within a given strategy who had at least one publicly-funded treatment benefit was diluted by the overall sample size. If accurate referral data was more readily available, the percentage of only those referred would likely be much higher than the percentage of the general sample size. Information was not available for analysis about linkages to residential chemical dependency treatment and/or privately-funded treatment of any kind.

### Mental Health Treatment Linkages Within One Year of MIDD Start

| | Sample Size | Number and Percentage Linked to Care in First Year | |
|---|---|---|---|
| 1b—Outreach & Engagement | 2,574 | 475 | 18% |
| 1d—MH Crisis Next Day Appointments | 2,122 | 695 | 33% |
| 1g—Older Adults Prevention MH & Substance Abuse | 5,256 | 715 | 14% |
| 1h—Older Adults Crisis & Service Linkage | 1,146 | 85 | 7% |
| 3a—Supportive Housing | 510 | 242 | 47% |
| 5a—Juvenile Justice Assessments | 539 | 102 | 19% |
| 11a—Increase Jail Liaison Capacity | 415 | 94 | 23% |
| 11b—MH Court Expansion | 104 | 45 | 43% |
| 12a-1—Jail Re-Entry Capacity | 591 | 223 | 38% |
| 12c—PES Link to Community Services | 295 | 150 | 51% |

### Substance Abuse Treatment Linkages Within One Year of MIDD Start

| | Sample Size | Number and Percentage Linked to Care in First Year | |
|---|---|---|---|
| 1b—Outreach & Engagement | 2,574 | 1,102 | 43% |
| 1c—Emergency Room Intervention | 7,364 | 1,536 | 21% |
| 1g—Older Adults Prevention MH & Substance Abuse | 5,256 | 189 | 4% |
| 1h—Older Adults Crisis & Service Linkage | 1,146 | 8 | <1% |
| 3a—Supportive Housing | 510 | 134 | 26% |
| 5a—Juvenile Justice Assessments | 539 | 122 | 23% |
| 8a—Family Treatment Court | 81 | 47 | 58% |
| 9a—Juvenile Drug Court | 92 | 55 | 60% |
| 11a—Increase Jail Liaison Capacity | 415 | 94 | 22% |
| 12a-1—Jail Re-Entry Capacity | 591 | 184 | 31% |
| 12c—PES Link to Community Services | 295 | 119 | 40% |