



Department of Community and Human Services
 Kelly Rider, Director
 401 Fifth Avenue, Suite 500
 Seattle, WA 98104
 (206) 263-9100
 Fax (206) 205-6565
 TTY Relay 711

July 10, 2025

TO: King County Councilmembers

FROM: Kelly Rider, Director, Department of Community and Human Services

RE: King County MIDD Impacts

This memo outlines the impact of King County's MIDD (Mental Illness and Drug Dependency) funded programs and services.

Overview: The MIDD is a councilmanic, countywide 0.1 percent sales tax authorized under Revised Code of Washington (RCW) 82.14.460 and King County Code (KCC) 400.5A.300.¹ Funds help the County address substance use disorder and mental health conditions, including crisis diversion, rapid rehousing, screening and referral services, and treatment. The King County Department of Community and Human Services' (DCHS) Behavioral Health and Recovery Division (BHRD) manages and operates MIDD. The MIDD Advisory Committee advises the Executive and Council on MIDD, helping to ensure that the implementation and evaluation of the strategies and programs funded by the MIDD sales tax revenue are transparent, accountable, collaborative and effective. The MIDD's investments are guided by the adopted Implementation plan.²

In 2025, the MIDD is projected to infuse approximately \$97 million into the King County community behavioral health system.³ It augments chronically insufficient federal and state investments to make behavioral health treatment more available, accessible, and effective for King County residents. MIDD funds reinforce and amplify King County's other principal behavioral health funding sources: the King

¹ RCW 82.14.460. [\[LINK https://app.leg.wa.gov/rcw/default.aspx?cite=82.14.460\]](https://app.leg.wa.gov/rcw/default.aspx?cite=82.14.460) and KCC 4A.500.300. [\[LINK https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697846\]](https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697846)

² [LINK](#)

³ March 2025 King County Economic and Revenue Forecast. Office of Economic and Financial Analysis (OEFA). [\[LINK https://cdn.kingcounty.gov/-/media/king-county/independent/governance-and-leadership/government-oversight/forecasting/documents/march2025_pdf.pdf?rev=c2456dedf4674d678472b2fafbfd30cd&hash=0B50AB7757108890A56AC1708ECD57DB\]](https://cdn.kingcounty.gov/-/media/king-county/independent/governance-and-leadership/government-oversight/forecasting/documents/march2025_pdf.pdf?rev=c2456dedf4674d678472b2fafbfd30cd&hash=0B50AB7757108890A56AC1708ECD57DB)

County Integrated Care Network (KCICN), the King County Behavioral Health Administrative Services Organization (BH-ASO), and the Crisis Care Centers Levy.^{4,5}

MIDD funds behavioral health services that cannot be billed to Medicaid and services for people who are ineligible for Medicaid. Unlike Medicaid and many other funding sources, MIDD is not limited by restrictions on the specific populations it can serve or the types of behavioral health services it can provide.⁶ State law grants counties broad discretion to direct funding to many different kinds of behavioral health services, enabling MIDD to fund services that are needed most to support people's behavioral health.⁷

MIDD Summary Data: Data from DCHS on MIDD shows that from 2017 through 2024, MIDD investments:

- Served over 100,000 King County residents, many of whom have experienced measurable improvements in indicators of health and wellbeing,
- Infused over \$380 million into King County's community-based behavioral health providers,⁸ and
- Implemented more than 20 new initiatives, including introducing next-day appointments for substance use disorder assessment, creating additional mobile crisis teams in south King County, and expanding School-Based Screening, Brief Intervention, and Referral to Treatment/Services, in addition to continuing support of programs funded under MIDD's initial 2008-2016 plan.^{9,10}

Behavioral health sales tax investments help people achieve recovery and stability. Three years after enrollment in relevant MIDD initiatives, participants experienced:

- 67 percent fewer engagements with adult crisis programs;
- 33 percent fewer emergency department visits;
- 62 percent fewer bookings into King County jails; and

⁴ "King County Behavioral Health Funding Structure," King County. [\[LINK https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/behavioral-health-recovery/provider-manual/Provider%20Manual%20Attachments/01_A_King_County_Behavioral_Health_Structure.ashx?la=en\]](https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/behavioral-health-recovery/provider-manual/Provider%20Manual%20Attachments/01_A_King_County_Behavioral_Health_Structure.ashx?la=en).

⁵ King County Ordinance No. 19572 [LINK https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5859151&GUID=853F9D4E-37DC-4642-80B5-AE3C3D23ECEC&Options=Advanced&Search=](https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5859151&GUID=853F9D4E-37DC-4642-80B5-AE3C3D23ECEC&Options=Advanced&Search=)

⁶ Washington State Medicaid (Apple Health) is regulated by the federal Centers for Medicare and Medicaid Services (CMS) and by the Washington State Health Care Authority (HCA). For an example of the complex interplay of restrictions on Medicaid funds, see the Washington Apple Health (Medicaid) Mental Health Services Billing Guide from the Health Care Authority (April 1, 2025). [\[LINK https://www.hca.wa.gov/assets/billers-and-providers/mental-health-svcs-bg-20250401.pdf\]](https://www.hca.wa.gov/assets/billers-and-providers/mental-health-svcs-bg-20250401.pdf)

⁷ RCW 82.14.460. [\[LINK https://app.leg.wa.gov/rcw/default.aspx?cite=82.14.460\]](https://app.leg.wa.gov/rcw/default.aspx?cite=82.14.460)

⁸ MIDD Behavioral Health Sales Tax dashboard, King County BHRD. [\[LINK https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard\]](https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard)

⁹ MIDD 1 Implementation Plan, June 2008. [\[LINK https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=774665&GUID=5274B8C0-7483-4BB1-B7E6-99A8FA0F9337\]](https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=774665&GUID=5274B8C0-7483-4BB1-B7E6-99A8FA0F9337)

¹⁰ MIDD 2 Implementation Plan, June 2017. [\[LINK https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/behavioral-health-recovery/midd/midd/documents/170804_midd_implementation_plan.pdf?la=en&rev=620583891f9244ddb76dfb7e5c4b1f6f&hash=BFE0B56EA0AFE73E42032C2876738B72\]](https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/behavioral-health-recovery/midd/midd/documents/170804_midd_implementation_plan.pdf?la=en&rev=620583891f9244ddb76dfb7e5c4b1f6f&hash=BFE0B56EA0AFE73E42032C2876738B72)

- 36 percent fewer involuntary psychiatric hospitalizations.¹¹

MIDD investments improve health and wellness, recovery, and connection to community, especially for people most affected by inequities related to race, income, and access to health care: 27 percent of people who connected with relevant MIDD initiatives between 2017 and 2024 increased their engagement with publicly funded behavioral health treatment over the next 12 months.¹²

Programs funded by the second MIDD during 2017-2024 reached people each year through more than 50 initiatives.¹³ MIDD's programs and initiatives are organized under the following strategy areas:

- Recovery and Reentry (16 initiatives)
- Crisis Diversion (17 initiatives)
- Prevention and Early Intervention (11 initiatives)
- Therapeutic Courts (six initiatives)
- System Improvement (four initiatives)

In 2024, MIDD's 54 initiatives involved 317 contracts with 120 behavioral health providers.

MIDD Outcomes

1. Engagement with behavioral health treatment

For many individuals, contact with MIDD programming during a crisis can be the first step to accessing needed treatment and supports to move toward wellbeing and recovery. Among people served by relevant initiatives between 2017 and 2024, 27 percent newly engaged in behavioral health treatment after enrolling in a MIDD strategy, and 33 percent sustained their existing engagement in treatment (Figure 1).¹⁴ Thirty percent had no engagement before or after MIDD program participation, and 10 percent were engaged in treatment before MIDD but not afterward.

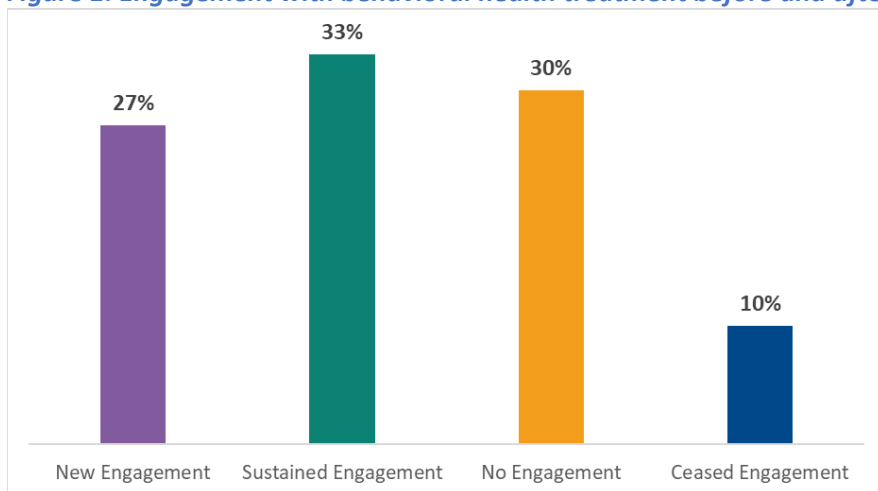
¹¹ These outcomes describe people who enrolled in relevant MIDD initiatives between 2017 and 2020, the most recent enrollment years for which three-year outcomes can be measured.

¹² MIDD 2 Implementation Plan. June 2017. [[LINK](https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/behavioral-health-recovery/midd/midd/documents/170804_midd_implementation_plan.pdf?la=en&rev=620583891f9244ddb76dfb7e5c4b1f6f&hash=BFE0B56EA0AFE73E42032C2876738B72) https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/behavioral-health-recovery/midd/midd/documents/170804_midd_implementation_plan.pdf?la=en&rev=620583891f9244ddb76dfb7e5c4b1f6f&hash=BFE0B56EA0AFE73E42032C2876738B72]

¹³ MIDD Initiative Descriptions. [[LINK](https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/initiatives) https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/initiatives]

¹⁴ Engagement refers to participation in other DCHS-administered outpatient or residential treatment programming in the 12 months after enrollment in a MIDD program.

Figure 1: Engagement with behavioral health treatment before and after enrollment in MIDD



2. Long-term use of costly systems

Evaluation of long-term outcomes among MIDD participants focuses on use of costly systems such as emergency departments (EDs), jails, psychiatric hospitalizations, and crisis services. Across all four of these systems, MIDD participants showed significant long-term improvements. These reductions suggest that through MIDD programs, participants are receiving the support they need to achieve or maintain their recovery in their communities.

Figure 2 displays the decline in the number of engagements with these systems for MIDD participants three years after their enrollment.¹⁵

Figure 2: Reduction in use of costly systems in the three years following MIDD enrollment



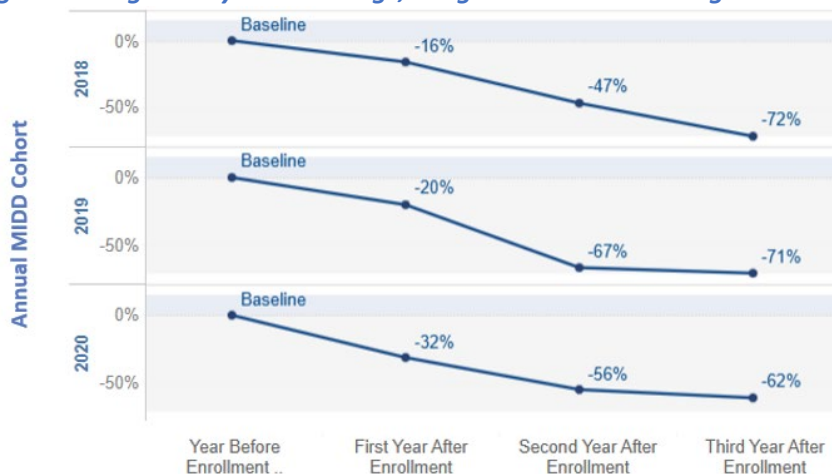
Crisis services: Participants' frequency of engagement with publicly funded crisis services declined by 67 percent three years after MIDD program enrollment. Publicly funded crisis services include mobile crisis outreach, next-day appointments, crisis beds and facilities, and involuntary treatment and triage.

¹⁵ Year-specific measurements are available in the most recent MIDD Annual Report, which shows that the trends highlighted in the following sections are consistent for each annual cohort of MIDD participants: 2023 MIDD Behavioral Health Sales Tax dashboard, King County BHRD. [[LINK https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard](https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard)]

Psychiatric hospitalizations: Participants' episodes of hospitalization at Western State Hospital and involuntary detentions at King County hospitals or other local psychiatric facilities increased in the first year following enrollment as individuals engaged with services in periods of acute need, but reductions were evident as soon as the second year, and hospitalizations declined by 36 percent by the third year after enrollment.

Jail bookings: Participants' bookings into County-run and municipal jails declined by 62 percent by the third year after MIDD program enrollment as shown in Figure 3.

Figure 3: King County Jail Bookings, Long-Term Trends among Cohorts of MIDD Participants



Emergency department visits: Participants' emergency department visits declined by 33 percent by the third year after MIDD program enrollment, after a modest increase in the first year associated with their increased service engagement.

3. People served

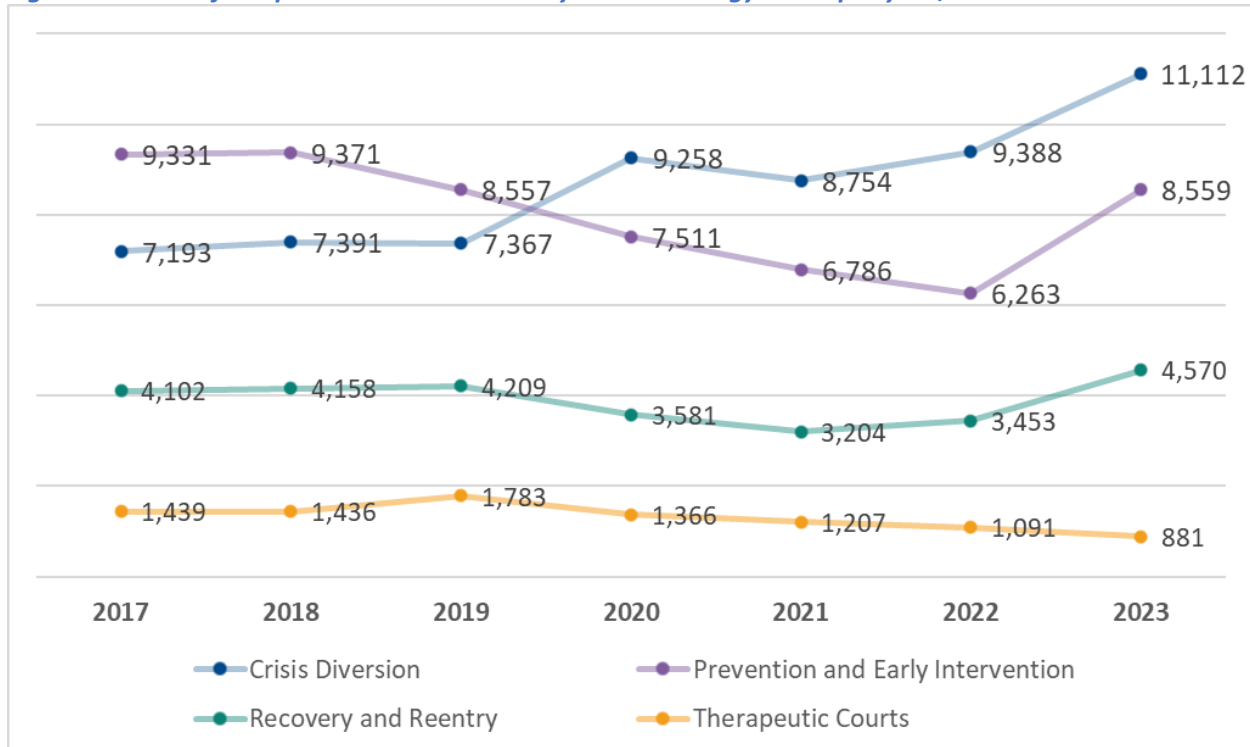
Since 2017, MIDD programs have served more than 100,000 people by funding direct behavioral health services. MIDD has also reached thousands more through community events, trainings, and other system-focused programming. Generally, MIDD programs serve more than 20,000 unique individuals each year, some of whom participate in services for multiple years. The number of active MIDD initiatives has fluctuated from year to year, but the number of participants remained relatively consistent until a decrease concurrent with the COVID-19 pandemic, when overall behavioral health service participation also dipped temporarily. Since then, annual participant numbers have rebounded and exceeded previous totals.

Each MIDD initiative serves varying numbers of people each year, from fewer than 100 to more than 4,000. Some initiatives offer intensive, ongoing services to individuals with complex social and behavioral health needs, while others offer less intensive services such as time-limited outreach or assessment and referrals to other services in the community. Figure 3 shows the number of unique people served between 2017 and 2024 in four of MIDD's five strategy areas.¹⁶

¹⁶ The System Improvements strategy area is excluded because most initiatives in that area support system-focused programming rather than direct services.

All strategy areas except for Therapeutic Courts have seen increases in numbers served since 2020.¹⁷ Crisis Diversion initiatives served more individuals than other strategy areas, proportional to greater investment. Although the growth of that strategy area was a response to greater need, the recent implementation of the Crisis Care Centers Levy has added more resources dedicated to crisis services in King County.

Figure 3: Count of unique individuals served by MIDD strategy areas per year, 2017-2023



The larger initiatives demonstrate MIDD’s key role in providing needed treatment and services for thousands of people who could not otherwise access it. For example, in 2024 , MIDD’s Community Behavioral Health Treatment initiative provided outpatient mental health and substance use treatment services to 3,500 people who had low incomes but were not eligible for Medicaid. This initiative has served 11,875 people since 2017.

4. Participant demographics

Systemic racism greatly influences access to behavioral health care.¹⁸ MIDD aims to increase equitable access to services and to enhance availability of culturally and linguistically relevant services.

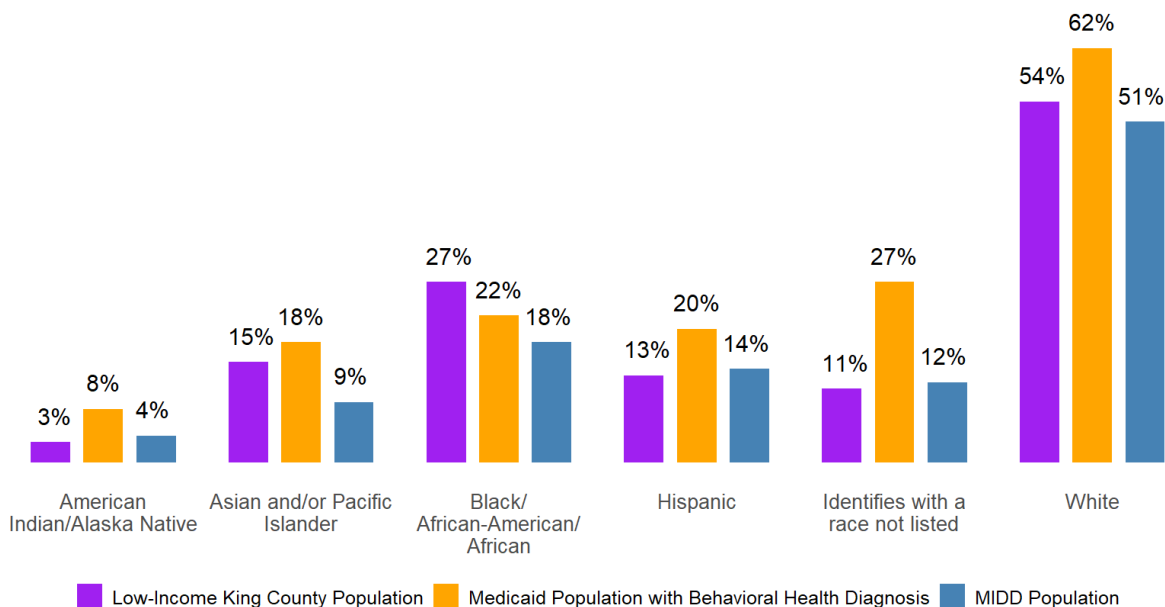
Participant data suggest opportunities for MIDD to do more to serve Asian and/or Pacific Islander and Black/African-American/African people who are underrepresented in MIDD’s service population compared to low-income King County residents and Medicaid beneficiaries with a behavioral health

¹⁷ The decrease in Therapeutic Court utilization since 2020 may have resulted from the society-wide disruptions of the COVID-19 pandemic, changes to Washington State Drug Laws, and changes to Court booking policies.

¹⁸ “Racial and Ethnic Disparities in Mental Health Care: Findings from the KFF Survey of Racism, Discrimination and Health,” KFF. May 23, 2024. [LINK https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-and-ethnic-disparities-in-mental-health-care-findings-from-the-kff-survey-of-racism-discrimination-and-health/](https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-and-ethnic-disparities-in-mental-health-care-findings-from-the-kff-survey-of-racism-discrimination-and-health/)

diagnosis (Figure 4). Although these are not perfectly comparable groups, they provide benchmarks for understanding the reach of MIDD compared to similar populations.

Figure 4: Race and ethnicity of MIDD participants (2017-2023) compared to low-income King County residents (2023) and Medicaid enrollees with behavioral health diagnoses (2023)^{19, 20}



MIDD has made targeted investments to increase service access and availability. MIDD’s Community Driven Behavioral Health Grants initiative supports culturally specific and responsive models that provide behavioral health programming to individuals and communities that are not typically well-served by the mainstream system.

5. Geographic distribution of participants

MIDD invests in programs and strategies serving people across the entire County. Figure 5 shows the number of MIDD participants residing in various King County ZIP codes alongside the percentage of families in each ZIP code living in poverty.²¹ MIDD service participation aligns broadly with concentrations of lower-income residents throughout King County. Because MIDD programs primarily serve lower-income people, alignment between the two maps shows that MIDD is reaching its main target population. The maps portray some of the densest areas of their applicable populations in downtown Seattle, southeast Seattle, and parts of south King County. These areas also have a relatively high density of residents who are Black, Indigenous, or people of color (BIPOC) or speak languages other than English, reinforcing the impact of funding culturally and linguistically responsive care within

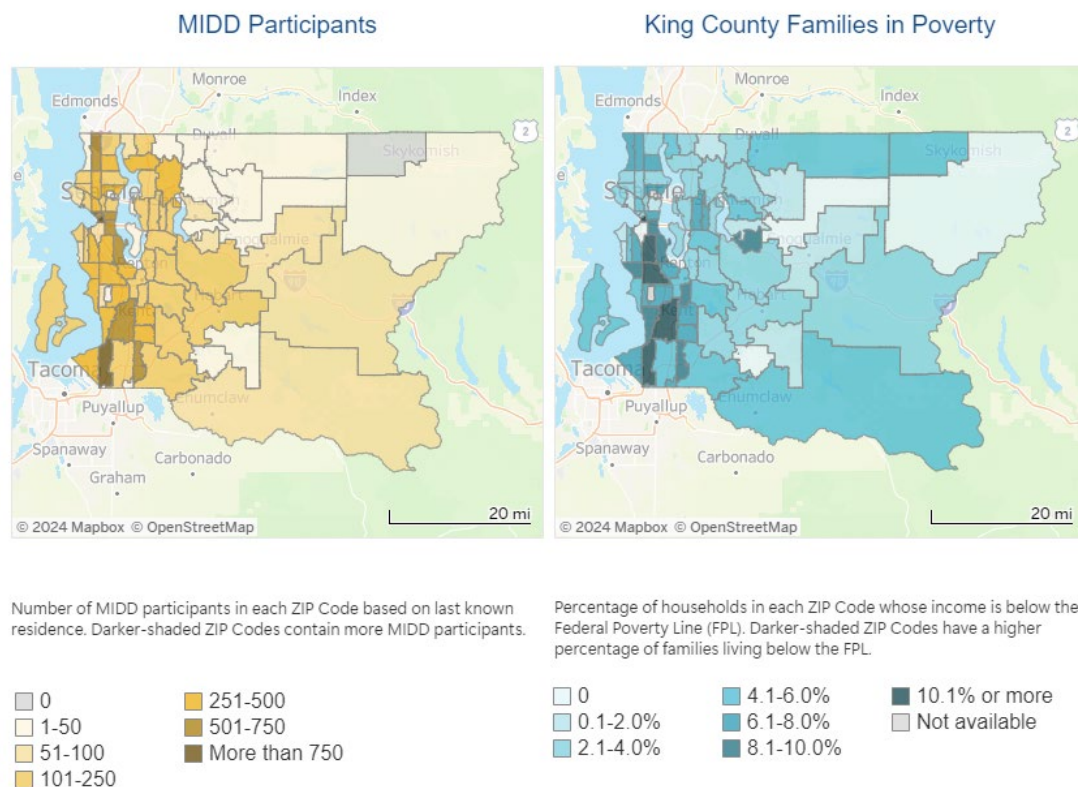
¹⁹ In alignment with federal reporting standards as well as best practice, individuals identifying with multiple races are represented multiple times. Numbers across categories may sum to more than 100 percent.

²⁰ American Community Survey, 2023. Retrieved from IPUMS USA: Version 15.0 [dataset]. Minneapolis, MN: IPUMS, 2024. [\[LINK https://doi.org/10.18128/D010.V15.0\]](https://doi.org/10.18128/D010.V15.0)

²¹ Map includes households with an income under 100% of the federal poverty level (FPL).

MIDD.²² Multiple years of data cannot be represented on a single map, but the patterns of service participation are consistent across years.²³

Figure 5: 2023 MIDD participants and King County families in poverty by residence zip code



Additional detail on outcomes from each MIDD Annual Report is available on the DCHS website, including interactive data dashboards for each report since 2020.²⁴

²² “Census Data and King County Demographic Trends: Presentation for the King County Redistricting Committee,” King County Office of Performance, Strategy, and Budget. May 13, 2021. [LINK https://kingcounty.gov/~media/independent/districting/2021/meeting-materials/Redistricting_Cmte_CensusData_and_KCtrends.ashx?la=en](https://kingcounty.gov/~media/independent/districting/2021/meeting-materials/Redistricting_Cmte_CensusData_and_KCtrends.ashx?la=en)

²³ Maps for additional years are available in MIDD’s Annual Report archive: MIDD Plans, Reports, and Briefing Papers. [LINK https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard/past-reports](https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard/past-reports)

²⁴ MIDD Behavioral Health Sales Tax dashboard, King County BHRD. Click on “Plans, Reports, and Briefing Papers” on the right sidebar to see reports prior to 2023. [LINK https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard](https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/midd-behavioral-health-tax/midd-behavioral-health-sales-tax-dashboard)