Attachment A

Mental Illness and Drug Dependency

Sixth Annual Report

Implementation and Evaluation Summary for Year Five

October 1, 2012—September 30, 2013

King County

Mental Illness and Drug Dependency Oversight Committee

February 2014

14124

King County Department of Community and Human Services

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Sixth Annual Report
October 1, 2012—September 30, 2013

Cover photo depicts former Co-Chair Mike Heinisch with Co-Chair Dan Satterberg

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

www.kingcounty.gov/healthservices/MHSA/MIDDPlan

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

14124

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1c	Emergency Room Intervention	Emergency Room Substance Abuse Early Intervention Program
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11b	MH Court Expansion	Increase Services for New or Existing Mental Health Court Programs
12a	Jail Re-Entry Capacity Increase & CCAP Education Classes	Jail Re-Entry Program Capacity Increase & Education Classes at Community Center for Alternative Programs (CCAP)
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Oversight Committee Membership Roster

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

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

Gretchen Bruce, Interim 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

As of 9/30/2013

14124

Dear Friend:

We are pleased to report on the Mental Illness and Drug Dependency (MIDD) Plan Implementation and Evaluation Summary for Year Five (October 1, 2012 – September 30, 2013). For five years now, MIDD-funded programs have been making a difference in the lives of people throughout King County.

In addition to the MIDD Oversight Committee activities, background information about King County's sales-tax fund, and an explanation of the outcomes analysis methodology, this year's report features graphical representations of each strategy's performance measurement plotted over five years. On each individual strategy page, these longitudinal graphics complement the strategy-level service highlights for the current reporting period and the outcomes for those who began services more than a year ago. The appendices at the back of this report provide all of the detailed findings related to performance and outcomes. Please note that juvenile justice outcomes data were not available for analysis this period, so all reported jail outcomes are for adults over the age of 18.

Of the 37 original MIDD strategies, 34 were operational in MIDD Year Five. Three of the strategies to help youth remained on hold. During the 2013 calendar year, $53.9 million of the $57.5 million budgeted were spent to implement both MIDD strategies and MIDD supplantation.

Highlights for the current year are listed in the Executive Summary on Page 7, along with a bar graph showing the total number of individuals served by service type. Special features include stories about

- one man's career change journey with help from MIDD Strategy 1e—Chemical Dependency Professional Education and Training (Page 8)
- the work of a parent peer specialist under MIDD Strategy 2a—Workload Reduction for Mental Health (Page 18)
- Seattle Children's "Strengthening Families" Program with support from MIDD Strategy 4c—Collaborative School-Based Mental Health and Substance Abuse Services (Page 23)
- an independent assessment of MIDD Strategy 10a—Crisis Intervention Team Training for First Responders (Page 32).

The MIDD Plan continues to align with the King County Strategic Plan (KCSP) and the Equity and Social Justice Initiative in supporting safe communities and accessible justice systems and in promoting opportunities for all communities and individuals to realize their full potential. By providing a full array of mental health, substance abuse, and therapeutic court services, the MIDD helps reduce or prevent criminal justice system involvement, as well as the overuse of crisis mental health and emergency medical systems. The KCSP will be reviewed and updated in early 2014 and the MIDD expects to play an ongoing role in the delivery of services that are professional, efficient, and high quality.

We encourage you to read this 2012-2013 report to learn more about the strategies and services made possible by MIDD sales tax revenue. Improving and stabilizing the lives of people with mental illness and chemical dependency is at the heart of the work being done and we thank you for your support.

Dan Satterberg
King County Prosecuting Attorney
Co-Chair

Ann McGettigan
Executive Director, Seattle Counseling Service
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 seven times during the fifth year of the MIDD to monitor program implementation and progress. Members of the committee cumulatively contributed 180 hours of service during OC meetings. Two subcommittees, one examining strategy prioritization and the other addressing crisis diversion utilization, also met for a combined total of 15 additional meetings and 270 cumulative hours. Key topics of discussion and decisions made are outlined below.

The Full OC Heard Updates on MIDD Strategies and Current Issues

Throughout the year, members of the OC received presentations on the following strategies and topics:

- Strategy 1e—Chemical Dependency Professionals Training
- Strategy 7b—Expand Youth Crisis Services
- Strategy 12b—Hospital Re-Entry Respite Beds
- Strategy 10b—Adult Crisis Diversion
- MIDD and MIDD Supplantation Evaluations
- King County Budget Updates
- Health and Human Services Integration
- Statewide Legislative Priorities for Mental Health and Substance Abuse

New Prioritization Subcommittee Agreed On Methods to Reduce MIDD Expenditures

This subcommittee recommended the use of targeted reductions to address future budget shortfalls, presented in recommended order of implementation:

1) Strategies with significant underspending (by 10 percent or more in 2012)
2) Strategies that can be reduced after Medicaid expansion in 2014
3) Freezing of strategies with county staff to the 2013 budget from 2014 through 2016
4) Consideration of performance target achievement and outcomes
5) Flat, across-the-board percentage cuts to all programs, including supplanted programs.

Other factors to consider included: previous budget cuts, exemption of strategies with only one staff position, maintenance of adequate fund balance, and state-mandated cuts to supplantation programs.

The Crisis Diversion Subcommittee Provided In-Depth Analysis of Program Utilization

Convened at the beginning of MIDD Year Five, this subcommittee met nine times to enhance utilization of both Strategy 10a—Crisis Intervention Team (CIT) Training and 10b—Adult Crisis Diversion. Among other tasks, the group reviewed law enforcement diversion protocols, studied statistics provided by the Crisis Solutions Center (CSC), and made recommendations about strategy implementation based on updates and information received. Key accomplishments for the current period are listed below.

- Explored collaborating with the Seattle Police Department on CIT training protocols.
- Reviewed ways to reduce no-show and cancellation rates for CIT trainings.
- Discussed a Washington State legislative bill to require CIT training statewide.
- Examined subcommittee work in relationship to King County's Strategic Plan as it pertains to improving public safety.
- Received CSC Neighborhood Advisory Committee updates.
- Recommended educating law enforcement dispatchers on the CSC referral process.
- Proposed a small work group to review options for law enforcement engagement in expanding referrals to CSC, including culture change and education opportunities.
- Helped to further develop exclusionary criteria for admission to the CSC.
- Approved a Criminal Eligibility Protocol for the CSC.
- Clarified referral criteria for Department of Corrections officers to make CSC referrals.
- Outlined data to be reviewed on a monthly, quarterly, semi-annual, annual, and ad hoc basis.

Introduction

The Implementation and Evaluation Summary for Year Five of the Mental Illness and Drug Dependency (MIDD) Plan covers the time period of October 1, 2012 through September 30, 2013. This is the sixth 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 sixth annual report covers the fifth year of MIDD programming from October 2012 through September 2013, and provides available updates on all strategies, including relevant output measures, outcomes analyses for those who began services prior to October 1, 2012, 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 of Outcomes

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 blue 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 and graphs on Pages 56 to 60 show MIDD strategies aligned with each relevant outcome type, eligible sample sizes, and sorted data for sub-samples with systems involvement for 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".

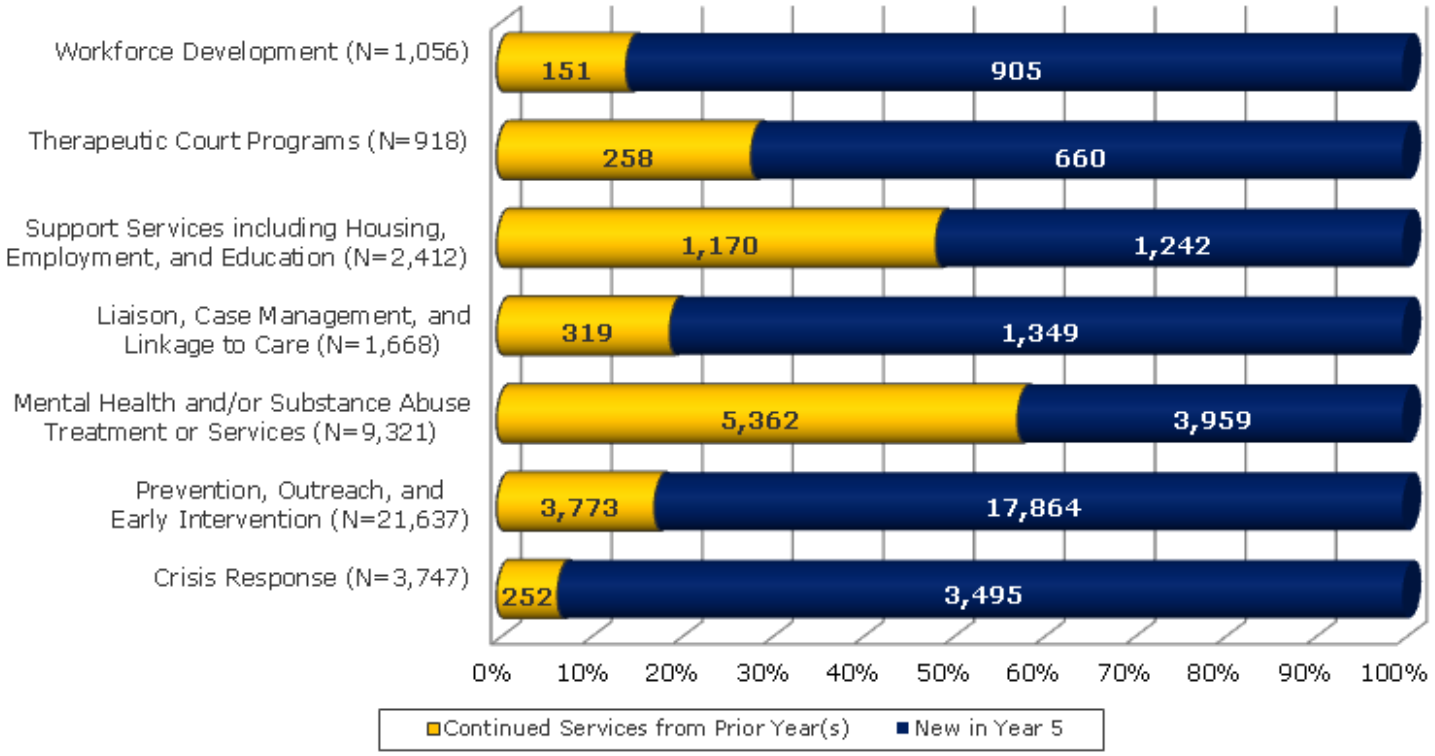
When "MIDD Starts" are Not Actual Start Dates

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 & Community Center for Alternative Programs (CCAP) Education Classes, 12d—Behavior Modification for CCAP, and 15a—Adult Drug Court.

Executive Summary

- $53.9 million of the $57.5 million budgeted were spent implementing MIDD strategies and supplantation during the 2013 calendar year.
- All but three strategies are operational, although nearly all strategies were funded at levels below the original plans.
- Forty of 45 performance targets with measurement data (89%) had achieved 85 percent or more of their annual goal.
- The MIDD Oversight Committee and subcommittee members contributed 450 cumulative hours of service to monitor MIDD implementation and progress.
- At least 35,828 individuals (23,299 adults and 12,529 youth/children) received one or more MIDD-funded services during MIDD Year Five.
- MIDD clients were from all areas of King County, including greater Seattle (34%), south King County (31%), east (17%), north (8%), and other/unknown (10%).
- At least 1,059 military veterans received MIDD services during this reporting period.
- Among 340 MIDD youth receiving substance abuse treatment, the number reporting 90-day abstinence from drugs and alcohol rose from 22 at baseline to 60 at follow-up (173% increase).
- For 396 participants in Strategy 1a-1, Mental Health Treatment, with a history of community inpatient psychiatric admissions, average days hospitalized were reduced by 59 percent from 20 (pre) to eight (third post).
- Significant reductions for all three time periods studied were found for six MIDD strategies in the average number of days adults were jailed.
- Significant reductions in emergency department (ED) visits at Harborview Medical Center were documented for all eleven strategies eligible for the third post analysis.
- Half of all older adults in a sample with ED visits prior to being served in Strategies 1g and 1h (N=382) reduced their ED use at Harborview to zero visits over the next three years.
- Three of every four people served by the Crisis Diversion Facility under Strategy 10b, Adult Crisis Diversion, were linked to publicly-funded mental health treatment within one year.

Total Number of Individuals Served by Type of Service



Community-Based Care Strategies

Building Professional Capacity to Help More King County Residents Recover from Substance Use Disorders

MIDD Strategy 1e Makes Career Change Possible

Brian's Journey

Brian O. Carpenter is currently the Supervisor for Drug Court Services at Therapeutic Health Services' (THS) Eastside and Shoreline branches. According to Brian, the journey to his new career was a rather odd one. Before 2009, he was unaware that chemical dependency counseling was even a field of study. Laid off from a job as a delivery driver for an electric company, Brian began volunteering with youth and young adults involved in the criminal justice system. He found it so worthwhile that he began looking for a way to turn what he was doing into a paying job. He felt like "catching them early before they were in too much trouble" had a real impact on the youth he knew. Most of the employment opportunities, however, required at least a four-year bachelor's degree which was not accessible to Brian because of the time and money needed. He then found out that he could get the education to become a Chemical Dependency Professional (CDP) in just two years and that tuition and book reimbursement was available in King County through MIDD Strategy 1e (see Page 14).

Connections with MIDD Diversion Strategies

Brian started school and was later hired by THS in a temporary Community Relations position. He did so well helping to keep the interactions smooth between THS' consumers and the surrounding community that his job kept getting extended. Eventually he was able to leverage his experience and education there into a counseling job with methadone clients. Later, Brian moved on to working with people going through Adult Drug Court (see MIDD Strategy 15a on Page 42). He especially enjoys providing Moral Reconation Therapy (MRT) and trains other counselors to deliver the program (see MIDD Strategy 12d on Page 41). He finds that MRT helps people see the natural consequences of their actions and the rules of MRT provide structure so he isn't the "bad guy" when delivering the message. It's rewarding to see people make significant changes and really improve the quality of their lives.

Spreading the Word

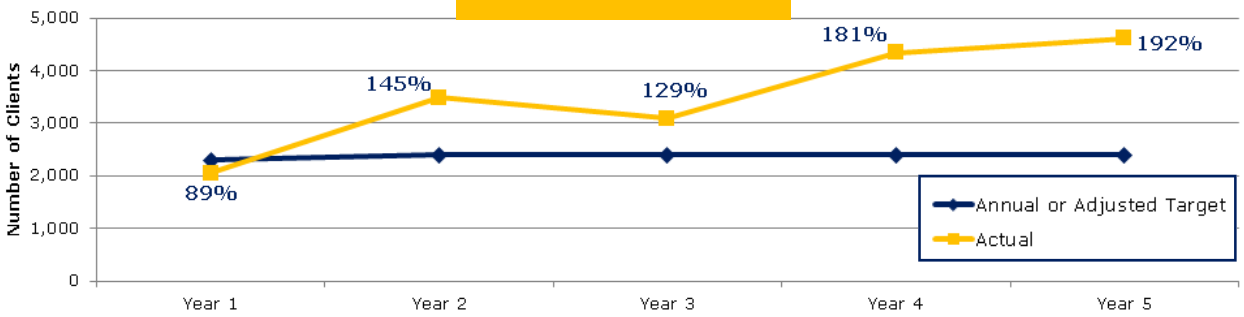
When he gets the chance, Brian recommends King County's CDP educational opportunities to others. He says he would really like to see more visibility so that additional people could benefit. Since becoming a CDP, he has enjoyed the increased independence and productivity that comes from managing his own caseload. Becoming a supervisor of two programs has been a big move. Some day, Brian thinks he may pursue branch management, but he will need a Master's degree for that. In the meantime, he'll continue to enjoy his CDP career and helping others get to where they are going on their journeys through life.

Photo and story by Kimberly Cisson

1a-1 Increase Access to Community Mental Health Treatment

By providing continuous access to mental health (MH) 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 MH agencies that deliver 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.

Performance

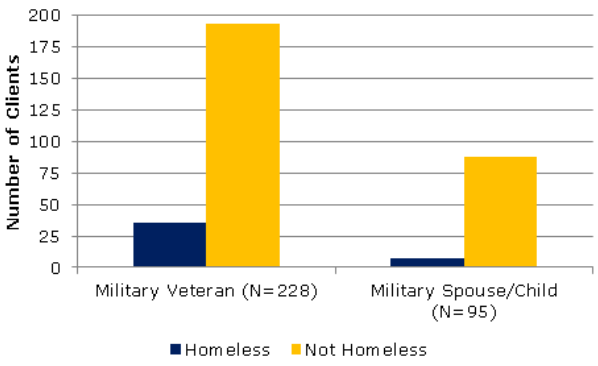


Service Highlights

With the exception of MIDD Year One, Strategy 1a-1 exceeded its performance targets annually and most recently served nearly double the number of clients expected. For the current report, 4,269 people were served in outpatient care, 272 in clubhouse programs, and 71 in both. Clubhouses offer educational, vocational, and social opportunities for individuals recovering from mental illness.

Homelessness impacted 454 unduplicated individuals who were counted, nearly 10 percent. The graphic below shows the homeless status for 228 military veterans and 95 family members of veterans served.

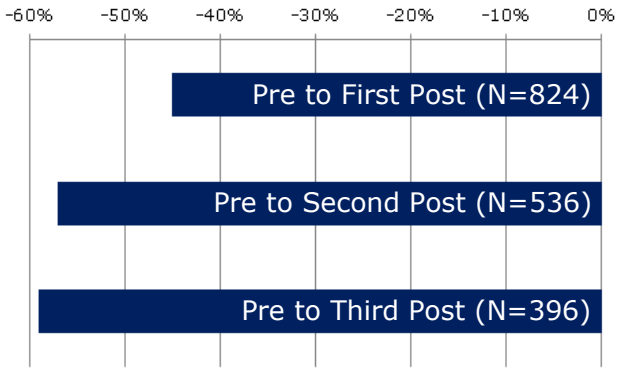
Most Military Veterans Were Not Homeless



Outcomes

The percent reduction in days hospitalized in community inpatient psychiatric facilities is illustrated below for each time period.

Psychiatric Hospital Days Reduced



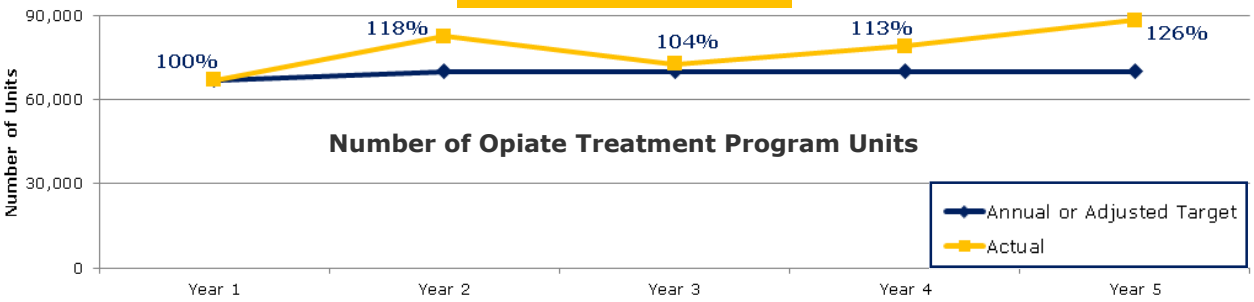
Significant reductions in the average number of days adults were jailed went from 30 percent (first post), to 43 percent (second post), to 52 percent (third post). See details in Appendix III beginning on Page 56.

The average number of emergency visits to Harborview Medical Center (HMC) was reduced 22 percent in the short term and 38 percent in the long term. Of those eligible for third-post outcomes with HMC usage in their pre period, 220 of 599 people (37%), had zero visits in all three years after their MIDD service start.

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 treatment programs (OTP) typically receive daily dosing of medications such as methadone. More than 30 provider agencies increased access to their services or enhanced treatment continuity because of this strategy.

Performance



Number of Adult Outpatient Units

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Target	47,917	50,000	50,000	50,000	50,000
Actual	36,181	43,751	26,978	30,053	31,409
% of Target	76%	88%	54%	60%	63%

Number of Youth Outpatient Units

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Target	3,833	4,000	4,000	4,000	4,000
Actual	10,370	6,617	5,749	6,564	4,254
% of Target	271%	165%	144%	164%	106%

Service Highlights

Over 3,000 people were treated for drug and/or alcohol abuse or provided help in maintaining their recovery with MIDD funds between October 2012 and September 2013. A total of 2,294 received OP services, 818 were enrolled in daily OTP, and 18 had both types of treatment. The number of adult OP units was below target (see table above) because state and federal funds were used first. Fewer outside resources were available for youth OP treatment, so MIDD funds were used to bridge the gap.

Suicide and Addictions: The Neglected Link

from Linda Rosenberg, President and CEO National Council for Behavioral Health

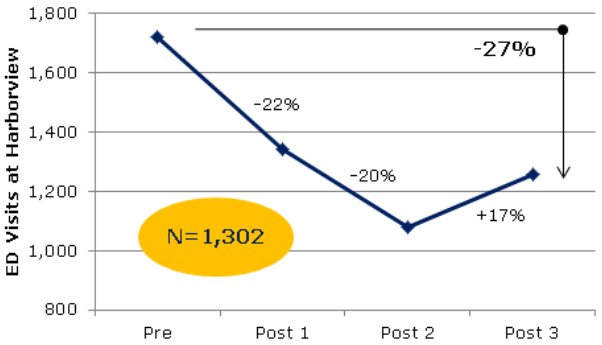
"Alcohol and drug abuse are second only to depression and other mood disorders as the most frequent risk factors for suicidal behavior."

"Yet only one in 10 people with addictions report receiving any treatment at all."

Outcomes

For 1,302 Strategy 1a-2 participants who were eligible for long-term analysis of aggregate emergency department (ED) use, the reduction over four years was 27 percent, despite an unexplained rise of 17 percent between the second and third post periods.

Total ED Visits Decline Over Time

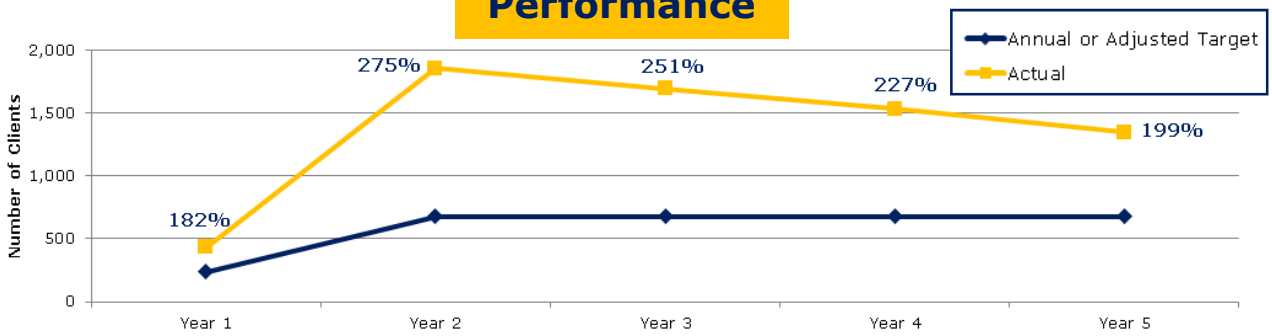


Adults in both OP and OTP significantly reduced their average number of jail days in all time periods studied. The greatest drop was from 33.5 days to 17.3 (48%) in the third post for OP.

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

Through a partnership with Public Health—Seattle & King County (PHSKC), PHSKC's Healthcare for the Homeless, and other providers, individuals coping with chronic homelessness and substance addictions are engaged by outreach workers to link them with service providers in the community. Successful engagement employs principles of motivational interviewing, trauma-informed care, and harm reduction. Outreach efforts are prioritized for those leaving hospitals and jails.

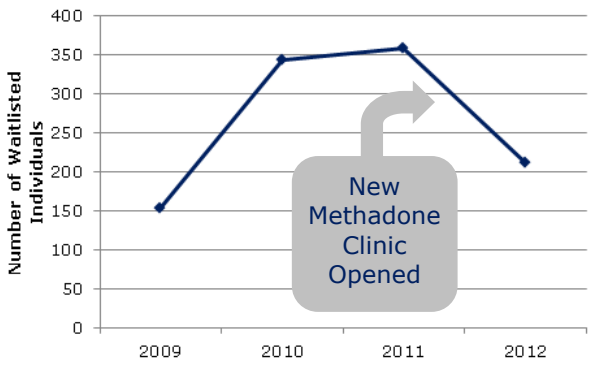
Performance



Service Highlights

This outreach strategy continues to perform well above target, in part because MIDD funds have secured matching funds from other sources. At PHSKC's Needle Exchange, combined funds enable case management for individuals awaiting slots in opiate treatment programs (OTP). The graphic below shows recent demand for OTP, which was given a capacity boost when a new methadone clinic opened in Bellevue, WA.

OTP Waitlist 2009 - 2012



A total of 1,346 unduplicated people were served this period despite staff turnover at two of the other provider agencies. Even with lingering staff vacancies, a downtown Seattle team helped 63 people improve their housing situations and the Bridges program newly housed 16 south-end clients in 2013.

Outcomes

Patterns in system usage varied widely for MIDD Strategy 1b clients. The table below shows the direction of change over time for each relevant category.

Increases vs. Decreases in System Use

	Pre to First Post	Pre to Second Post	Pre to Third Post
Community Inpatient Psychiatric Care	↑	↑	↓
Jail	↓	↓	↓ *
Harborview Emergency Department	↑ *	↓ *	↓ *

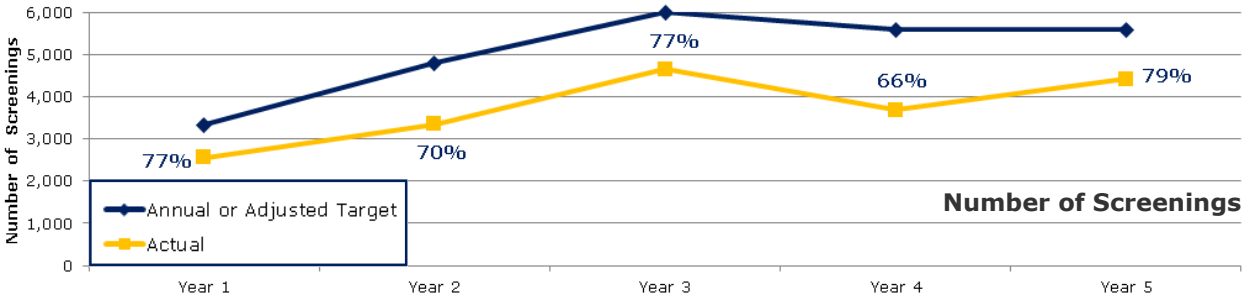
* Denote statistically significant change

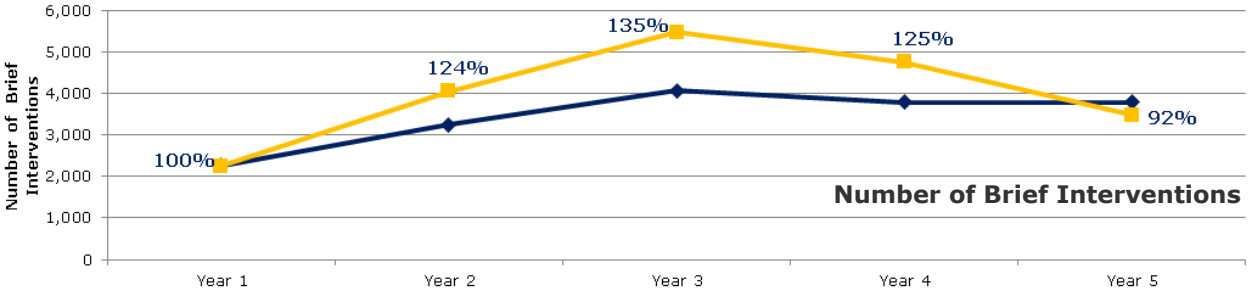
Linkages to publicly-funded substance abuse treatment were confirmed for more than 40 percent of all outcomes-eligible participants in this strategy. One client success story detailed the coordination of care for a man suffering from schizophrenia, heroin dependence, and diabetes. Prior to release from respite care (see Strategy 12b on Page 39), outreach staff developed a treatment plan and helped him secure charity funds for needed surgery. He has remained stable on methadone and was recently placed in transitional housing.

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 provides SBIRT for a number of patients who are admitted to three selected emergency departments (ED). Key tenets of the SBIRT approach include: Raising the subject (establishing rapport and asking to discuss the patient's alcohol/drug use), providing feedback (sharing the results of the screening), enhancing motivation (developing each person's motivation to change), and assisting the individual with a referral for treatment if needed.

Performance





Service Highlights

A total of 3,880 unduplicated individuals received SBIRT services delivered at three area hospitals throughout MIDD Year Five. Of these, 79 percent were new clients. In most cases, individuals who go through SBIRT and need brief intervention are seen only one time, for encounters that typically last between 30 minutes and one hour. At Harborview Medical Center (HMC) this period, 99 people were engaged in brief treatment for a combined sum of 566 SBIRT visits that averaged 79 minutes each.

Planning is under way to transition SBIRT billings to Medicaid expansion, when applicable. A strategy revision in 2014 or 2015 is likely, given the changing landscape with implementation of healthcare reform.

Outcomes

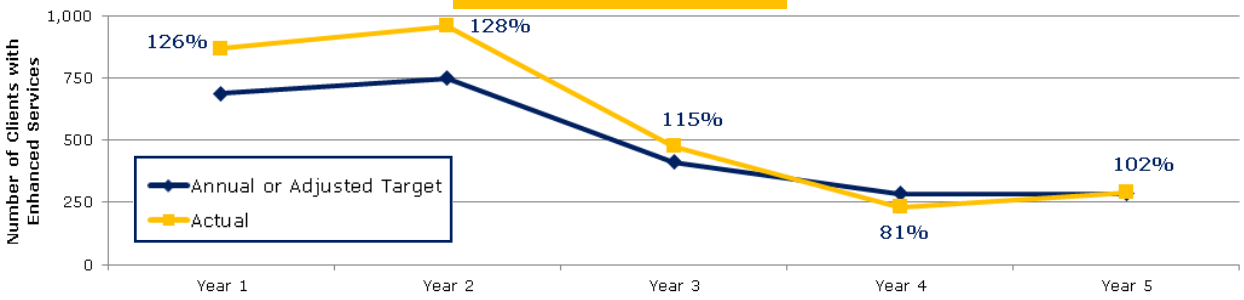
Participants in Strategy 1c are assessed for three primary outcomes: jail use, ED visits, and linkage to drug/alcohol treatment. From a statistical viewpoint, the average number of days spent in jail did not change over time, but jail bookings decreased by the second-year post. Visits to HMC's ED dropped dramatically after an initial rise following service delivery. A 36 percent reduction (from 2.6 visits to 1.6, on average) was seen by the third post period.

Nearly one in every five people was linked to substance abuse treatment within a year of their first SBIRT service. In MIDD's fifth year, the rate of client referral to self-help recovery programs was about 15 percent. While not an exact match, these referrals are likely indicative of the level of need for treatment amongst all persons screened.

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 (MH) crisis, highly-trained medical professionals perform these face-to-face reviews of the need for medications, medication adjustments, and side effect/symptom management. These "medical services" may also be provided in consultation with primary therapists or case managers. For the purposes of MIDD evaluation, medical services serve as a proxy to estimate how many clients receive various types of enhanced services.

Performance



Service Highlights

Targets for this strategy were adjusted over the past three MIDD years to reflect cuts in funding at the state level, which reduced the availability of next day appointments (NDAs) for individuals experiencing MH crises. The current target of 285 cases with "enhancement" aligns with the newly limited capacity to deliver core adult crisis stabilization services. Enhanced services were delivered to an estimated 291 people in this reporting period.

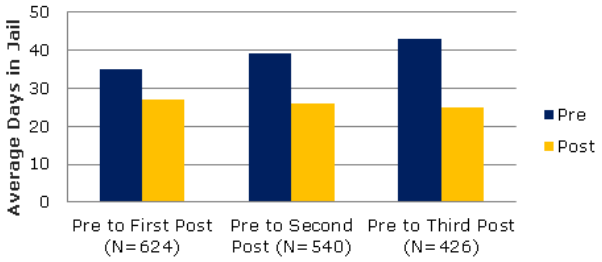
Only 52 of those served by Strategy 1d (18%) had services in other MIDD strategies, indicating that NDAs fill a unique niche in the service delivery continuum. A total of twelve different strategies overlapped with this one. The two most common overlapping strategies, at 20 individuals each, were Strategy 10b—Adult Crisis Diversion and SBIRT services (see Strategy 1c on Page 12). In the current period, three percent of the documented SBIRT encounters indicated that MH problems were the primary reason for the emergency room visit that precipitated the SBIRT intervention. Also, SBIRT screening may include MH screening, thereby unmasking untreated MH issues.

Outcomes

Fewer than 20 percent of the people in this strategy had any community psychiatric hospital admissions during the time periods analyzed for outcomes. For this reason, more time must pass until the analysis samples are large enough to assess the statistical significance of long-term patterns associated with psychiatric hospitalizations. In the short term, it is known that average days hospitalized increased significantly from 8.7 to 12.7 days, or 46 percent.

Among the one in four participants with any jail use, their reductions in average jail days were immediately significant, then sustained over time as shown below.

Sustained Reductions in Jail Days

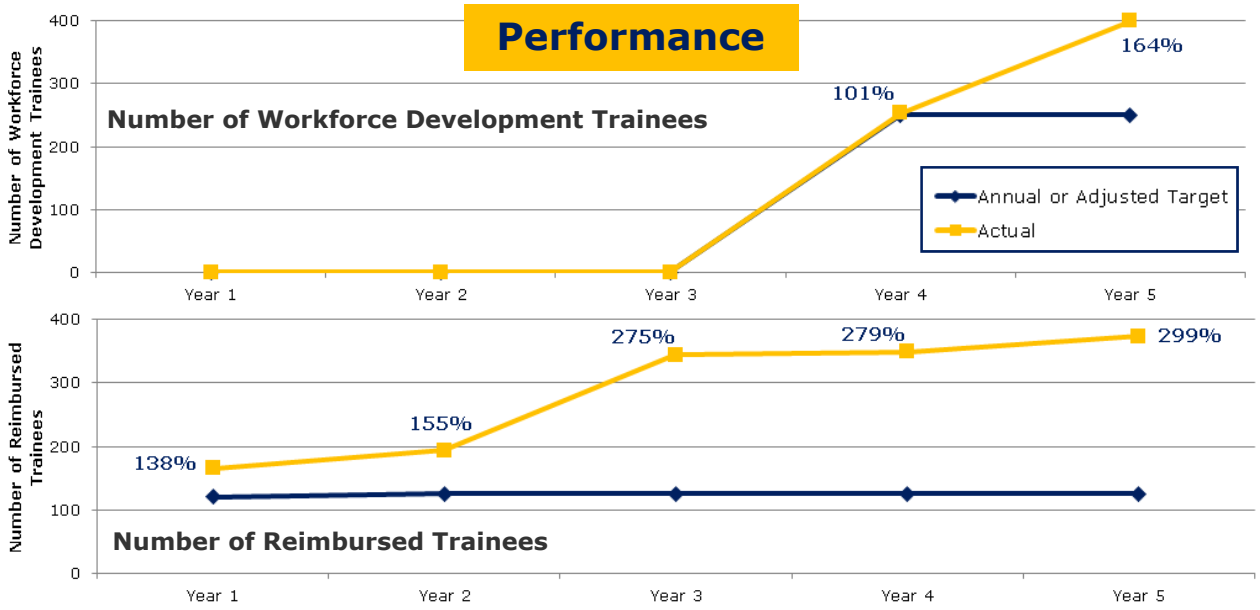


Linkages to MH treatment paid with public funds within a year of services were found for 750 of 2,326 participants (32%).

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 substance use disorder 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.

Performance



Service Highlights

Three providers (Northwest Frontier Addiction Technology Transfer Center, Chestnut Health Systems, and Seven Challenges, LLC) delivered a total of 20 trainings in MIDD Year Five, educating 409 trainees. Different courses focused on

- Motivational interviewing
- Clinical supervision
- Treatment planning
- Global Appraisal of Individual Needs
- Treatment for youth with drug problems.

The number of CDPs, CDP trainees, and CPPs applying for reimbursement of costs associated with their education and/or certifications rose slightly in the current period to 374 unduplicated professionals from 30 provider agencies. The total amount reimbursed was similar to the previous two years at about $177,000 per year. See the story on Page 8 which illustrates how these funds build capacity to serve more people throughout the county.

Outcomes

Analysis of evaluation surveys completed after MIDD-sponsored trainings continue to show consistently high scores for overall quality, satisfaction, relevance, and applicability. As one trainee wrote, "The training in motivational interviewing was … far and above … the most useful training I've received. It captures, frames, and teases out what we know to be true about skilled clinical work."

The Seven Challenges

The Seven Challenges model can be used by counselors working with adolescents to address client-identified issues while integrating core concepts into the conversation about drugs and alcohol. The challenges are 1) talking honestly, 2) discussing what they like about drugs, 3) exploring the impact of substances on their lives, 4) taking responsibility, 5) thinking about what they want to accomplish, 6) making thoughtful decisions, and 7) following through.

1f Parent Partner and Youth Peer Support Assistance Program

A new family support organization, named Guided Pathways—Support for Youth and Families (GPS), was developed in 2012 to provide services for families by families. The GPS program serves King County families with children or youth experiencing serious emotional or behavioral problems and/or 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.

Service Highlights

In August 2013, GPS began providing individual services, serving 17 clients in MIDD Year Five. Client data will be included in reporting for MIDD Year Six. The number of participants at different types of GPS group events held countywide between April and September 2013 are shown here.

GPS Group Events Draw Large Crowds

Type of Event	Event Count	Participants
Community Outreach	10	245
GPS Launch Party	1	119
Family Socials	2	85
Parent Classes	2	47
Resiliency Conference	1	12

From December 2012 through August 2013, the organization submitted monthly reports documenting their evolution. Report topics included organizational and program development, staffing, service provision, and other updates. The key tasks for 2013 (at right) provide a summary of this progress.

Key Tasks for 2013

December 2012

- Completed 2013 Scope of Work
- Filled administrative and volunteer coordinator positions
- Finalized lease and furnished new office.

Winter 2013

- Held board and staff retreat
- Approved human resources polices and an employee handbook
- Reviewed GPS fiscal policies
- Identified program themes and questions to be addressed such as, family needs, value-driven service, program focus, staffing, potential partners, outcomes, and evaluation.

Spring 2013

- Developed GPS training topics such as, living with a child who is using drugs, motivational interviewing, improving communication with schools, and yoga for self-care
- Planned and held the GPS Launch Party
- Identified four new board candidates.

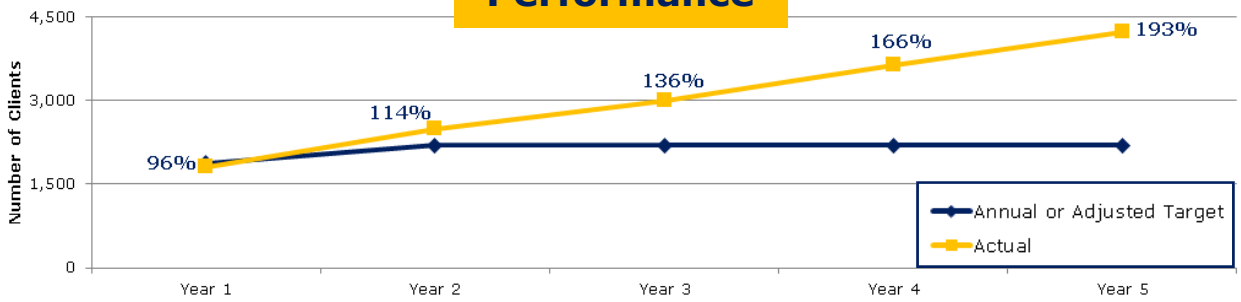
Summer 2013

- Partnered with Kent and Auburn School Districts
- Hired parent partner staff members
- Created intake and assessment forms
- Delivered first class for parents and initiated one-to-one support
- Analyzed community needs survey data.

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 "safety net" clinics have access to screening for depression, anxiety, and substance abuse disorders. When appropriate, short-term behavioral health interventions are also available for both uninsured and underinsured individuals who are 50 years or older. This strategy has been on the cutting edge of healthcare integration efforts, serving over 15,000 clients since it was first implemented in 2009.

Performance



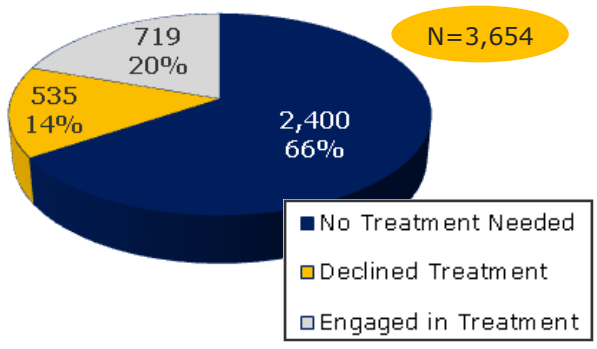
Service Highlights

The number of adults aged 50 or older who were screened for common mental health (MH) and substance use problems this year was 4,231, a 16 percent increase over the previous year. Public Health—Seattle & King County reported that 22 clinic sites participated in this strategy during MIDD Year Five. For individuals whose MH or substance use disorder (SUD) issues required targeted behavioral health care beyond that provided in primary care

- 56 were referred to and received services at community MH centers
- 16 were referred to SUD treatment agencies and 14 followed through.

Program status was compiled for the 3,654 clients who completed services this year. The results are shown graphically below.

One in Five Clients Engaged in Treatment



Outcomes

The relationship between service delivery and symptom reduction was studied for 1,985 adults engaged in treatment beyond their initial screening. For the 1,229 people with improved depression scores or stabilization below the clinical threshold for concern (62%), the average number of total treatment minutes was 479. By contrast, the 756 adults with symptoms above moderate or worsening over time (38%) averaged only 383 treatment minutes. For both groups, the average time between the first and last measures analyzed was about eight months.

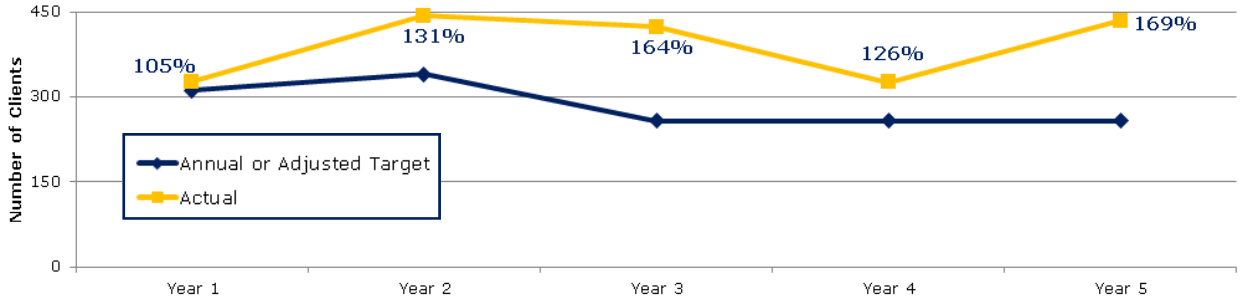
For anxiety, only 10 percent of the 1,435 clients who had two or more scores were below the clinical threshold for concern at their initial measurement. By their last available measure, however, 27 percent of these people showed improvement in their anxiety symptoms or had maintained low anxiety scores over time.

Although the emergency department (ED) at Harborview saw only about 16 percent of the Strategy 1g participants eligible for outcomes measurement, statistically significant reductions in ED visits were recorded in both the second and third post periods. Nearly half of the 332 people with a third-year post and an ED visit prior to their MIDD start reduced their ED use to zero for the next three years.

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

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

Performance

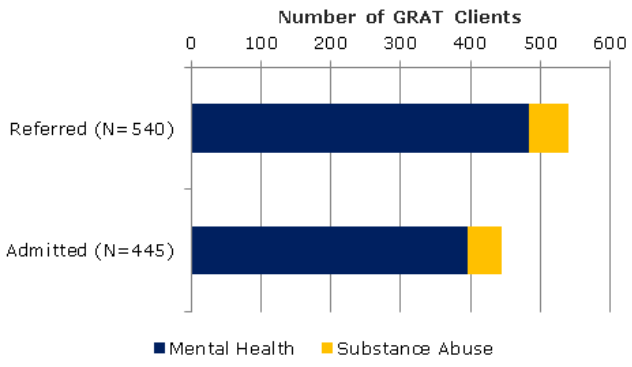


Service Highlights

Throughout the MIDD's first five years, Strategy 1h has outperformed its annual targets. With two additional geriatric specialists, a nurse and a chemical dependency professional, GRAT has increased their interdisciplinary focus to better serve more older adults each year.

During the current reporting period, GRAT received 540 referrals, of which 445 were admitted to service (see graphic below). This reflects an 82 percent rate of success. The unduplicated number of people served was 435, so ten clients were seen twice.

Referrals and Admissions to GRAT Program



Outcomes

This year GRAT staff reported that the program diverted an average of three people per month from area emergency rooms and an average of two people per month from each of the following: psychiatric hospitals, nursing homes, evictions, and King County DMHPs.

With MIDD funding, GRAT has expanded their outreach initiatives to reach more vulnerable clients in King County who struggle with complex medical, behavioral health, and substance abuse issues. The GRAT also became a primary referral resource for other crisis services serving older adult populations. For these reasons, average lengths of stay in inpatient psychiatric care have risen over time.

Eight percent of the 754 clients who began GRAT services prior to October 2010 had at least one emergency visit to Harborview Medical Center (HMC). By the third post period, the average number of HMC visits for these 60 people had decreased by 77 percent (from an average of 1.7 to only 0.4).

Significant components of GRAT services include linkage and coordination with primary care, and referral to community resources in support of client safety and well-being.

2a Workload Reduction for Mental Health

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

Parent Peer Specialists Bring Unique Perspective

As described in the MIDD Year Five Progress Report, Peer Support Specialists are one of the many direct service staff types that contribute to the reduction of workload for clinical staff. Kim Thomas has been a Parent Peer Specialist for over eight years. Kim knows a lot about the pressures and challenges of raising a child with difficult-to-manage behaviors. She began accessing MH services for her seven-year-old daughter when they lived in Moses Lake over 15 years ago. She was both afraid and angry trying to get her family the help they needed. She fired many professionals because of her dissatisfaction. After moving to Seattle in 2005, the family enrolled in Wraparound services. Kim says Wraparound changed her life. She was so overwhelmed with what was wrong, that she didn't want to look at what was going well at the beginning. The Wraparound facilitator persisted in focusing on what the family members did well. Kim's daughter slowly became engaged in the process when she began hearing what she did right. Looking at their strengths completely shifted the family. They were able to a get to a "place of hope" and to "know when to celebrate when things are good." Kim notes she has been nicknamed the "reframe queen." Her daughter became stabilized and was able to graduate from high school and is now a successful young adult on a journey of recovery.

Photo and story
by Kimberly Cisson

As a Parent Peer Specialist, Kim shares her experiences to support and connect with other parents in situations similar to her own. Kim admits that she sometimes didn't handle things well. She wants others to benefit from her mistakes. Parents experience so much shame and embarrassment and may seem "resistant" to professionals providing services. Kim provides valuable insight on how youth-serving systems operate and how parents can partner with therapists and other professionals. Additionally, she participates in consultations with clinicians and provides a parent's perspective. She sees her role as a bridge between the professional culture and the family culture. It's important that professionals honor parents as the experts on their children and for parents to respect professionals as experts in their fields. Parent Peer Specialists assist parents in navigating many systems beyond behavioral health such as schools and juvenile justice.

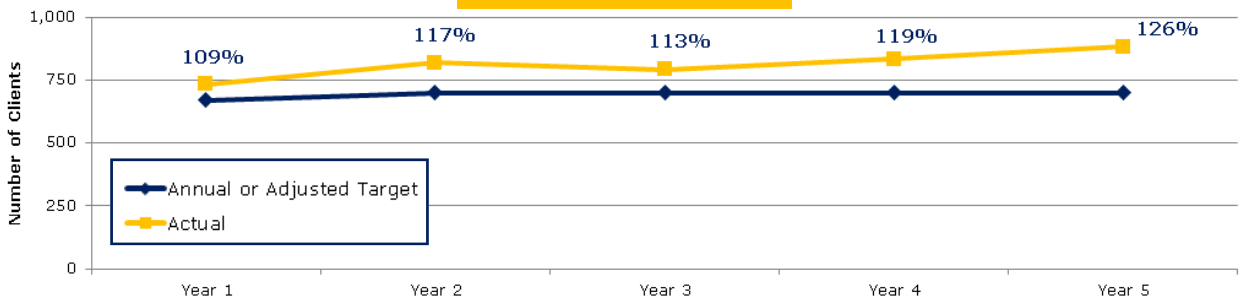
Kim and other Parent Peer Specialists help parents to not feel isolated. Parents learn to become strength-focused, connect with their natural supports, and gain hope. On their journey of wellness, parents also begin to "pay if forward" and provide hope to other families by sharing their stories in support groups.

Kim recently started a new position at Navos to more fully develop their peer specialist program. Outcome measures to help families see their growth and progress are being established. In addition to Adult and Parent Peer Specialists, youth also need champions and a more active voice in their services. Part of Kim's work is building, in collaboration with youth, the Youth Peer Specialist program to address their unique needs and viewpoints.

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.

Performance



Service Highlights

Through a "payment for outcomes" model, MIDD-funded SE programs have been sustained at nine King County mental health (MH) agencies. Programs must now request payment from Washington State Division of Vocational Rehabilitation (DVR) first. If denied, MIDD can cover costs for clients who are ineligible at DVR due to specific eligibility criteria, such as MH symptoms or current level of substance use. Research shows employment can have positive impacts on these behaviors, so MIDD supports an "employment first" rationale. Fidelity monitoring ensures adherence to evidence-based practices.

A total of 884 unduplicated adults were enrolled in SE services during MIDD Year Five. Of these people, 316 (36%) were also participating in other MIDD strategies. The gender split for all enrollees was 51 percent female and 49 percent male. In the first three years of the MIDD, men slightly outnumbered women, but in the last two years that pattern has been reversed.

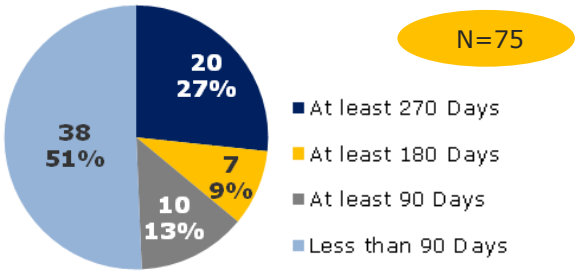
The age range for those helped to find jobs in this reporting period was 17 to 73 years; the average was 43 years. Eleven percent were known to be homeless, and four percent were United States military veterans.

Outcomes

Job placement and retention outcomes were updated for the 834 people who remained active in SE services (whether employed or not) during the previous MIDD year. A total of 259 individuals (31%) who began services in MIDD Year Four were placed in at least one job by the end of MIDD Year Five. The number of Strategy 2b participants with two or more job placements was 21. In total, 316 jobs were filled by this outcomes cohort in the time period studied. Of the 259 SE clients employed, 154 (59%) retained at least one job for more than 90 days.

As providers have shifted their emphasis from initial job placements to enhancing ongoing supports for employed individuals, job retentions are now being tracked for up to 270 days. Isolating the 75 individuals who got their first SEP job in MIDD Year Four, 20 (27%) stayed employed there for at least 270 days (nine months) as shown below.

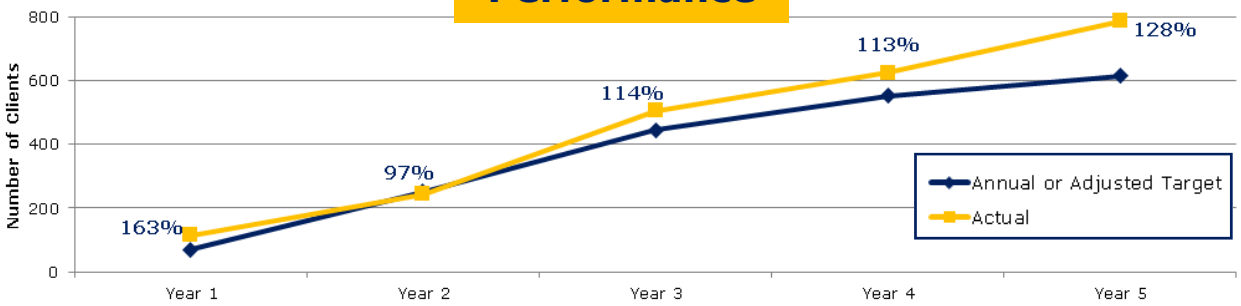
Longer Job Retentions Now Tracked



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.

Performance



Service Highlights

As shown in the performance graph above, the target for Strategy 3a climbs each year as five-year grants are awarded to pay for supportive services at new or existing housing developed or set aside for those with special needs. In 2013, funds were awarded to DESC to provide support for men and women with severe mental illness who are housed in 56 units at Evans House in Seattle, WA. Five voucher slots were also added to Evergreen Treatment Service's REACH Housing First program with an emphasis on housing individuals released from medical respite care. Adding these two programs to the previous capacity of 553 brings the MIDD Year Five total to 614.

The number of unduplicated individuals served in the current reporting period was 787. Their basic demographic profile is shown below:

- Two of every three clients were male.
- Ages ranged from 19 to 86; the average age was 49 years old.
- Slightly over half of all clients were persons of color.
- Disabilities were known for 44 percent.
- More than 100 (15%) were veterans.

Outcomes

In the past year, 136 people exited from supportive housing programs that received MIDD funding, creating turnover in 22 percent of the available capacity. This represents a housing retention rate of 78 percent for MIDD Year Five.

Fifteen different exit dispositions were used to describe where people went after leaving. Jail and emergency shelter were most common, at 13 (10%) each, followed by permanent housing for formerly homeless individuals at 12 (9%). Excluded from these counts were 28 people from 10 housing programs who died during the year. For those who passed away, their ages ranged from 26 to 65 years (average 49 years) and their length of stay in housing ranged from 12 to 1,665 days (average 732 days).

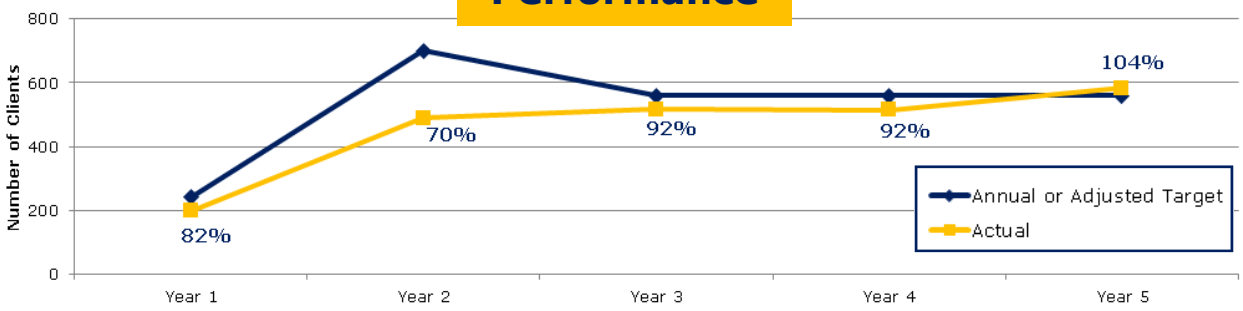
There were 705 people who were eligible for analysis of other first-year outcomes. On average, days spent in community psychiatric hospitals decreased by 42 percent, days in jail fell by 51 percent, and emergency room visits at Harborview declined by 45 percent when comparing the year before entry to MIDD supportive housing and the year after.

Individuals in MIDD supported housing reduced their average stays at Western State Hospital at a significantly higher rate than those in other strategies (see Page 56).

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

Performance

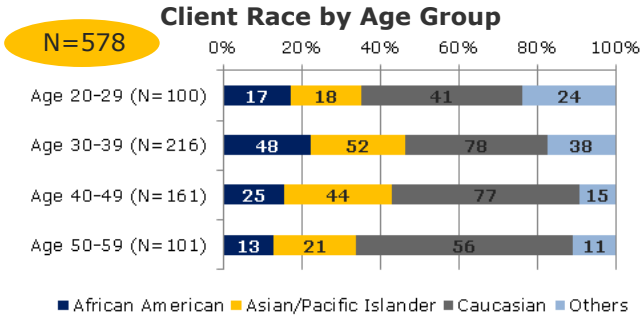


Service Highlights

During MIDD's fifth year, 583 DV survivors cumulatively received 383 hours of group MH counseling, 2,770 hours of individual MH counseling, and 2,609 case management hours. On average, clients received five hours of individualized attention with their MH therapist throughout the year. The maximum was 46 hours for one person.

In addition to the direct services provided above, the MIDD funded 863 screening appointments using the Global Appraisal of Individual Needs Short Screener (GAIN-SS). With results nearly identical to the previous year, 616 (71%) screened positive for MH concerns, 16 (2%) indicated they needed help with substance abuse, and 112 (13%) were likely to benefit from help for both.

In order to protect the anonymity of clients, only limited demographic information is reported for this strategy. Client race by age is shown for the 578 people with data.



Outcomes

At the start of MIDD's fifth year, evaluation staff made the decision to forego further collection of client and clinician-rated surveys. These surveys had been used successfully over a multi-year period to demonstrate the effectiveness of MIDD-funded services for improving:

- Stress management
- Decision-making
- Self-care, and
- Enjoyment of life.

Among survey respondents, support for the value of MH therapy within the DV community was unanimous. Strategy 13a agencies proactively initiated discussions to determine future outcomes measurement and are currently piloting instruments that measure symptoms of trauma, depression, and anxiety over time.

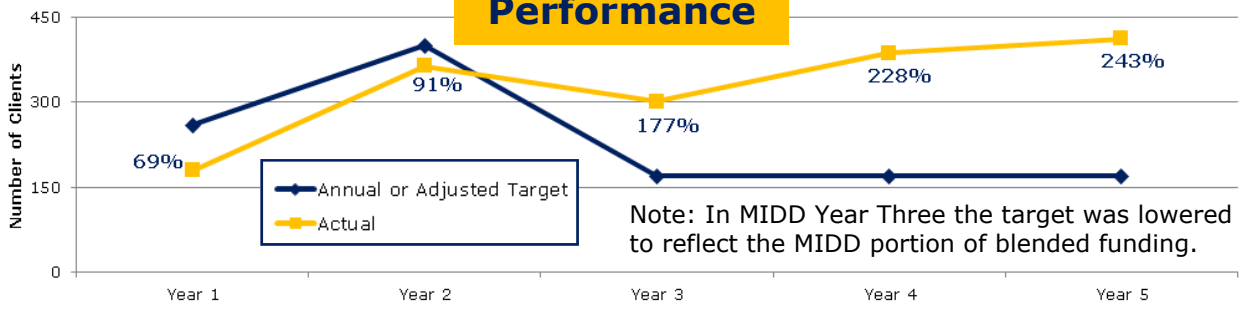
Systems Coordinator Outperforms Targets

- By training 273 professionals across four disciplines, the coordinator exceeded the annual goal of 160 trainees by 71 percent.
- Reciprocal consultation relationships were fostered with over 50 professionals.
- At least 125 practitioners received instruction and follow-up support on a screening and assessment protocol from a nationally-recognized expert.

14a Sexual Assault and Mental Health Services

By blending MIDD funds with other sources of revenue, providers serving survivors of sexual assault have been able to offer trauma-focused therapy to more of their clients. Implementation of universal screening for mental health (MH) issues and/or substance 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 MH and drug abuse treatment agencies and the fields of domestic violence (DV) and sexual assault (SA) advocacy.

Performance



Note: In MIDD Year Three the target was lowered to reflect the MIDD portion of blended funding.

Service Highlights

Between October 2012 and September 2013, a total of 1,607 clients at area sexual assault centers agreed to be screened for MH and substance abuse issues. More than 1,100 people (83%) screened positive for signs of mental illnesses such as depression and anxiety and 231 additionally screened positive for signs of substance abuse (21%). The number of people who engaged in services funded by MIDD was 413, or about 37 percent of all those who screened positive. There was a seven percent increase in clients served when compared to the prior year. Blended funding allows many more clients to be served than would be attributed to the MIDD portion alone.

Systems Coordinator Increases Engagement between DV and SA Programs

In 2013, the workshop "Understanding and Addressing Sexualized Behavior in Children and Adolescents in DV Programs" was successfully delivered to a DV audience by staff from a SA agency. The workshop taught the causes of inappropriate sexual behavior and the impact of DV, MH, and legal interventions that are effective. All 16 attendees agreed the training was effective in providing new knowledge and skills useful to their work and policy decisions.

Outcomes

Outcome information for the current year was submitted by sexual assault providers receiving MIDD funds. For youth, 29 of 32 (90%) had achieved positive outcomes by demonstrating at least two of the following: positive engagement, emotional stability, safety and security, behavioral change, and/or attainment of treatment goals. For adults, 71 of 80 (89%) had achieved positive outcomes by increasing their understanding or coping skills, reducing their symptoms, and/or reaching their treatment goals.

Stories submitted by providers also illustrate successful client outcomes.

- An adult woman experienced sexual and physical assaults by her husband. After seven treatment sessions, her symptoms were no longer clinically significant. She was able to advocate for herself to obtain needed physical and legal protection.
- A woman sexually assaulted by two strangers worked through Cognitive Processing Therapy. She no longer has clinically significant trauma symptoms.
- A 13-year-old boy reported sexual assault by a neighbor. Through trauma-focused therapy, he was able to understand what happened, address his fears, and work to hold the offender legally accountable.

Strategies with Programs to Help Youth

Seattle Children's Strengthening Families Program (SFP)

A Strategy 4c Collaboration Offers More than Parenting Education

A number of evidence-based programs are provided as part of MIDD 4c school-based prevention services (see Page 24 for more information on the strategy). One such program, being implemented by Seattle Children's (formerly known as Seattle Children's Hospital) at Eckstein Middle School in north Seattle, is the SFP. This program is more than a parenting education class. In addition to teaching parenting skills, it includes life skills training for youth aged 10 to 14 and to the family as a whole. Both parents and children participate in one session per week for seven weeks. Each 2.5 hour class includes a family dinner and childcare is provided.

According to the SFP website, the parenting sessions include teaching parents:

- Appropriate developmental expectations
- To interact positively with children (such as showing enthusiasm and attention for good behavior and letting the child take the lead in play activities)
- To increase attention and praise for children's positive behaviors
- Positive family communication, including active listening and reducing criticism and sarcasm
- How to have productive family meetings
- Effective and consistent discipline, including consequences and time-outs.

For children, the skills training content includes:

- Communication skills to improve parent, peer, and teacher relationships
- Hopes and dreams
- Resilience skills, coping skills, and problem solving
- Peer resistance
- Feelings identification, including anger management.

To learn more, visit: http://www.strengtheningfamiliesprogram.org/

Parent feedback has been encouraging. As one parent said, "The program gave me very solid concepts and strategies I can use at home. All of them made sense and were well explained. I also like that the strategies still left me room to be my own parent."

4a Services for Parents in Substance Abuse Outpatient Treatment

This strategy remained on hold throughout MIDD Year Five.

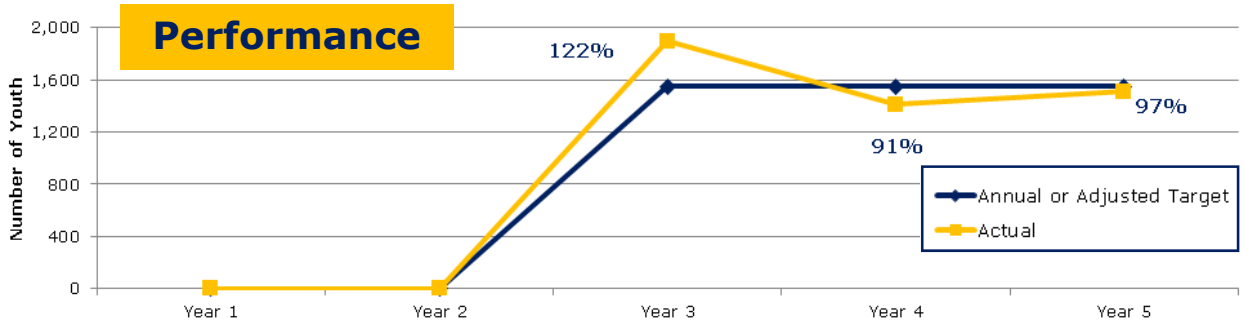
4b Prevention Services to Children of Substance Abusing Parents

This strategy remained on hold throughout MIDD Year Five.

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 old. 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 Training (ASIST), were other elements of strategy implementation.

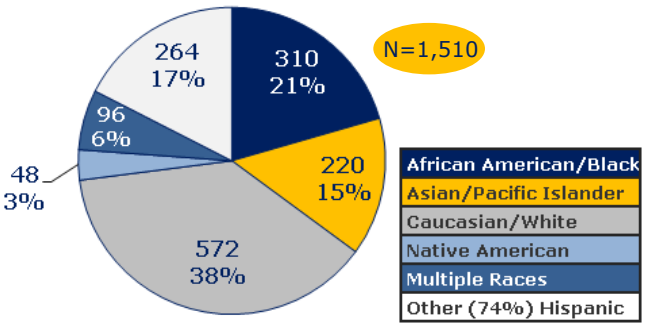
Performance



Service Highlights

Ten agencies provided MIDD 4c services to 21 schools in 11 school districts, employing 13 different program models to deliver tailored services. The average age of youth tracked individually in these school-based programs was 14. A total of 1,510 youth (unduplicated) were served in MIDD Year Five. Another 12,807 youth were provided prevention services in large groups, such as school assemblies (not unduplicated).

Racial Diversity of 4c Participants



Technical Assistance Provided

This year, the Youth Suicide Prevention Program reviewed crisis plans, responded to suicide events, consulted with student groups in developing peer-to-peer programs, presented on youth suicide prevention best practices, and addressed concerns about Washington's Healthy Youth survey data.

Outcomes

A new data-sharing agreement between MIDD evaluation staff and those who administer the collection of juvenile justice information in King County was required in 2013. For this reason, detention data for those under the age of 18 were not available for the current reporting period. An analysis of reductions in detention admissions will be provided in the next progress report.

According to data released by the Washington State Department of Social and Health Services in April 2013, the following are common indicators of risk that contribute to poor youth outcomes:

Community Domain
- Availability of drugs
- Economic deprivation
- Transitions/mobility

School Domain
- Poor academic performance
- Dropout rates
- Unexcused absences
- Possession of weapons.

Family Domain
- Divorce
- Child abuse and neglect

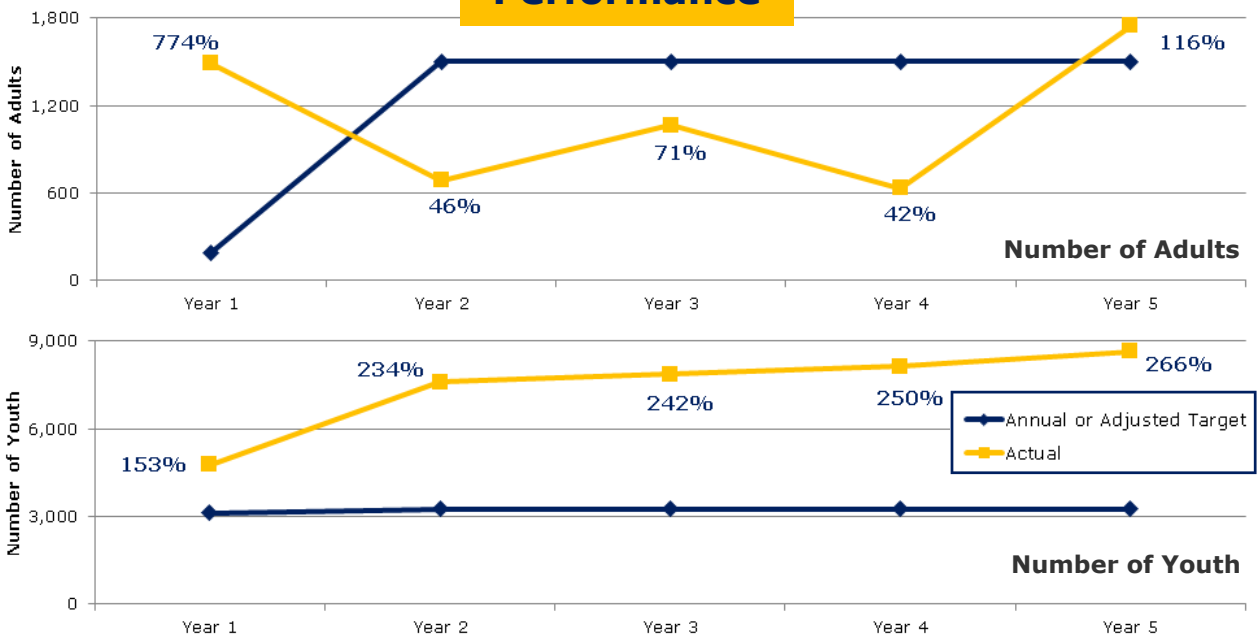
Individual/Peer Domain
- Early juvenile justice involvement
- Arrests

Problem Outcomes
Teen Births
Suicide/Attempts
Criminal Justice
Substance Abuse

4d School-Based Suicide Prevention

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

Performance



Service Highlights

Blending MIDD funds with funding from other sources has allowed the youth suicide prevention strategy to outperform its annual targets in reaching youth audiences. For the first time since MIDD Year One, the adult component exceeded its goal as well.

For the current reporting period, the Crisis Clinic's Teen Link program gave 330 youth suicide prevention talks heard by 8,634 students. The Youth Suicide Prevention Program (YSPP) delivered 69 trainings to 1,746 concerned adults. Of the total number of people trained, 65 percent were of high school age, 18 percent were middle schoolers, and 17 percent were adults.

The YSPP is now able to give presentations in Spanish. Teen Link continued to build strong relationships with area schools.

Outcomes

The State of Washington published a report in 2013 that showed King County's youth suicide rate (completed plus attempted) decreasing at a rate greater than other Washington counties. The table below shows completed suicides plus documented attempts per 100,000 youth (aged 10 to 17) in King County alone vs. statewide between 2008 and 2011. In counties similar to King County (not shown), the suicide/attempt rates were much higher, averaging 55 per 100,000 youth in 2011. Attempt data were from hospital admissions and completed suicides were from death certificates.

Suicide/Attempt Rates per 100,000 Youth

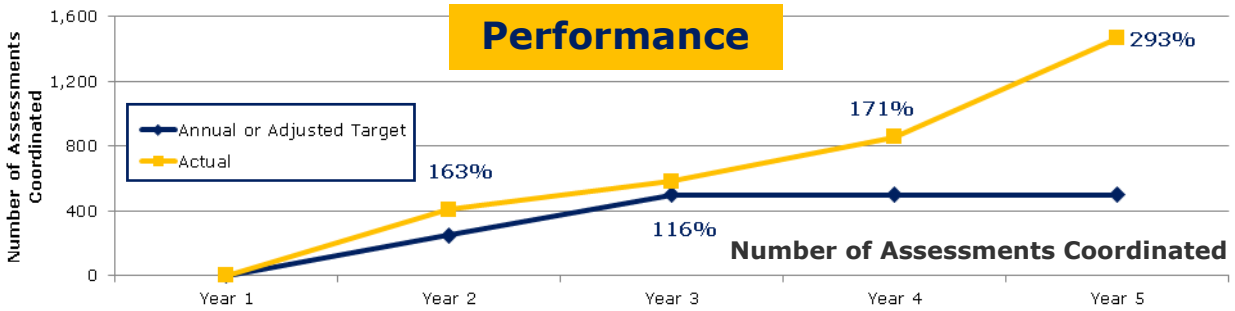
	2008	2009	2010	2011
King County	51.4	41.0	46.7	32.8
Statewide	48.2	44.2	44.5	40.5

Source: www.dshs.wa.gov/rda/research/risk.shtm

5a Expand Assessments for Youth in the Juvenile Justice System

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

Performance



Number of MH Assessments

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Target	0	70	105	140	140
Actual	0	124	143	128	123
% of Target	-	177%	136%	91%	88%

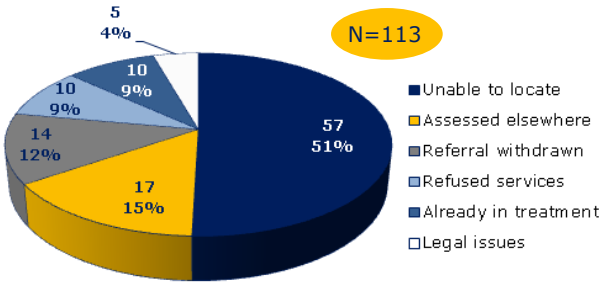
Number of Full SUD Assessments

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Target	0	82	145	165	165
Actual	0	251	234	420	291
% of Target	-	306%	161%	255%	176%

Service Highlights

As shown in the performance graph above, the 1,497 assessments coordinated for MIDD Year Five was double the average reported in the preceding three years. Contributing to this apparent increase is JJAT's recent tracking of short screenings that can take less than 10 minutes to detect potential MH and SUD problems. Also included in the count of coordinations are "referral only" cases (see below) that do not result in assessments. A new coordination target is proposed on Page 47. See tables above for additional targets.

Disposition of Recent "Referral Only" Cases



Outcomes

Juvenile justice detention data were not available for analysis during this reporting period. Results will be provided in the next progress report.

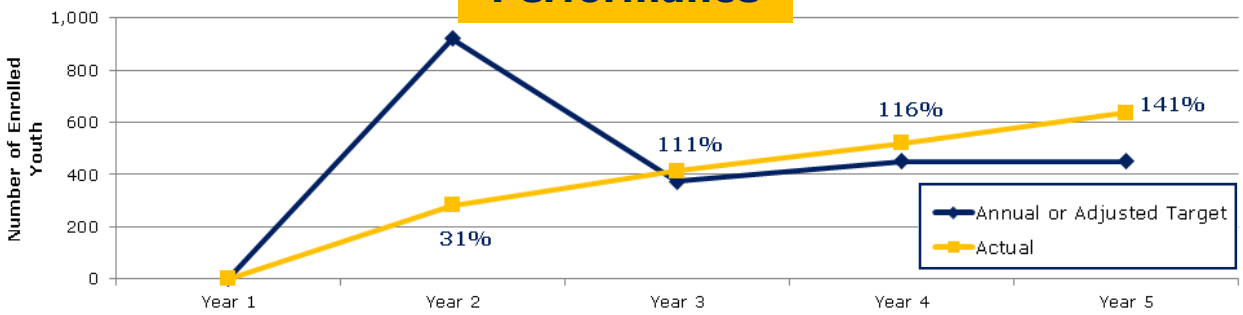
Reductions in drug use and associated symptomology were studied for a sample of 139 youth served by this strategy. Detailed findings from Global Appraisal of Individual Needs (GAIN) data are shown in Appendix II, on Page 55.

Consistent with earlier findings, 19 percent of JJAT youth began publicly-funded MH treatment in the year following their MIDD start date. Of the 764 youth who began JJAT services prior to July 2012, at least 169 (22%) were enrolled in outpatient SUD treatment in the year following their assessment, as confirmed through matching to outside information sources.

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 community treatment agencies work collaboratively within their communities to surround all youth they serve with support and a package of services that addresses their unique needs and goals.

Performance

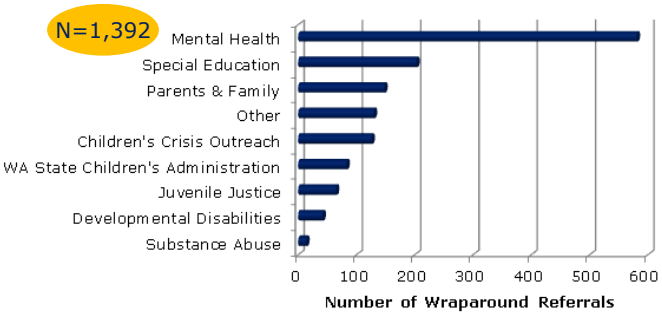


Service Highlights

Wraparound teams consisting of one coach, six facilitators, and three parent partners served an average of 127 families each for a total of 635 cases during this reporting period. Roughly half of the cases were new and half were ongoing. More than 80 children under the age of 10 were enrolled in MIDD wraparound services this period.

Referral source data have been collected since the MIDD began. From October 2009 to September 2013, there were 1,392 referrals. Referrals from each child-serving system have remained fairly consistent over time, with the unexplained exception of Developmental Disabilities, which referred 23 in 2010, and only 17 in the next three years combined. Total referrals made to the program are shown below.

Referrals by Source Since MIDD Began



Outcomes

Many of the wraparound providers have shared heartwarming tales of positive client and/or program outcomes in response to a prompt for "successes, challenges, and stories of impact" included in their monthly reporting template. Efforts have been made to protect client identity in the examples below:

- A homeless family was helped by a team member to move three times before they found permanent housing.
- A parent partner helped a mother with terminal cancer to create video messages for each of her children.
- A youth who had been on the run and involved with prostitution completed 28 days of inpatient drug treatment.
- A youth who experienced severe psychosis only a year ago is now getting straight As in his school program.
- Several youth have learned to advocate for their own needs.
- One agency hosted a publishing event that showcased the talent of the children they serve, including a gallery showing and publication of books given to each family.

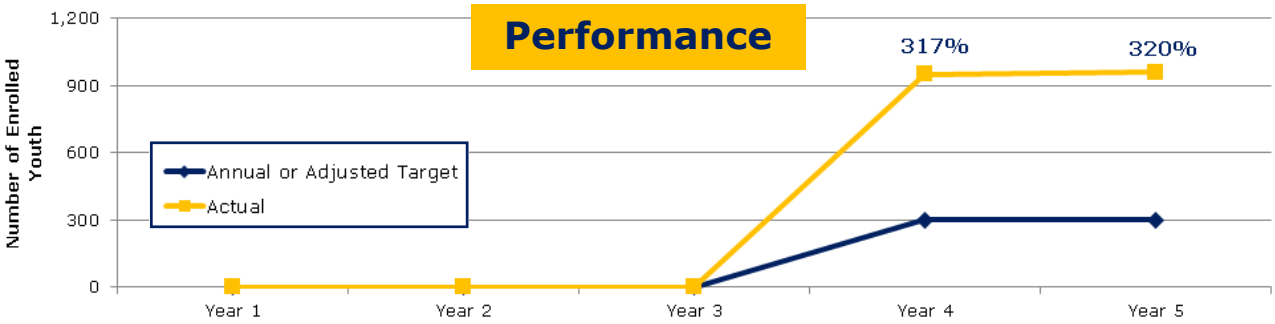
7a Reception Centers for Youth in Crisis

This strategy remained on hold throughout MIDD Year Five.

7b Expansion of Children's Crisis Outreach Response System (CCORS)

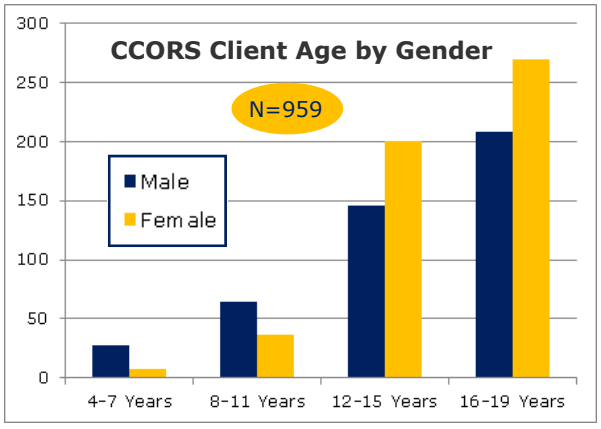
Youth crisis services were expanded in 2011 to address increased demand and to augment staffing with in-home behavioral support specialists. The CCORS team provides direct assistance to families in order to maintain troubled youth safely in their own homes and communities. Funding from MIDD also partially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

Performance



Service Highlights

Almost identical to MIDD Year Four, a total of 1,046 referrals were recorded for 959 unique individuals this period. Participant gender differed significantly by age group as shown in the graphic below. At younger ages, boys outnumbered girls, but among teens, more girls were served.



In 1,012 detailed encounters, 536 youth (56%) had crisis stabilizations, including intensive services, and 285 youth (28%) had non-emergency and emergency "outreach only" services. Most of the remaining contacts (16%) were by phone.

Outcomes

Living arrangements at exit were provided for 565 detailed service encounters in MIDD Year Five where children/youth received either crisis stabilization or intensive stabilization services. In 84 percent of these cases, clients were returned home upon resolution of their crisis situation. Of the 474 who returned home, 452 (95%) were enrolled in school and 417 (88%) were referred for mental health (MH) services. Linkage to MH services was confirmed for 286 (69%) of the 417 individuals referred.

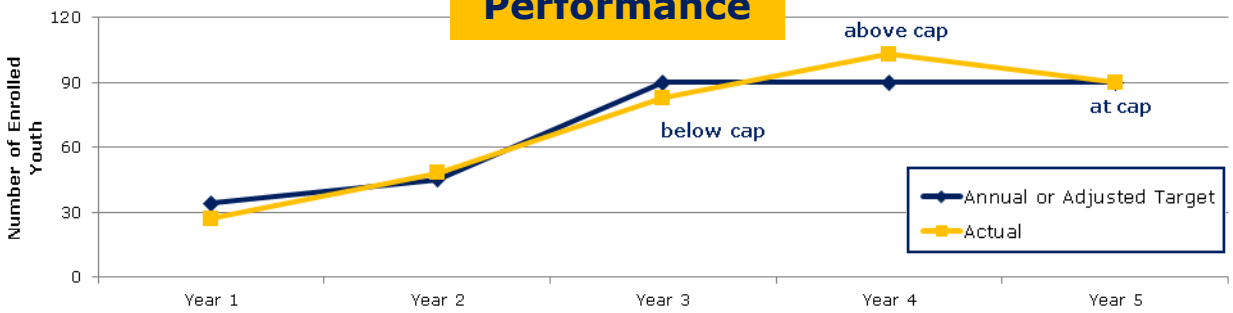
As reported to the MIDD Oversight Committee in February 2013, the YMCA estimated that:

- By diverting 81 percent of child hospitalizations at local emergency rooms, approximately $1 million of inpatient costs were saved in 2012
- By avoiding out-of-home placements, approximately $2 million in costs were saved from 2008 to 2011
- 62 percent of previously unengaged families were linked with community providers at discharge in 2011.

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 substance abuse recovery, with the goal of minimizing their children's involvement with the child welfare system.

Performance

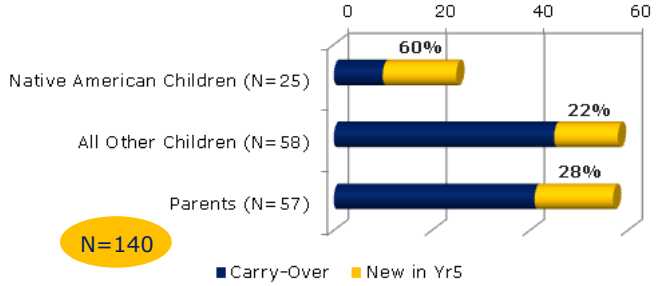


Service Highlights

In its third year at full capacity, the FTC continued to be monitored for adherence to two service caps: 1) serve no more than 90 children (weighted) per year, and 2) serve no more than 60 children at any one time. In MIDD Year Five, 57 parents took part in FTC's therapeutic court services. Within their families were 83 unique children, with a total weighted value of 90.5. The average daily maximum number of children was 60. Note: FTC calculates its own cap figures on a calendar-year basis per agreement, rather than the MIDD evaluation timeline.

The figure below shows the percentage of parents and children who were newly enrolled after September 2012. Children with Native American heritage are counted toward the cap at 1.3 each. For this period, 32 percent of FTC parents were Native American, much higher than the three percent rate in MIDD's general population.

New vs. Continuing FTC Participants



Outcomes

All 57 parents served in MIDD Year Five were enrolled in substance use disorder treatment programs: 33 outpatient only (58%), 22 both inpatient and outpatient (39%), and two inpatient only (3%). More than half were enrolled in FTC Wraparound. Their highest level completed as of September 2013, is shown.

Level	Number	Percent
I - Preparation	16	28%
II - Action	19	33%
III - Maintenance	12	21%
Graduation	10	18%

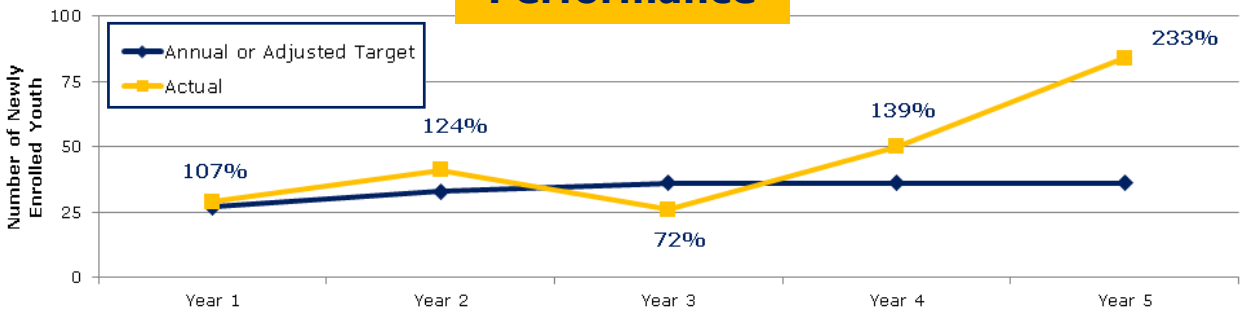
Child placement outcomes were studied for 25 parents with end dates between October 2012 and September 2013. For the 15 parents who graduated or had their cases dismissed, 16 children returned home and five were placed with a guardian. One other child did not return home. By contrast, no children were known to have returned home in the other 10 cases where parents opted out or did not comply with FTC's program.

Of the 118 participants who began FTC prior to July 2012, jail outcomes analysis found that just over half had criminal justice activity in the year before or after their MIDD start. While not statistically significant, the average number of days in jail was reduced in the short term from 17.5 (Pre) to 12.8 (Post 1) for this group.

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

Performance



Service Highlights

A total of 84 youth were accepted into the JDC between October 2012 and September 2013. Of these, 21 (25%) were in the pre opt-in or "engagement" phase. These youth were assigned to JDC probation counselors and exposed to substance abuse treatment concepts, but had not yet opted in to the therapeutic court. The substantial rise in the recent number of youth served is partially attributable to restructuring of the program in 2011.

Strength-Based Model for Engaging Youth with Co-Occurring Mental Health Issues

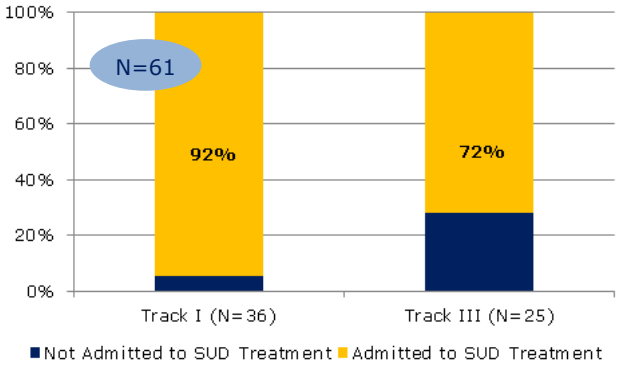
Over the past year, JDC has worked toward piloting a track within their program specifically designed to meet the needs of adolescents with co-occurring disorders. By providing extra support, the focus has been on developing overall goals that align with individualized plans and encourage positive youth outcomes. Rewarding achievements, for example, rather than punishment with sanctions, is an evidence-based practice aligned with a strength-based approach. The JDC has defined participation criteria for three phases in this new track: 1) Engagement, 2) Implementing Change, and 3) Stabilizing Change and Giving Back.

Outcomes

Of the 62 youth who exited JDC in MIDD Year Five, 36 (58%) were enrolled in the traditional pathway, or Track I. Of the remaining 26, one had been in Track II (for those with co-occurring mental health disorders) and the rest were in Track III (for youth with less serious offenses). The JDC completion rate for Track III was 84 percent, compared to a graduation rate of 45 percent for the more rigorous Track I. The reasons for not graduating included the following: declining to opt in (14%), opting out (19%), being terminated for not following the rules (14%), and other (8%).

The graphic below contrasts the rate of enrollment in substance use disorder (SUD) treatment for those exiting from the two JDC tracks that served more than one individual during this reporting period.

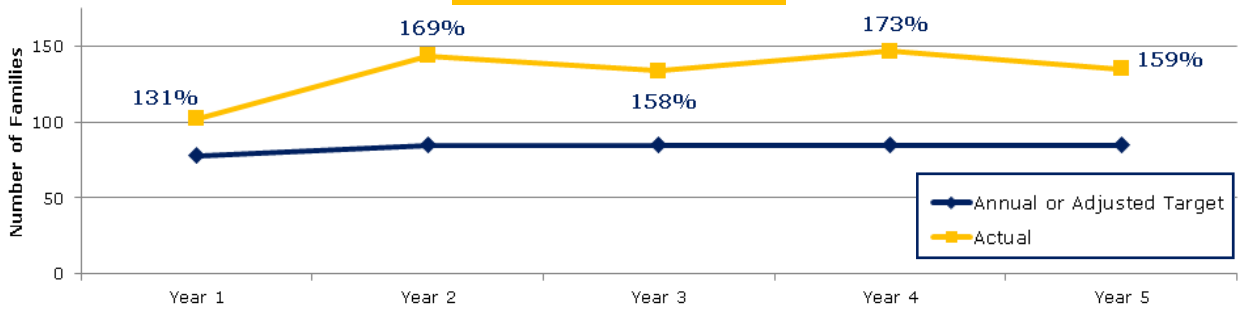
Very High SUD Treatment Enrollment Rates



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.

Performance



Service Highlights

CDVRT Receives Exemplary Service Award

In September 2013, the CDVRT was given the King County Community Mental Health and Chemical Dependency Exemplary Service Award for Service Innovation. Susie Winston, Sound Mental Health's Director of Child & Family Services, spoke at the ceremony and accepted the recognition along with direct line staff in attendance. Honorees are nominated by the community and selected by a panel.

The CDVRT continues to find creative ways to serve DV survivors with safety planning, advocacy, system change, and community support. They offer indicated prevention and intervention for children impacted by DV.

For the current reporting period, 135 unique families received services from the CDVRT operating in the south region of the county. Among those served were 113 adults (average age of 36 years) and 170 children and youth (average age of nine years). The program used the Pediatric Symptom Checklist-17 to screen 415 youngsters for participation in CDVRT. Over half of those screened were found to be above the clinical threshold or likely to benefit from services.

Outcomes

Key successes identified by the program in their 2013 Annual Report included:

- Positive feedback from DV survivors who reported that collaboration between the mental health and DV service systems was helpful where prior services had failed.
- High demand for the program led to the addition of three new team members and three interns in 2013.
- The Program Coordinator was nominated for the King County Coalition Against Domestic Violence Take Action Award.

In response to the anonymous CDVRT Program Satisfaction Survey, parents gave insight about the program's impact:

- "My child is getting the help he needs and I have learned many great ways to support him in the process."
- "Every contact we have had has been great. What was a crutch and safety net is now a strong bond with the team."

An example of client success is told in the story of a boy working with the team for three years. At first he was non-responsive and modeled his father's abusive behavior. Now he can process trauma, discuss the impact of DV, and communicate effectively with his mother.

Jail and Hospital Diversion Strategies

Independent Assessment of the Crisis Intervention Team (CIT) Training Curriculum Helps Shape Quality Improvements

A Summary of Findings by the Spectrum Group, LLC (Bellingham, WA)

Background

In December 2012 and January 2013, using MIDD funds, the CIT training program (see Strategy 10a on Page 33) was independently evaluated by two external consulting firms. The first review was conducted by the national founders of CIT. Their findings were summarized in the August 2013 MIDD Year Five Progress Report. The summary below represents the opinion of assessors from the Spectrum Group, LLC, which includes retired Bellingham Police Chief Todd Ramsay. This group offered a local perspective on CIT.

Instructor Strengths and Qualifications

Sergeant Lis Eddy (Seattle Police Department, retired) and Sergeant Don Gulla (King County Sheriff's Office) are the primary CIT instructors who authored and manage major portions of the training program. With nearly 60 years of law enforcement experience between them, both trainers have a wealth of knowledge and personal experiences that supplement the written curriculum. Their differing communication styles help pace the trainings, encourage two-way dialogues with students, and appeal to a wide range of learning styles through use of video, lecture, PowerPoint slides, the CIT manual, and hands-on practice. Guest speakers were all deemed to have been qualified and credible.

Course Applicability

Students at the observed CIT courses were mostly patrol officers with five to 12 years of experience. The evaluators observed that "this demographic is typically representative of the informal leadership of a law enforcement agency in that they tend to be more practiced in interviewing, interrogation and problem solving while remaining situationally aware of safety issues for the individuals they are dealing with as well as their own safety." As such, those who participated in the training were seen as most likely to succeed in establishing agency-wide cultural acceptance of the material, practices, and resources offered.

Demonstration of Effectiveness

After practicing in mock scenarios, students

- Used tools and tactics to obtain positive resolutions while maintaining safety
- Were better equipped to respond to crises
- Applied appropriate resources
- Demonstrated use of de-escalation skills.

Change Suggestions

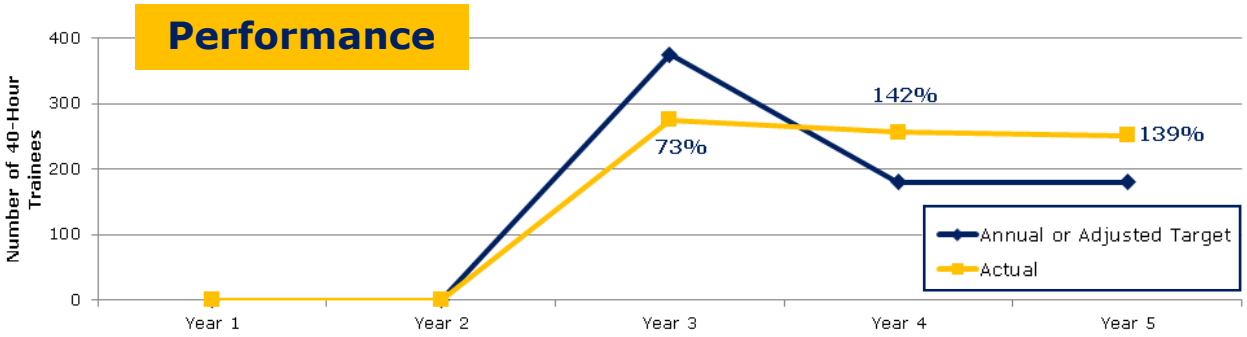
To improve CIT trainings, planners should

- Ensure close linkage between lecture and written materials
- Use review and knowledge checking
- Focus on most common crisis behaviors
- Imbed practice into lecture blocks.

10a Crisis Intervention Team (CIT) Training for First Responders

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

Performance



Number of One-Day Trainees

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Target	0	0	1,000	300	300
Actual	0	0	626	266	268
% of Target	-	-	63%	89%	89%

Number of Other Trainees

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Target	0	0	0	150	150
Actual	0	0	0	185	163
% of Target	-	-	-	123%	109%

Service Highlights

A total of 32 trainings relevant to CIT were delivered in MIDD Year Five. The number of people trained (not unduplicated) was 682.

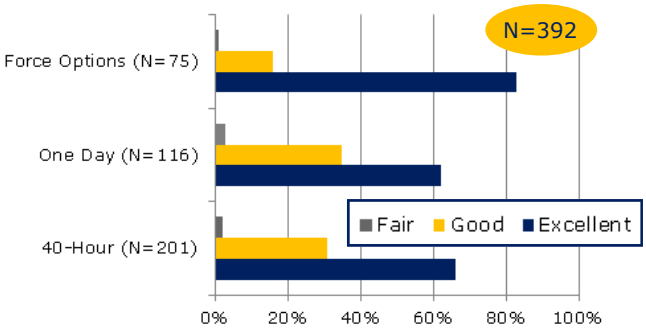
Prior to September 2013, "Look and Listen Language" was added to the topic list for the week-long trainings. The objectives of this module include 1) recognize five or more characteristics of developmental disabilities when responding in a crisis, and 2) use three de-escalation techniques for persons with autism or Asperger syndrome in a mock scenario or when responding to someone in crisis. Also added, trainees are now able to interact with individuals with disabilities during an Immersion Lunch.

As of 2013, detailed information about the Crisis Solutions Center is shared at each CIT training as a valuable resource for all first responders. Ratings from surveys are tallied and guide future learning content.

Outcomes

Evaluations were received from 203 (81%) of the 251 40-hour trainees this period. The response rate was 52 percent (116 of 268) for one-day trainees and 90 percent (75 of 83) for Force Options trainees in the "Other" category. Overall ratings are shown below.

CIT Trainings Receive Positive Ratings

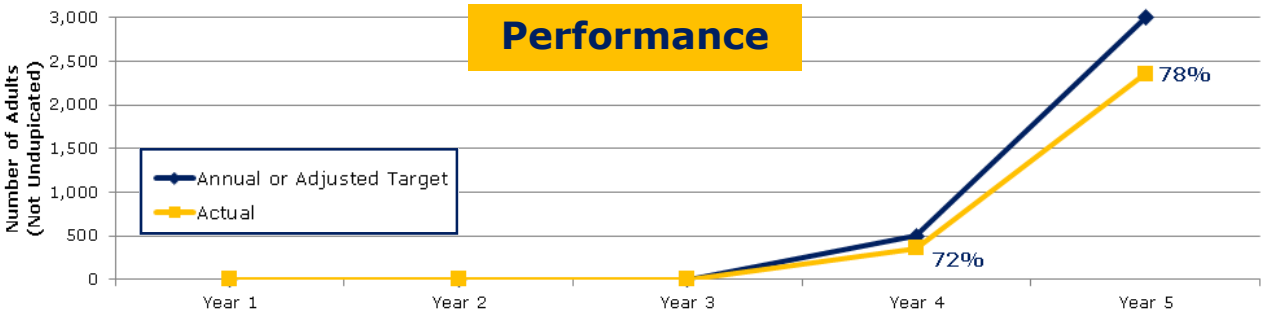


Only three of 381 respondents said they would not recommend CIT training to others. Course relevance was rated "excellent" by 74 percent.

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

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

Performance



Service Highlights

The performance target for Strategy 10b is based on the sum of people served by each CSC program component. Individuals are unduplicated within the separate programs, but not between them. From October 2012 through September 2013, the CSC served 2,353 people: 608 were seen by the MCT, 1,138 at the Crisis Diversion Facility (CDF), and 607 by Crisis Diversion Interim Services (CDIS). While many clients were served repeatedly and each episode was a unique event, the adopted target reflects the number of adults served and not the number of services rendered.

The top five law enforcement agencies making referrals to the MCT during the current period are shown below. These figures support the regional utilization of crisis diversion assistance, despite the facility's central location in Seattle.

Referrals to MCT from Law Enforcement are Regional

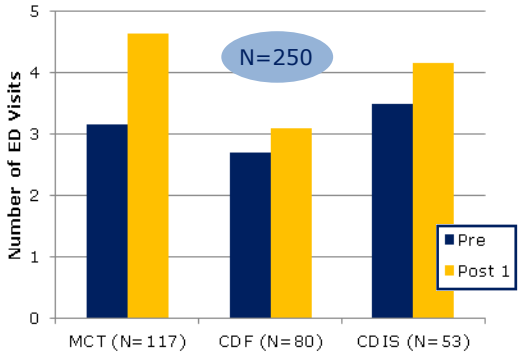
Agency	# of Referrals
Seattle Police	267
Bellevue Police	92
King County Sheriff's Office	69
Redmond Police	56
Kirkland Police	54

Outcomes

One-year outcomes for the initial cohorts of CSC clients were analyzed for the first time this period. About one in three people in this sample had pre or first post community inpatient psychiatric hospitalizations. For 59 MCT clients hospitalized, their average days increased from 11 days in the year prior to their MCT service to 28 days in the year after. This trend is likely indicative of individuals being linked to needed services.

At Harborview, two of every three CSC participants had emergency department (ED) visits before or after their MIDD starts. Their average number of visits is shown.

Average Number of Visits to Harborview's ED

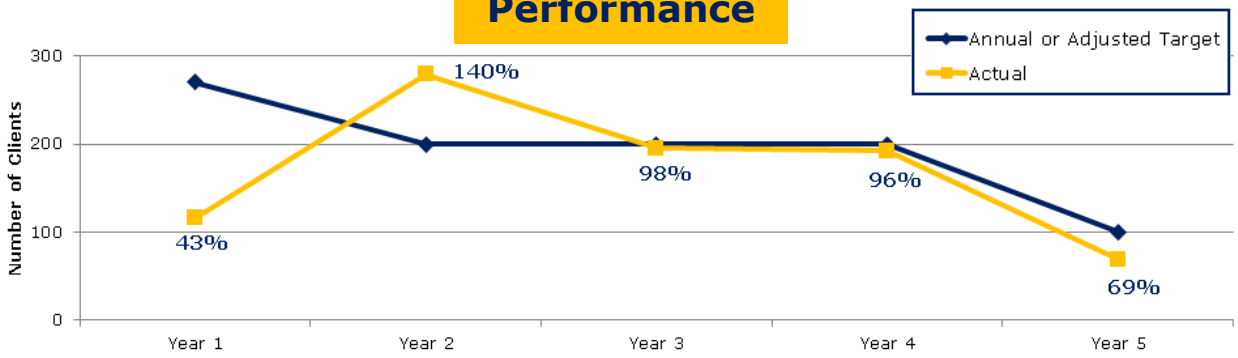


For the small sample of 23 CDIS clients with jail use in the study period, average days in jail decreased from 39 to 20, a reduction of 48 percent over one year. See Appendix III for detailed findings.

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.

Performance

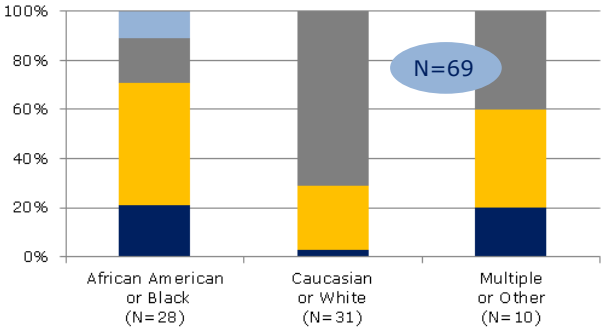


Service Highlights

During MIDD's fifth year, the WER liaison position was vacant for nearly six months, as gaining jail clearance took longer than expected. For this reason, the performance target was adjusted from 200 clients down to 100. Services were delivered to 69 men who ranged in age from 19 to 58 years.

The graphic below shows racial disparities in the highest level of education achieved by this year's sample of WER clients.

WER Education Attainment Varies by Race

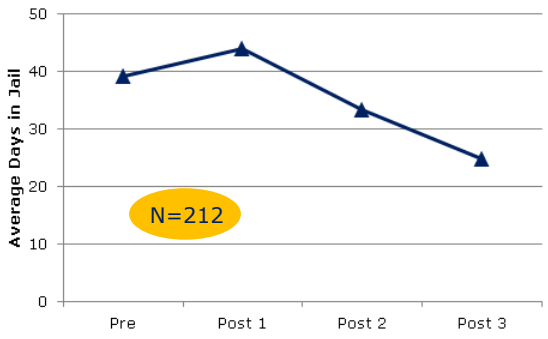


While the overall percentage of individuals with at least a high school diploma is encouraging, less education is often associated with fewer life opportunities.

Outcomes

Although 608 WER participants were eligible for analysis of one-year jail use outcomes, of particular interest were the 265 who began services prior to October 2010 and were thus eligible for three-year outcomes. Of this group, 212 (80%) had at least one jail booking that was either before or after, but unrelated to, the charge that brought them into contact with the WER liaison. The graphic below shows the average number of days spent in jail for each time period of interest. The 36 percent reduction from pre to the third post was statistically significant.

Average Jail Days Reduced Over Time

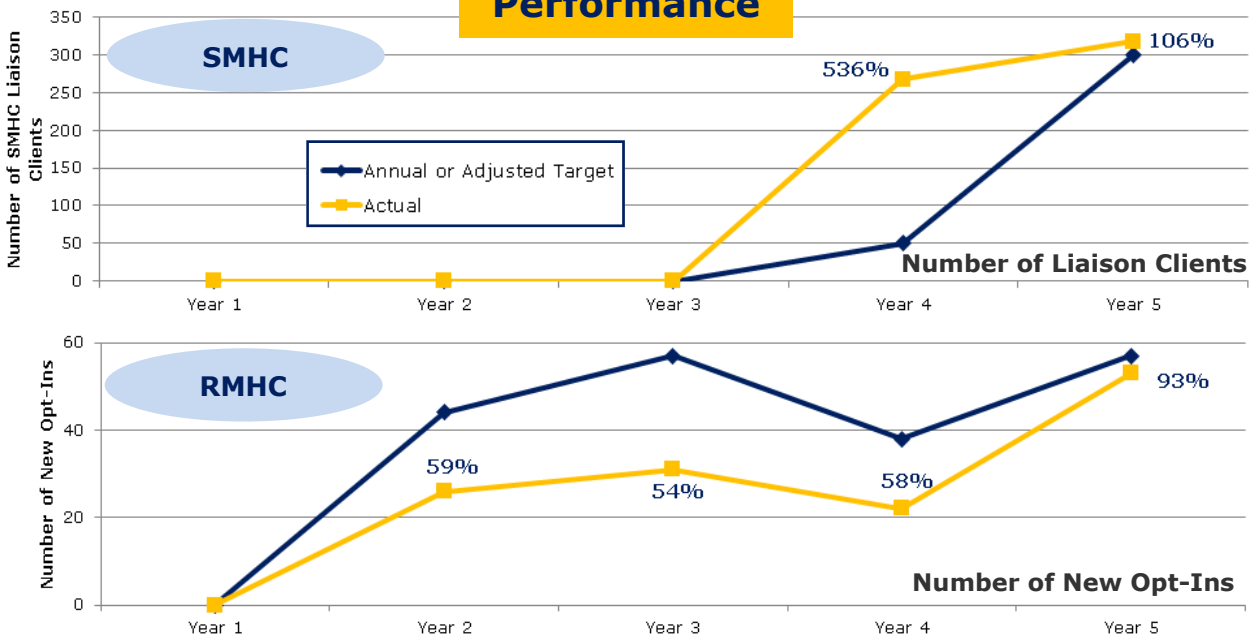


At least 142 of 616 WER participants (23%) were linked to publicly-funded mental health treatment within a year of liaison services.

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 over time to provide: 1) a court liaison for the Municipal Court of Seattle's Mental Health Court (SMHC) that handles mental competency cases for individuals booked into jail on charges originating in the City of Seattle, 2) forensic peer support for opt-ins to RMHC, and 3) a Veteran's Track piloted within the existing RMHC.

Performance



Service Highlights

A total of 160 "city transfer" cases or referrals to RMHC by area municipalities were screened for eligibility by the District Court. About 10 percent of these cases were in the Veteran's Court (VC). The target for RMHC is 115 opt-in clients over a two-year period, or 57 per year when annualized. There were 53 opt-ins (45 for RMHC and eight for VC) in MIDD Year Five. Demographics and outcomes are tracked for all persons screened by the court.

The MIDD-funded SMHC liaison served or assessed 318 candidates for participation in the Municipal Court. The liaison helps determine clinical eligibility and mental competency to stand trial. Ten people screened by SMHC were military veterans.

Outcomes

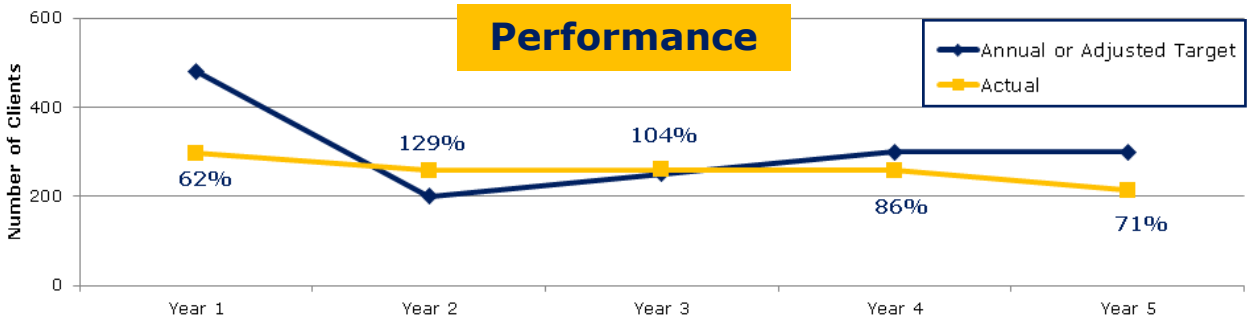
Of the 224 RMHC participants who were eligible for one-year outcomes, 168 (75%) had at least one jail booking unrelated to their MIDD service start. By contrast, 253 of 268 SMHC participants (94%) had one or more jail bookings in addition to the one associated with their receipt of MIDD therapeutic court services.

For both courts, the average number of jail days increased only slightly (13%) from the pre period to the first post period. Looking at jail use among the RMHC clients who were eligible for two-year outcomes, bookings dropped while days increased by 25 percent. This is a common finding in the evaluation of criminal justice intervention programs and therapeutic court programs.

12a-1 Jail Re-Entry Program Capacity Increase

Short-term case management services are provided to incarcerated individuals with mental health (MH) issues and/or substance use disorders (SUD) who are near their release date. 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 and reduced recidivism are the primary goals of the jail re-entry program.

Performance



Service Highlights

Three case managers provided community re-entry services to 213 jail inmates in MIDD Year Five. About three in every four clients were male. Of the 42 re-entry clients who also received MIDD-funded MH or SUD treatment during this time, 12 (29%) began treatment before their jail experience and 30 (71%) began after, likely as a result of linkages made while in Strategy 12a-1.

Creating Community Connections

T. was referred for re-entry services while incarcerated in the Kent City Jail. Anxiety, amphetamine and alcohol dependence were among his presenting problems. He was alienated from community supports.

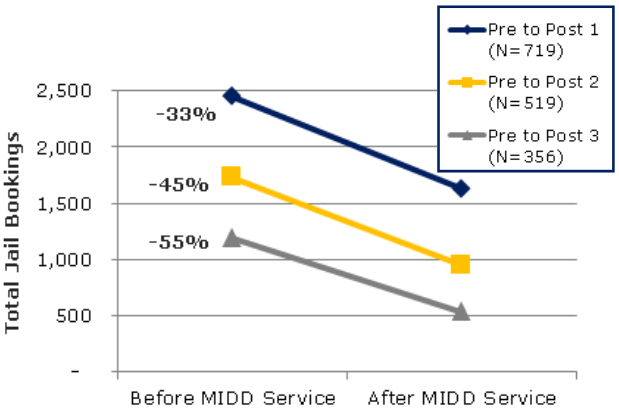
Upon release, T. was provided clothing and helped to enroll in SUD treatment. Meeting with his re-entry case manager three times while in the treatment facility helped him plan for his return to the community. His first meeting with probation services was facilitated by his case manager's use of both strength-based approaches and motivational interviewing.

Housing, MH counseling, outpatient SUD treatment, medical services, and vocational training were key linkages made through this MIDD strategy. With reduced anxiety and increased pro-social outlets, T. reports continued sobriety and says, "I feel great having a place of my own."

Outcomes

Like other criminal justice initiatives (CJI), a high percentage of jail inmates targeted by MIDD Strategy 12a-1 are repeat offenders, or those who cycle through the jails in King County frequently. Unlike many CJI intervention programs, however, statistically significant reductions in the number of jail bookings and days have proven to be both immediate and long-lasting for this particular re-entry program. The graphic below shows the percent reduction in total jail bookings when comparing outcome-eligible groups over both the short and longer term.

Reductions in Raw Number of Jail Bookings

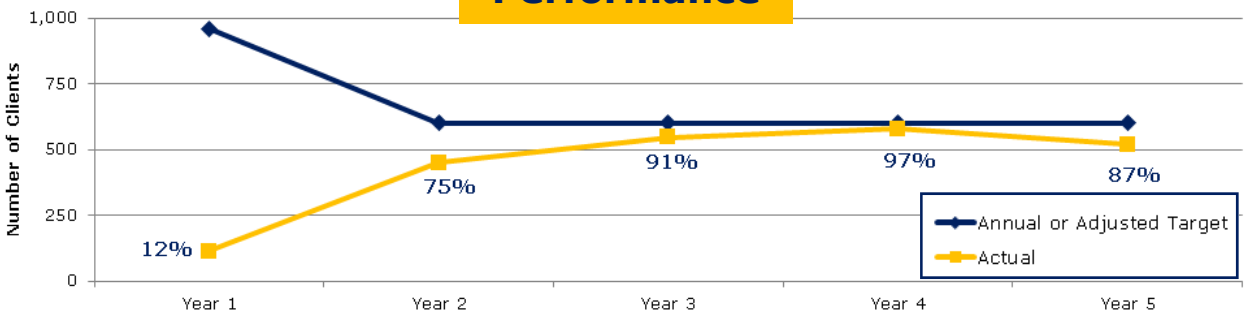


Linkage to mental health treatment within a year of their MIDD start was accomplished for 37 percent of the outcomes-eligible clients in this strategy. For outpatient substance abuse treatment, the first-year linkage rate was only slightly lower at 32 percent.

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). King County's Community Corrections Division holds individuals accountable for attendance in various structured programs, including those made possible at CCAP and TLC. With MIDD funding, basic life-skills, job and general education (GED) preparation, and domestic violence (DV) prevention classes are available. All courses seek to reduce the risk of re-offense.

Performance



Service Highlights

The number of participants taking Life Skills to Work (LSW) and/or GED classes in the fifth MIDD year was 150. Only one person took part in both LSW and GED. The DV prevention classes were attended by 370 CCAP enrollees, 55 of whom (15%) also took LSW or GED courses.

The top three topics of discussion in DV classes differed by gender. For men, 1) Resolving Conflict, 2) Communication, and 3) Assertiveness were the topics with highest attendance. For women, discussions about 1) Healthy Relationships, 2) Emotions, and 3) Boundaries were most common during this period.

Feedback from Women in DV Classes

"Today was my first day in class and [the instructor] makes the class environment comfortable and relaxing to where I [can] speak freely about my past experiences with DV."

"This class is awesome ... motivates me and gives me hope."

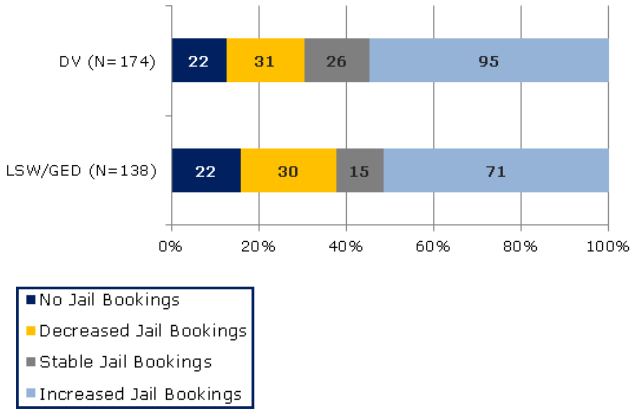
"[I am inspired] to love myself and not ever give someone the power to have control over me or what I do and [to] remember the warning signs [of DV]."

Outcomes

For the sample of CCAP education program participants eligible for long-term outcomes (N=338), the average number of days spent in jail was reduced from 43 in the year prior to their MIDD involvement to 26 in the third year after. This reduction of 40 percent was statistically significant.

From cohorts with three years of post data, 138 LSW/GED and 174 DV participants had at least one jail booking in their pre period. Twenty-two people from each group (16% and 13%, respectively) had zero jail episodes for all three years following their MIDD service, as shown below.

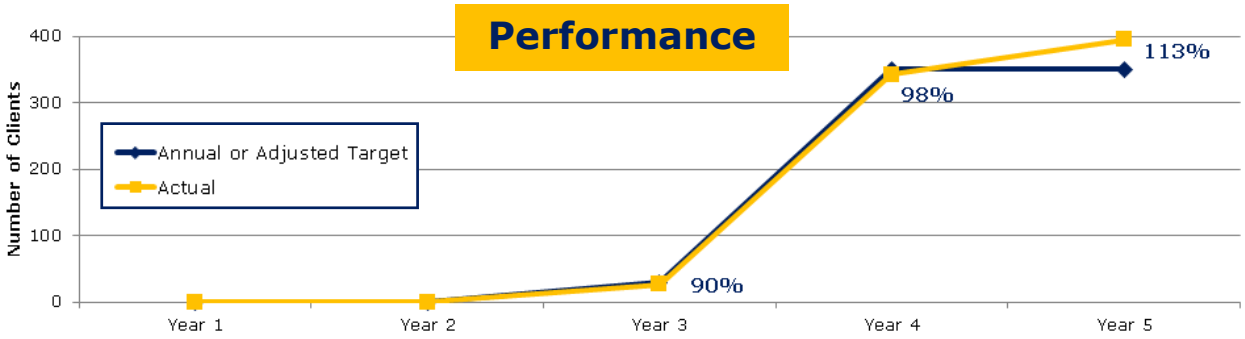
Jail Use Varied for the Combined Three Years following Start of MIDD Classes



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, treatment referrals, and housing linkages.

Performance



Service Highlights

With MIDD funding for 6.82 full-time staff positions at the Edward Thomas House - Medical Respite at Jefferson Terrace, Strategy 12b served 395 unduplicated patients for a total of 497 separate admissions in this reporting period. The number of people by how many respite stays they had is shown in the table below.

Frequency of Annual Respite Stays

# of Respite Stays	Frequency	Percentage
One	320	81%
Two	55	14%
Three	13	3%
Four	7	2%

Clients who received MIDD services during their recuperative care ranged in age from 20 to 74 years and included 28 male military veterans. Only one in five respite patients was female.

The program served a higher percentage of people who identified as Caucasian/White (60%) than is believed to be present in King County's overall MIDD population (51% in 2012). Only three percent were of Asian or Pacific Islander heritage. This demographic trend will be monitored.

Outcomes

Due to a later start for this strategy, outcomes are being presented here for the first time. Of the 297 people in the analysis cohort eligible for first-year outcomes, 39 (13%) had community inpatient psychiatric hospitalizations, 127 (48%) had jail bookings, and 258 (87%) had emergency department (ED) admissions at HMC in either their pre or first post period.

Comparing psychiatric hospitalizations in the year before and the year after their first MIDD respite stay, the average number of days hospitalized rose slightly from 9.7 to 11.5. Similarly, average days in jail experienced a slight uptick from 25.9 to 27.6 and average number of admissions to the ED increased from 3.5 to 4.2. Given the relatively small sample size, none of these changes reached statistical significance.

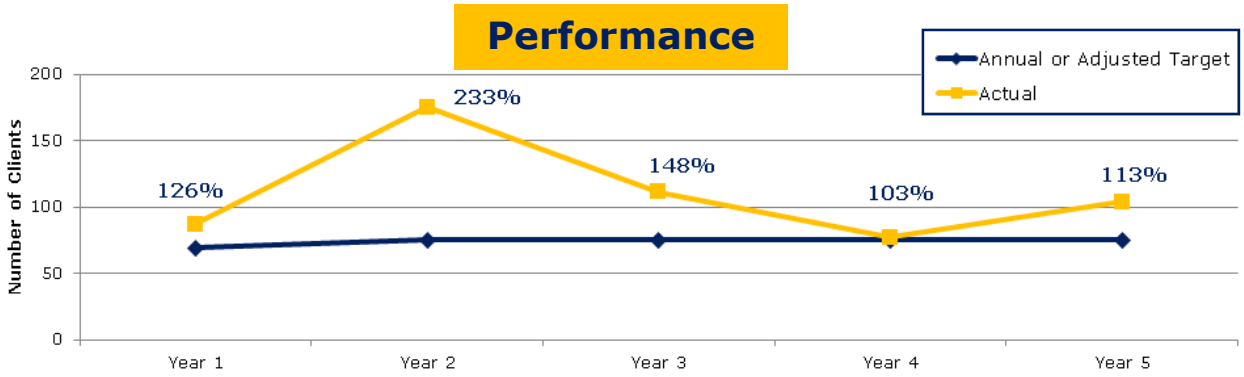
Respite Steering Committee (SC) News

Changing from monthly to bimonthly meetings, the SC met six times in MIDD Year Five. The group noted that successive respite stays (see table at left) appear to lead to better outcomes. They are tracking service utilization and some cost figures. The SC has demonstrated that the program can save hospitalization costs by shortening medical and hospital stays, and that it is changing lives by linking clients to vital post-respite resources.

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 outreach efforts and while assisting with medically-centered services, social workers and chronically homeless individuals are able to work together to find solutions to problems that formerly presented insurmountable barriers to their successful investment in more traditional systems of care.

Performance



Service Highlights

The high utilizer case management team served 104 clients from October 2012 through September 2013. The team now enrolls clients at first outreach to more accurately reflect their work. Placing emphasis on integration with primary care, medical providers working with PES clients have increased their support by being a flexible resource for wound care, medication issues, and urgent care. This coordination has been enhanced because the MIDD program is now co-located in a newly remodeled space with Harborview's Aftercare Clinic, a facility providing follow-up care to clients released from the hospital who do not have primary care doctors.

For clients already enrolled with community mental health agencies, the intensive case managers use coordination strategies to reduce ED utilization such as

1) Assisting with appointment-setting and escorting or transporting clients there
2) Providing case reviews, consultation, and crisis-based case management for issues such as medical complications, brain injuries, and adult family home placements.

Outcomes

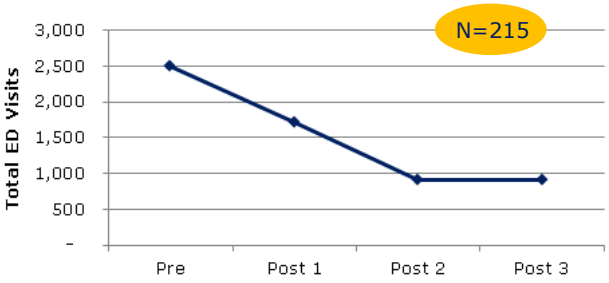
Involvement in Strategy 12c was associated with reduced jail bookings, community inpatient psychiatric hospitalizations, and especially use of Harborview's ED.

By the second-year post, statistically significant reductions in jail bookings were evident, from 2.7 (Pre) to 1.7 (Post 2). A significant drop in jail days, however, was not evident, even after three years post.

Admissions to inpatient psychiatric care were cut in half (from 1.5 to 0.8) by the third post period. Average days thus hospitalized fell from 26 to nine (a 65% reduction).

The graphic below shows reductions in total ED visits for the outcomes-eligible sample of 215 adults with three post measurements.

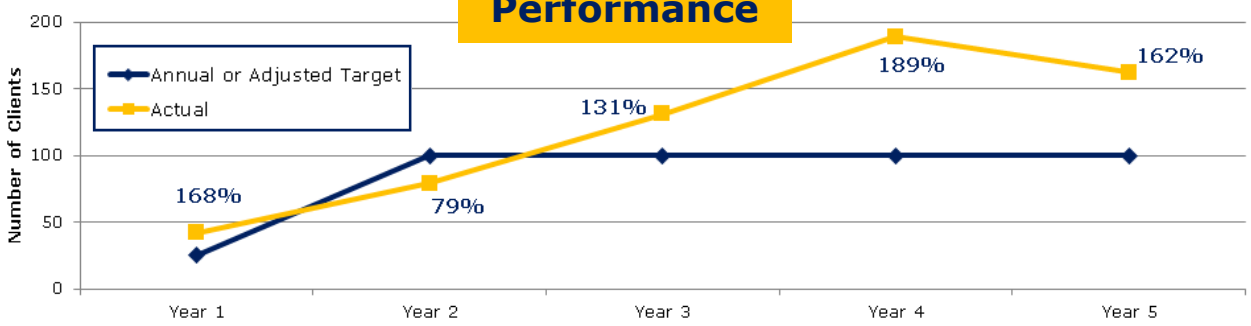
ED Visits Dropped 64 Percent Over Time



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 offenders with substance use disorders. With funding from the MIDD, certified MRT facilitators work with enrolled clients to enhance moral reasoning, to improve their decision-making skills, and to help them engage in more appropriate behaviors.

Performance

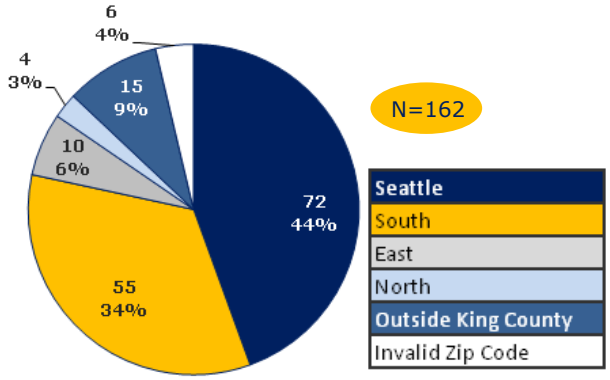


Service Highlights

A total of 162 Community Center for Alternative Programs (CCAP) clients were enrolled in MRT classes during the current reporting period. Above-target performance is reflective of two factors: 1) turnover occurs when clients' sentences to CCAP end prior to completion of their MRT program, and 2) an increased demand from the courts for delivery of the MRT curriculum.

The geographic distribution of individuals currently participating in MRT is shown below. Note that the portion of clients with zip codes outside of King County are likely serving sentences for crimes committed within the county.

Percentage of MRT Clients by Region



Homelessness was an issue for 45 of these MRT clients. Seven military veterans were among those served.

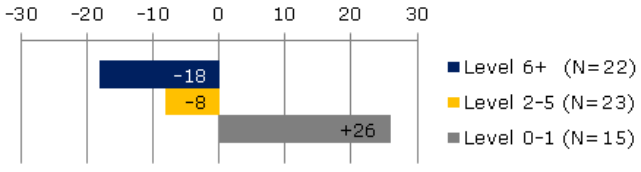
Outcomes

The relationship between receipt of the MRT intervention and jail use was studied closely for the first time. The last date of MRT service and the highest level achieved (ranging from zero to 16) were matched to 81 cases that were eligible for first-year jail outcomes. Excluding 21 cases where the last service contact was the initial assessment for MRT, results for the remaining 60 cases were trending in an encouraging direction.

One-Year Outcomes Improved with Treatment Time and Level Achieved

Jail Use		N	Average Days in Treatment	Average Level Achieved
Bookings	Decreased or No Change	35	91	5.5
	Increased	25	69	3.2
Days	Decreased or No Change	42	87	5.3
	Increased	18	70	2.8

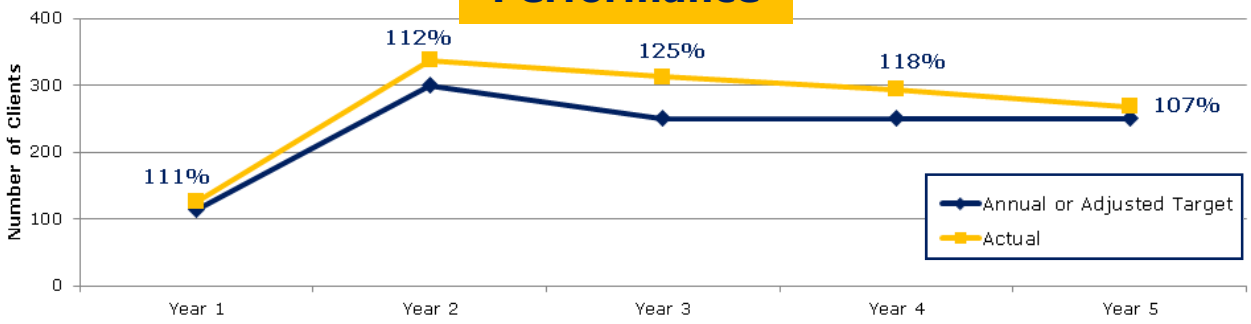
Change in Average Jail Days Corresponded to Highest MRT Level Achieved



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 1.5 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.

Performance



Service Highlights

The 268 ADC participants who received specialized services funded by the MIDD ranged in age from 19 to 63. The average age of those receiving housing vouchers was 23, compared to the overall ADC average age of 36. The number of people served by each program is shown in the table below.

Participation by Program Type

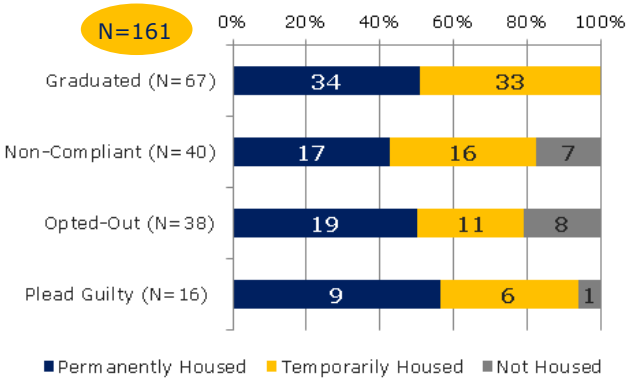
	Number of Participants
Housing Case Management	240
CHOICES - Life-Skills Classes	85
Young Adult Housing Assistance	20

The housing case management program is both popular and much-needed, given that 177 of current ADC enrollees with MIDD services (66%) were homeless when they began ADC. This percentage was a slight increase over the figure reported in each of the previous two years at 61 percent. Of the eight military veterans served, seven were homeless and six were disabled.

Outcomes

Because housing case management at ADC is funded by MIDD, housing status at exit is an important outcome. All graduates this period were successfully housed at exit. The majority of non-graduates were also able to gain housing through program participation.

Ninety Percent of ADC Exits Have Housing



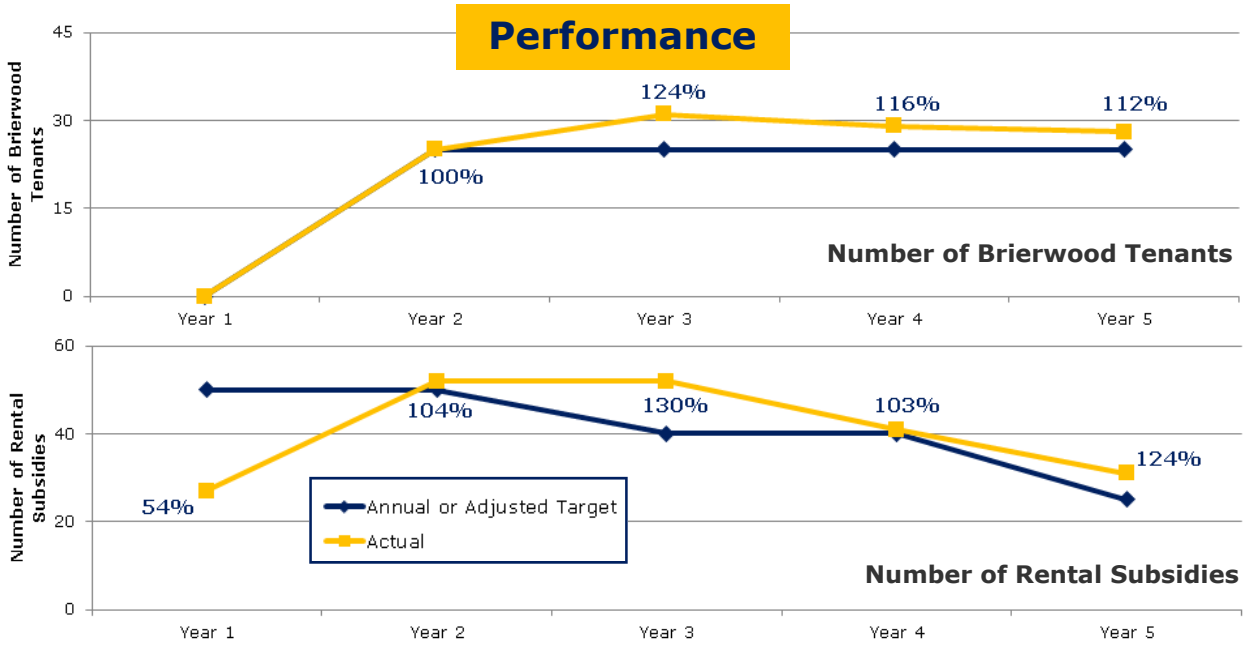
New jail bookings declined significantly over the pre period for each of the three follow-up years. The reductions averaged 43 percent.

After a 99 percent increase in jail days during the first year after their MIDD start, ADC participants eligible for a third post period recorded an average reduction of 46 percent compared to the year before they became involved with the court.

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 rental subsidies. The capacity for subsidies was decreased from 40 to 25 clients per year at the start of MIDD Year Five.

Performance



Service Highlights

Among the 28 tenants housed at Brierwood this past year, exactly half were female. Only 35 percent of those issued rental subsidies, however, were women. Gender equity may not be attainable when resources are deployed strictly on the basis of need.

Regional distribution of people in Strategy 16a, based on zip code information, was as follows: north (42%), Seattle (29%), south (20%), and unknown zip codes (9%).

Outcomes

Both short and long-term reductions in community inpatient psychiatric hospital use and days at Western State Hospital for those given housing opportunities were remarkable. See Page 56 for details. Similarly, use of Harborview's emergency department was reduced significantly (up to 54%) over time.

Reductions in jail use as high as 79 percent (by the third post period) were not found to be statistically significant because only 28 of 80 people eligible for outcomes analysis had any jail use in the periods that were compared.

17a Crisis Intervention Team/Mental Health Partnership Pilot

Updates for this strategy are unavailable at this time.

17b Safe Housing and Treatment for Children in Prostitution Pilot

Updates for this strategy are unavailable at this time.

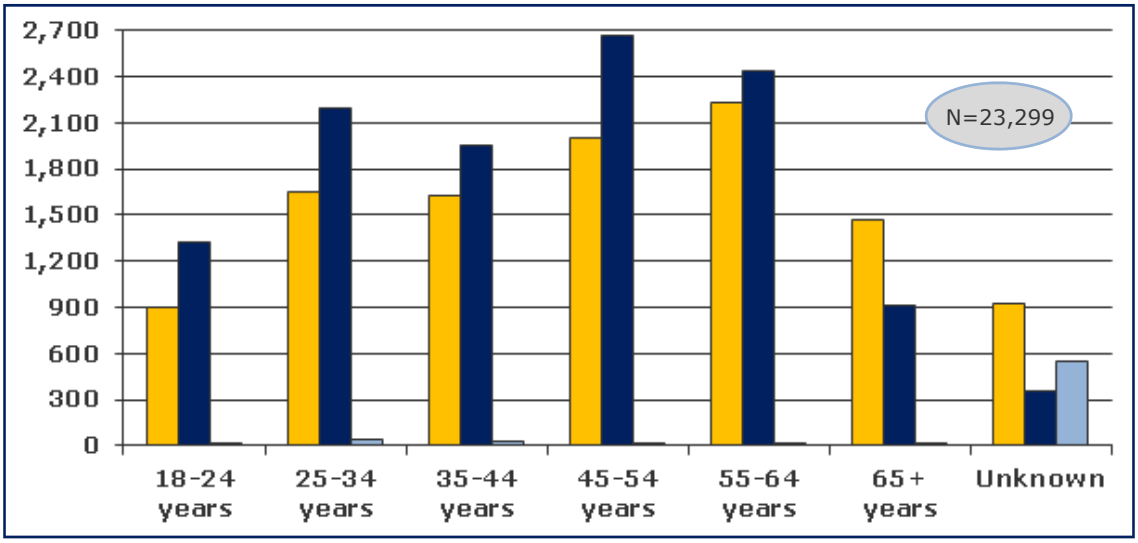
MIDD Demographic Information

Information on age group, gender, primary race, and King County region based on zip code was available for 35,828 unduplicated people who received at least one MIDD service between October 2012 and September 2013. Individuals with duplicate demographics over all reporting strategies and five data sources were counted only once in this section. The number of unduplicated people with demographics represents a 12 percent increase over the previous year.

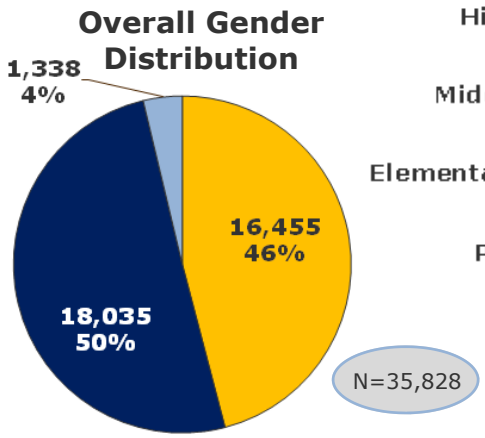
Other demographic elements, such as homelessness and languages, are not available for all strategies, but the number of valid cases is provided for each reported element.

In addition to their individual-level data which is reported in this section, duplicated demographics from MIDD Strategy 4c, Collaborative School-Based Mental Health and Substance Abuse Services, indicated that an additional 12,807 people were served in large group settings. These were people, primarily middle school-aged youth, who attended events such as assemblies, health fairs, or parent forums.

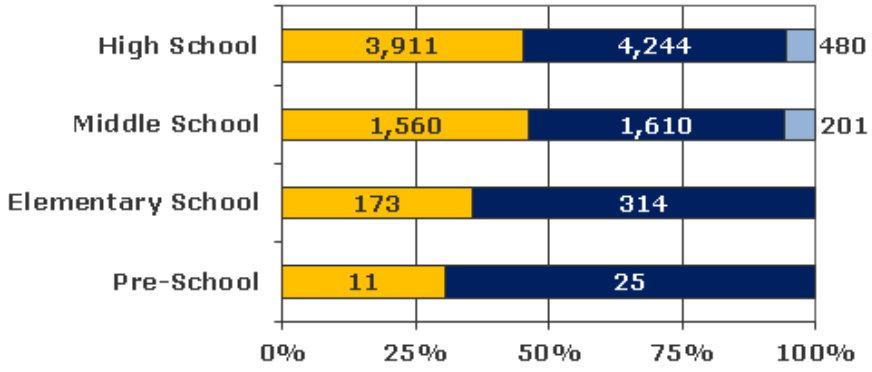
Unduplicated Gender by Age Group for Adults Receiving MIDD Services



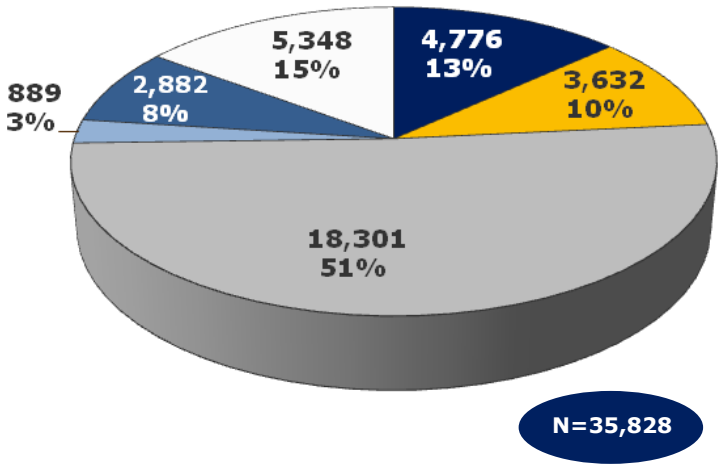
Overall Gender Distribution



Gender by School Age Grouping for Youth Receiving MIDD Services



Distribution of Primary Race

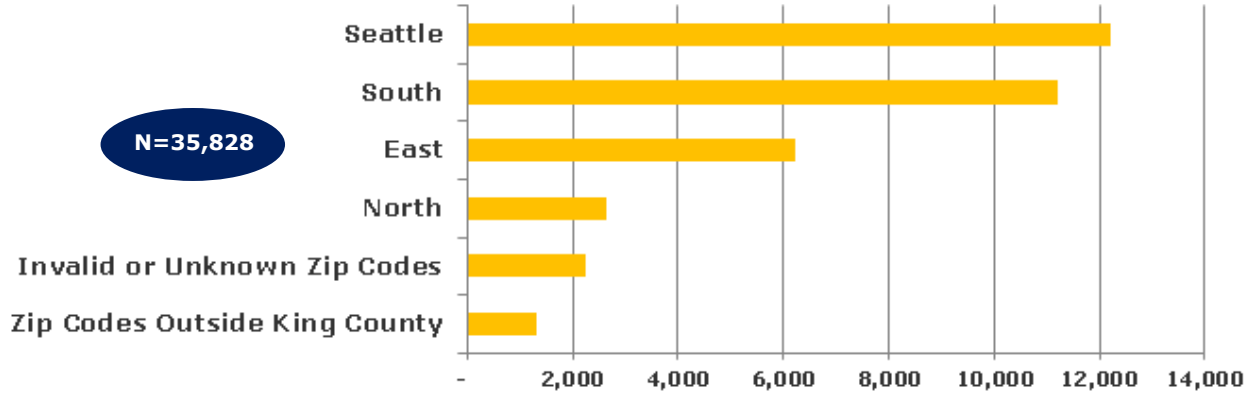


Race and Ethnicity

Hispanic origin is tracked separately from the race categories listed below and distributed graphically at left. Eleven percent of the total demographics sample indicated their ethnicity was Hispanic. The portion of each race grouping that was known to be Hispanic is shown.

	Portion Known to be Hispanic
African American/Black	2%
Asian/Pacific Islander	1%
Caucasian/White	3%
Native American	10%
Multiple Races	7%
Other/Unknown	57%

Unduplicated Individuals Served by King County Region



U.S. Military Service

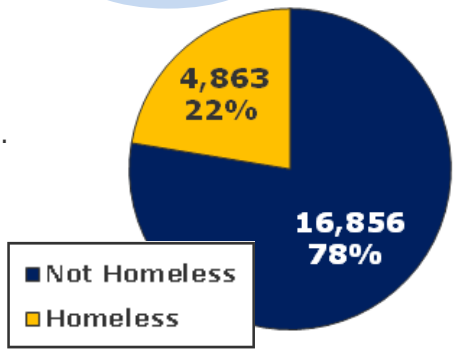
N=17,731*

At least 1,059 MIDD clients (6%) had served in the U.S. military. The top five strategies that served veterans are shown below. Adult crisis diversion (10b) edged out substance abuse treatment (1a-2) this period.

Strategy	Number
1c	291
1a-1	214
1g	120
3a	120
10b	104

Homelessness

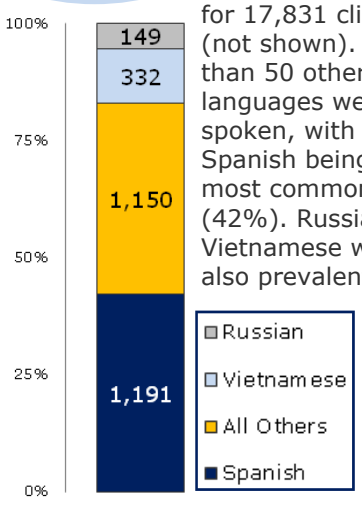
N=21,719*



Non-English Languages

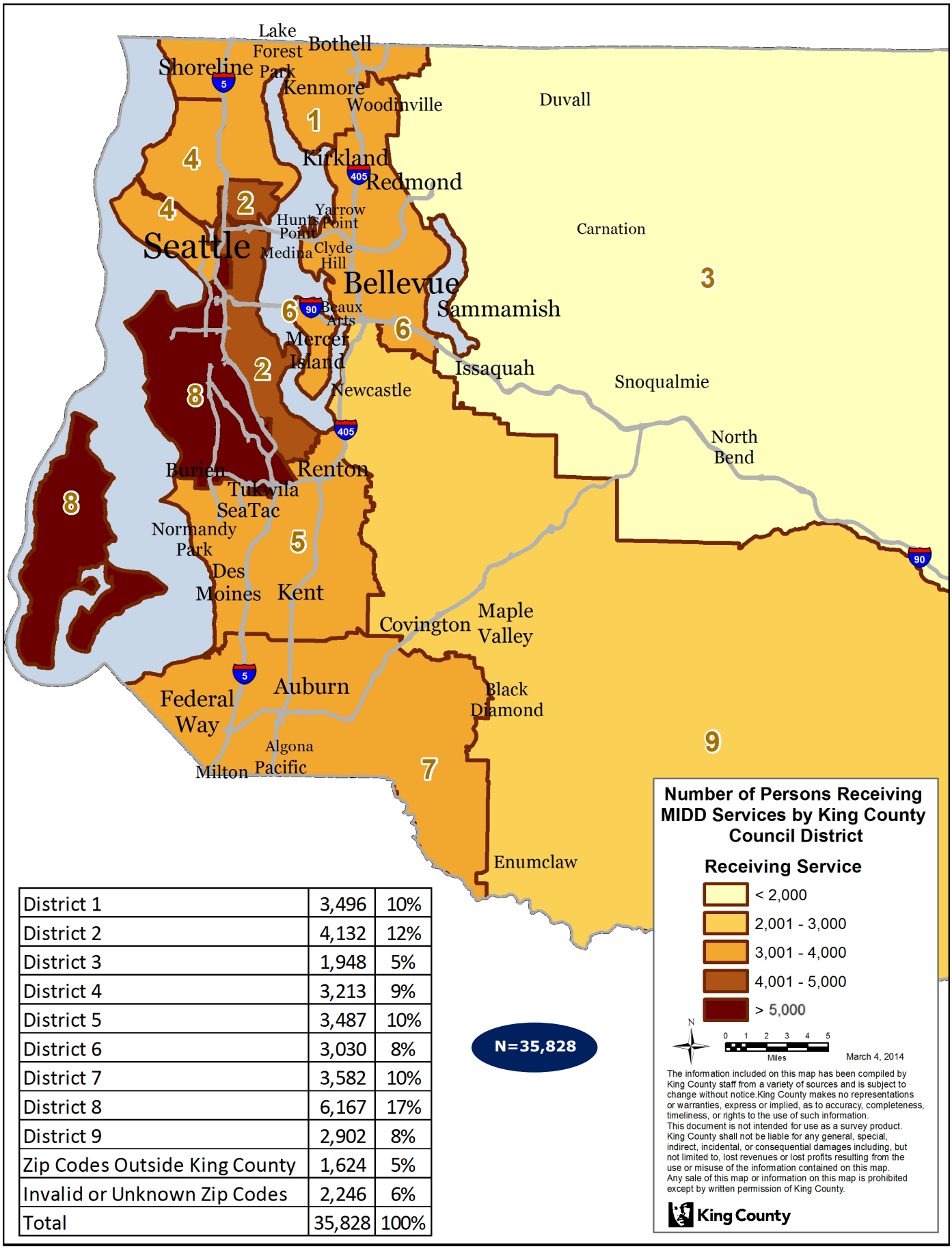
N=2,822*

English was the primary language for 17,831 clients (not shown). More than 50 other languages were spoken, with Spanish being the most common (42%). Russian and Vietnamese were also prevalent.



* These demographic elements are not provided for all strategies. The number of valid cases for each element is provided.

Mapping the MIDD



District 1	3,496	10%
District 2	4,132	12%
District 3	1,948	5%
District 4	3,213	9%
District 5	3,487	10%
District 6	3,030	8%
District 7	3,582	10%
District 8	6,167	17%
District 9	2,902	8%
Zip Codes Outside King County	1,624	5%
Invalid or Unknown Zip Codes	2,246	6%
Total	35,828	100%

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Recommendations for Plan Revisions

Modifications to the implementation, evaluation, and oversight plans for the MIDD sales tax fund are needed when more and/or better information becomes available over time. The MIDD Evaluation Plan and associated evaluation matrices were developed in May 2008 by Department of Community and Human Services, Mental Health, Chemical Abuse and Dependency Services Division staff based on the strategy-level implementation plans available at that time. When changes are made, the evaluation matrices are updated and published in the MIDD progress reports each August. For the current reporting period, proposed adjustments to performance targets and/or methods of measurement or reporting are provided below.

Strategy Number	Strategy Description	MIDD Year 6 Revised Performance Target	Explanation for Proposed Revision
1c	Emergency Room Substance Abuse Early Intervention Program	To be determined	Plans are underway to reassess the funding model for this strategy because of changes brought about by the Affordable Care Act. Strategy revisions are being considered for 2014 or 2015.
2b	Employment Services for Individuals with Mental Illness and Chemical Dependency	920 clients/yr Adjust to 700 MH clients/yr	Program funding is based on job placement and retention outcomes rather than full time equivalent (FTE) staffing. Wording in the target should remove references to FTE. The target will continue to be adjusted until the strategy is fully implemented for both MH clients and those with substance use disorders (SUD).
5a	Expand Assessments for Youth in the Juvenile Justice System	Coordinate 1,200 assessments/year Conduct 165 full SUD assessments/yr	The target for assessment coordinations should be raised to reflect the number of GAIN-SS* administered by the JJAT, as well as the number of individuals who end up being "referral only" cases. Clarification is needed to indicate that completed GAIN-SS instruments are not to be counted toward providing 165 full GAIN assessments for SUD.

* Global Appraisal of Individual Needs—Short Screeners

MIDD Financial Report

Financial information provided over the next three pages is for calendar year 2013 (January 1 through December 31, 2013). The MIDD Fund spent approximately $41.2 million in strategy funding and approximately $12.7 million in MIDD supplantation. The MIDD sales tax is strongly influenced by economic factors, but revenues were up three percent over 2012. 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. Note that strategies 13a and 14a share funds, as needed.

Mental Illness and Drug Dependency Fund - Part I

	Strategy	2013 Annual Budget	2013 Actual Year-to-Date (December 31, 2013)
1a-1	Increase Access to Community Mental Health Treatment & Club House	$ 8,520,000	$ 8,704,666
1a-2	Increase Access to Community Substance Abuse Treatment	$ 2,650,000	$ 2,681,263
1b	Outreach and Engagement to Individuals Leaving Hospitals, Jails, or Crisis Facilities	$ 495,000	$ 437,762
1c	Emergency Room Substance Abuse Early Intervention Program	$ 717,000	$ 537,943
1d	Mental Health Crisis Next Day Appointments and Stabilization Services	$ 225,000	$ 241,663
1e	Chemical Dependency Professional Education and Training	$ 655,976	$ 671,606
1f	Parent Partner and Youth Peer Support Assistance Program	$ 375,000	$ 370,000
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	$ 4,000,000
2b	Employment Services for Individuals with Mental Illness and Chemical Dependency	$ 1,000,000	$ 776,776
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	$ 1,241,649	$ 1,181,943
4d	School-Based Suicide Prevention	$ 200,000	$ 200,000
5a	Expand Assessments for Youth in the Juvenile Justice System	$ 176,938	$ 139,333
6a	Wraparound Services for Emotionally Disturbed Youth	$ 4,500,000	$ 4,143,684
7a	Reception Centers for Youth in Crisis	$ -	$ -
7b	Expansion of Children's Crisis Outreach Response Service System	$ 500,000	$ 498,730
8a	Expand Family Treatment Court Services and Support to Parents	$ 81,250	$ 75,000
9a	Expand Juvenile Drug Court Treatment (See Part II)	$ -	$ -
10a	Crisis Intervention Team Training for First Responders	$ 763,747	$ 536,310
10b	Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team	$ 6,100,000	$ 5,379,412
11a	Increase Jail Liaison Capacity	$ 80,000	$ 70,834
11b	Increase Services for New or Existing Mental Health Court Programs	$ 545,282	$ 479,352
12a	Jail Re-Entry Program Capacity Increase	$ 320,000	$ 312,315
12b	Hospital Re-Entry Respite Beds	$ 508,500	$ 508,000
12c	Increase Harborview's Psychiatric Emergency Services Capacity to Link Individuals to Community Services upon ER Discharge	$ 200,000	$ 199,919
12d	Behavior Modification Classes for CCAP Clients	$ 75,000	$ 75,000
13a	Domestic Violence and Mental Health Services	$ 250,000	$ 309,913
13b	Domestic Violence Prevention	$ 224,000	$ 205,348
14a	Sexual Assault, Mental Health, and Chemical Dependency Services	$ 400,000	$ 320,723
15a	Drug Court: Expansion of Recovery Support Services	$ 103,778	$ 100,855
16a	New Housing Units and Rental Subsidies	$ -	$ -
	Sexual Assault Supplantation	$ 362,000	$ 362,000
	MIDD Administration	**$ 3,081,384**	**$ 2,361,243**
	Personnel	$ 3,081,384	$ 1,312,932
	Other Costs	$ -	$ 1,048,311
	Total MIDD Operating Dollars	**$ 41,116,504**	**$ 38,646,591**
	Percentage of Appropriation		**93.99%**

Mental Illness and Drug Dependency Fund - Part II

	Other MIDD Funds (Separate Appropriation Units)	2013 Annual Budget	2013 Actual Year-to-Date (December 31, 2013)
	Department of Judicial Administration	**$ 136,595**	**$ 121,461**
15a	Drug Court: Expansion of Recovery Support Services	$ 136,595	$ 121,461
	Prosecuting Attorney's Office	**$ 126,737**	**$ 131,641**
11b	Increase Services for New or Existing Mental Health Court Programs	$ 126,737	$ 131,641
	Superior Court	**$ 1,122,519**	**$ 1,625,872**
5a	Expand Assessments for Youth in the Juvenile Justice System	$ 226,798	$ 1,117
8a	Expand Family Treatment Court Services and Support to Parents	$ 329,369	$ 1,616,333
9a	Expand Juvenile Drug Court Treatment	$ 566,352	$ 8,422
	Sheriff Pre-Booking Diversion	**$ 139,785**	**$ 148,643**
10a	Crisis Intervention Team Training for First Responders	$ -	$ -
	Sheriff MIDD	$ 139,785	$ 148,643
	Office of Public Defense	**$ 454,412**	**$ 346,113**
8a	Expand Family Treatment Court Services and Support to Parents	$ 101,600	$ 101,600
9a	Expand Juvenile Drug Court Treatment	$ 43,665	$ 43,657
11b	Increase Services for New or Existing Mental Health Court Programs	$ 309,147	$ 200,856
	District Court	**$ 329,973**	**$ 186,882**
11b	Increase Services for New or Existing Mental Health Court Programs	$ 329,973	$ 186,882
	Total Other MIDD Funds	**$ 2,310,021**	**$ 2,560,611**
	Percentage of Appropriation		**110.85%**
	Total All MIDD Funds	**$ 43,426,525**	**$ 41,207,202**

Mental Illness and Drug Dependency Fund Total Revenues and Expenditures

	2013 Annual Budget	2013 Actual Year-to-Date (December 31, 2013)
Revenue		
MIDD Tax	$ 46,110,659	$ 47,060,335
Streamlined Mitigation		$ 616,714
Investment Interest - Gross	$ 56,168	$ 66,535
Cash Management Svcs Fee		$ (998)
Invest Service Fee - Pool		$ (3,577)
Unrealized Gain/Loss		$ (67,100)
Total Revenues	**$ 46,166,827**	**$ 47,671,909**
Total MIDD Funds	$ 43,426,525	$ 41,207,202
Total MIDD Supplantation	$ 14,047,603	$ 12,678,758
Total Expenditures	**$ 57,474,128**	**$ 53,885,960**
Expenditures Over Revenues	**$ (11,307,301)**	**$ (6,214,051)**

Mental Illness and Drug Dependency Fund - Supplantation

Strategy	2013 Annual Budget	2013 Actual Year-to-Date (December 31, 2013)
Other MIDD Funds		
Department of Judicial Administration	**$ 1,382,907**	**$ 1,201,381**
Adult Drug Court Base	$ 1,382,907	$ 1,201,381
Prosecuting Attorney's Office	**$ 1,111,149**	**$ 776,033**
Adult Drug Court Base	$ 652,261	$ 567,159
Juvenile Drug Court Base	$ 121,778	$ 121,778
Mental Health Court Base	$ 337,110	$ 87,096
Superior Court	**$ 501,856**	$ -
Adult Drug Court Base	$ 170,102	$ -
Juvenile Drug Court Base	$ 31,704	$ -
Family Treatment Court Base	$ 300,050	$ -
Office of Public Defense	**$ 1,270,876**	**$ 1,271,032**
Adult Drug Court Base	$ 724,625	$ 724,379
Juvenile Drug Court Base	$ 43,665	$ 43,657
Mental Health Court Base	$ 350,186	$ 350,596
Family Treatment Court Base	$ 152,400	$ 152,400
District Court	**$ 696,425**	**$ 689,372**
Mental Health Court Base	$ 696,425	$ 689,372
Department of Adult and Juvenile Detention	**$ 329,464**	**$ 329,464**
Community Center for Alternate Programs (CCAP)	$ 28,644	$ 28,644
Juvenile MH Treatment	$ 300,820	$ 300,820
Jail Health Services	**$ 3,804,265**	**$ 3,499,923**
Psychiatric Services	$ 3,804,265	$ 3,499,923
Total Other MIDD Funds	**$ 9,096,942**	**$ 7,767,205**
Percentage of Appropriation		**85.38%**
MH & SA MIDD Supplantation	**$ 4,950,661**	**$ 4,911,553**
SA Administration	$ 399,738	$ 399,738
SA Criminal Justice Initiative	$ 986,584	$ 1,025,157
SA Contracts	$ 121,757	$ 124,274
SA Housing Voucher Program	$ 630,995	$ 572,430
SA Emergency Service Patrol	$ 600,000	$ 588,914
SA CCAP	$ 472,981	$ 449,922
MH Co-Occurring Disorders Tier	$ 800,000	$ 790,658
MH Recovery	$ 225,000	$ 202,115
MH Juvenile Justice Liaison	$ 90,000	$ 90,000
MH Crisis Triage Unit	$ 263,606	$ 291,117
MH Functional Family Therapy	$ 272,000	$ 281,038
MH Mental Health Court Liaison	$ 88,000	$ 96,190
Total Other MH/SA MIDD Supplantation Funds	**$ 4,950,661**	**$ 4,911,553**
Percentage of Appropriation		**99.21%**
Total MIDD Supplantation Dollars	**$ 14,047,603**	**$ 12,678,758**
Percentage of Appropriation		**90.26%**

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
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		
EvergreenHealth	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																					
LifeWire	MIDD																															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				
Ryther Child Center	MH & CD	x					x																															
Sea Mar	MH & CD	x	x				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

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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 substance abuse treatment, formerly known as chemical dependency (CD) 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 5 Targets	Continued Services from Prior Year(s)	New in Year 5	Year 5 Totals [1]	Percent of Year 5 Target	Target Success Rating
1a-1	MH Treatment	2,400 clients/yr	3,376	1,236	4,612	192%	↑
1a-2	Substance Abuse Treatment	50,000 adult OP units	N/A	31,409 adult OP units		63% [2]	↓
		4,000 youth OP units		4,254 youth OP units		106%	↑
		70,000 OTP units		88,189 OTP units		126%	↑
1b	Outreach & Engagement	675 clients/yr	667	679	1,346	199% [3]	↑
1c	Substance Abuse Emergency Room Intervention	6,400 screens/yr (8 FTE) **Adjust to 5,600 screens/yr (7 FTE)**	N/A	4,422 screens		79% (Adjusted)	→
		4,340 brief interventions (BI)/yr (8 FTE) **Adjust to 3,798 BI/yr (7 FTE)**		3,488 brief interventions		92% (Adjusted)	↑
1d	MH Crisis Next Day Appts	750 clients/yr with enhanced services **Adjust to 285 for 62% reduction in funding/capacity**	21	270	291	102% (Adjusted)	↑
1e	Training for CD Professionals	125 reimbursed trainees/yr	151	223	374	299%	↑
		250 workforce development trainees/yr	N/A	409 (20 trainings)	409	164%	↑
1f	Parent Partners Family Assistance [4]	400 clients/yr [5]	N/A	N/A	N/A	N/A	N/A
1g	Older Adults Prevention MH & Substance Abuse	2,500 clients/yr (7.4 FTE) **Adjust to 2,196 clients/yr (6.5 FTE)**	1,731	2,500	4,231	193% (Adjusted)	↑
1h	Older Adults Crisis & Service Linkage	340 clients/yr (4.6 FTE) **Adjust to 258 clients/yr (3.5 FTE)**	43	392	435	169% (Adjusted)	↑
2a	MH Workload Reduction	16 agencies participating	17	0	17	106%	↑
2b	Employment Services MH & Substance Abuse	920 clients/yr (23 FTE) **Adjust to 700 clients/yr (17.5 FTE)**	463	421	884	126% (Adjusted)	↑
3a	Supportive Housing	614 clients for MIDD Year Five	549	238	787	128%	↑
13a	Domestic Violence MH Services	560-640 clients/yr	198	385	583	104%	↑
14a	Sexual Assault MH Services	170 clients/yr	166	247	413	243% [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 Five.

[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] Minimal data for this strategy were available for the reporting period. All cases will be included in MIDD Year Six reporting.

[5] Revised target provided to Council in transmittal of Progress Report on 10/2/2013.

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 5 Targets	Continued Services from Prior Year(s)	New in Year 5	Year 5 Totals [1]	Percent of Year 5 Target	Target Success Rating
4a	Parents in Recovery Services [2]	400 parents/yr	N/A	N/A	N/A	N/A	N/A
4b	Substance Abuse 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) **Adjust to 1,550 youth/yr (13 programs)**	394	at least 1,116 [3]	1,510	97% (Adjusted)	↑
4d	Suicide Prevention Training	1,500 adults/yr 3,250 youth/yr	N/A	1,746 adults 8,634 youth		116% 266% [4]	↑ ↑
5a	Juvenile Justice Assessments	Coordinate 500 assessments/yr Provide 200 psychological services/yr Conduct 140 MH assessments Conduct 165 substance abuse assessments	N/A	1,467 coordinations for 887 unique youth 186 psychological services 123 MH assessments 291 substance abuse assessments		293% 93% 88% 176%	↑ ↑ ↑ ↑
6a	Wraparound	450 enrolled youth/yr	323	312	635	141%	↑
7a	Youth Reception Centers [2]	TBD	N/A	N/A	N/A	N/A	N/A
7b	Expand Youth Crisis Services	300 youth/yr	96	863	959	320% [4]	↑
8a	Family Treatment Court Expansion	No more than 90 children per year [5] No more than 60 children at one time	N/A	90 children (in MIDD Year 5) 60 average daily maximum		100% 100%	↑ ↑
9a	Juvenile Drug Court Expansion	36 **new** youth/yr (up to 5.5 FTE)	53	63 new opt-ins 21 new pre opt-ins	137	233% (Total new)	↑
13b	Domestic Violence Prevention	85 families/yr	84	51	135 unique families	159%	↑

[1] Unduplicated counts per strategy of those receiving at least one service during reporting period, unless otherwise indicated.
[2] This strategy was not implemented 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] Program is operating at capacity, so service cap is being monitored. The cap was not exceeded during any *calendar* year.

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 5 Targets	Continued Services from Prior Year(s)	New in Year 5	Year 5 Totals [1]	Percent of Year 5 Target	Target Success Rating
10a	Crisis Intervention Team Training	180 trainees/yr (40-hour) 300 trainees/yr (One-day) 150 trainees/yr (Other) [2]	N/A	251 (40-hour) 268 (One-day) 163 (Other CIT programs) [3]		139% 89% 109%	↑ ↑ ↑
10b	Adult Crisis Diversion	3,000 adults/yr	113	2,240	2,353 [3]	78%	→
11a	Increase Jail Liaison Capacity	200 clients/yr **Adjust to 100 clients due to staff vacancies**	8	61	69	69% (Adjusted)	→
11b	MH Court Expansion	57 new opt-in clients/yr (9 FTE) for Regional MHC [4]	N/A	53 new opt-ins		93%	↑
		300 clients/yr (1 FTE) for Seattle MHC [4]	32	286	318 screened candidates	106%	↑
12a	Jail Re-Entry Capacity Increase	300 clients/yr (3 FTE)	53	160	213	71%	→
	CCAP Education Classes	600 clients/yr	65	455	520 [3]	87%	↑
12b	Hospital Re-Entry Respite Beds	350-500 clients/yr	54	341	395	113%	↑
12c	PES Link to Community Services	75-100 clients/yr	36	68	104	139%	↑
12d	Behavior Modification for CCAP	100 clients/yr	46	116	162	162%	↑
15a	Adult Drug Court Expansion	250 clients/yr	124	144	268	107%	↑
16a	New Housing and Rental Subsidies	25 rental subsidies/yr [4] Tenants in 25 capitally-funded beds without MIDD-funded support services through Strategy 3a	25 22	6 6	31 (rental subsidies) 28 tenants (Brierwood)	124% 112%	↑ ↑
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] Other trainings included: Youth, Youth (Train the Trainer), Force Options, and Executive Roundtable.
[3] Not unduplicated - individuals are counted once for participation in each different program component.
[4] Revised targets accepted by Council in motion of acceptance on May 6, 2013.

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: Substance Abuse Symptom Reduction in Youth

Overview

Fifteen agencies within King County's substance abuse treatment network provided Global Appraisal of Individual Needs (GAIN) data from youth they served between October 2010 and September 2013. The GAIN was being rolled out into the King County youth treatment system during this time, starting with baseline assessment requirements. Follow-up GAIN data were not required until July 2012. The GAIN instruments contain many items useful for tracking changes in substance use and substance abuse symptomology over time. Data were available for about one third of the 3,166 MIDD youth eligible for outcomes analysis at this time; however, only about 10 percent of these youth (340) had GAIN scores for two different points in time, comprising the useable sample. Youth served in multiple MIDD strategies were included only one time. The cases kept were distributed as shown in the table below.

MIDD Strategy	Male		Female	
1a-2a– Substance Abuse Treatment	147	43%	48	14%
5a – Juvenile Justice Youth Assessments	92	27%	47	14%
9a – Juvenile Drug Court Expansion	6	2%	0	0%

The average number of days between a person's MIDD start and their first GAIN was 34 days. The first and last GAIN were typically about 10 months apart, although the range varied from 33 days to over two years. Baseline characteristics of the cases analyzed included the following:

- 175 of 331 (55%) had experienced recent violence
- 107 of 332 (32%) had previous drug/alcohol treatment admissions
- 32 of 149 (21%) had emergency room visits for drugs or alcohol
- 56 of 331 (17%) were homeless in the year before their initial GAIN
- 50 of 327 (15%) had contemplated suicide.

Which Substance Do You Like to Use the Most?

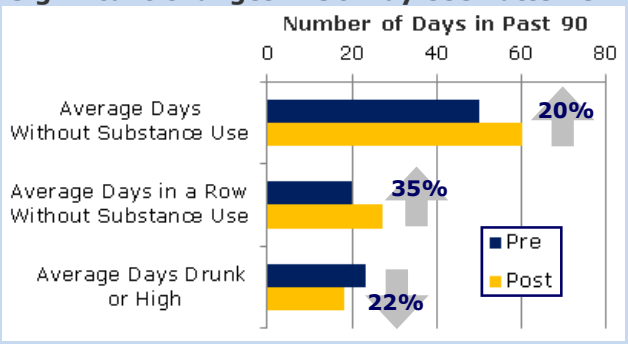
As previously found in a summary of baseline data for 159 youth served in MIDD Strategy 5a (published in August 2012), over 70 percent of MIDD youth in both samples favored marijuana as their drug of choice. Alcohol was the substance that another 12 percent of youth said they liked to use the most. Fewer than 10 individuals indicated that any other drugs such as opioids, methamphetamine, or cocaine were their favorite. At the time of their initial GAIN, 116 youth (34%) did not feel they needed treatment for their indicated drug of choice. By their last GAIN, only 66 of the 116 youth who initially did not think they needed treatment (57%) still held that belief. Of the 50 youth who changed their minds, 28 (56%) decided they needed treatment for marijuana, seven (14%) for methamphetamine, and four each (8%) for alcohol and opioids. It is possible that treatment helps youth overcome denial.

Past 90 Day Use of Substances and Changes in Use Over Time

During initial GAIN assessments, 112 of 340 youth (33%) reported no alcohol use in the past 90 days compared to only 47 (14%) who had no marijuana use. Of the 228 youth with any alcohol use, 130 of them (57%) reduced their frequency of use over time. For the 293 youth who used marijuana, their average days of use in the past 90 days fell significantly from 40 (pre) to 33 (post).

Days without any drug or alcohol use in the past 90 rose from an average of 50 days to 60 between the initial and subsequent GAIN for 329 individuals with paired data. This represents a 20 percent increase in "clean" days. Days in a row without drug use over the past 90 (N=255) rose from an average of 20 to 27, an increase of 35 percent. At the same time, the number of days drunk or high in the past 90 fell 22 percent, from 23 to 18, on average, for the 259 youth with paired data. These three findings were statistically significant. Days in the past 90 where drug and alcohol problems kept youth from meeting their responsibilities for school, work, or home remained fairly steady over time at about nine days. The number of youth reporting abstinence from substances rose from 22 to 60, a 173 percent increase.

Significant Changes in 90-Day Use Patterns



Appendix III: Detailed Outcome Findings for Eligible Samples

Utilization of Community Inpatient Psychiatric Hospitals in Descending Order of Average Use

	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	
16a—New Housing & Rental Subsidies	117	69	59%	103	64	62%	80	45	56%*
10b3—Crisis Diversion Interim Svcs	67	26	39%	-	-	-	-	-	-
10b2—Crisis Diversion Facility	116	43	37%	-	-	-	-	-	-
10b1—Mobile Crisis Team	177	59	33%	-	-	-	-	-	-
12c—PES Link to Community Services	340	106	31%	295	76	26%*	221	59	27%
7b—Youth Crisis Services	951	184	19%	-	-	-	-	-	-
3a—Supportive Housing	705	123	15%	510	89	17%	229	33	14%
1d—MH Crisis Next Day Appointments	2,326	418	18%	2,122	299	14%*	1,750	217	12%*
12b—Hospital Re-Entry Respite Beds	297	39	13%	-	-	-	-	-	-
1a-1b—Clubhouse Only	153	18	12%	-	-	-	-	-	-
1a-1—MH Treatment	6,775	824	12%	4,547	536	12%	3,623	396	11%
1h—Older Adults Crisis & Service Linkage	1,448	112	8%	1,146	40	3%*	754	16	2%*
1b—Outreach & Engagement	3,314	168	5%	2,562	109	4%	1,705	61	4%

* NOTE: Percentages indicate a substantial change from those reported previously. Improved logic more accurately reflects the subsample with use. Previous logic included those with use, but outside the time period of interest. For example, those with use only in the Second Post Period were inaccurately included in the Pre to Third Post subsample with use.

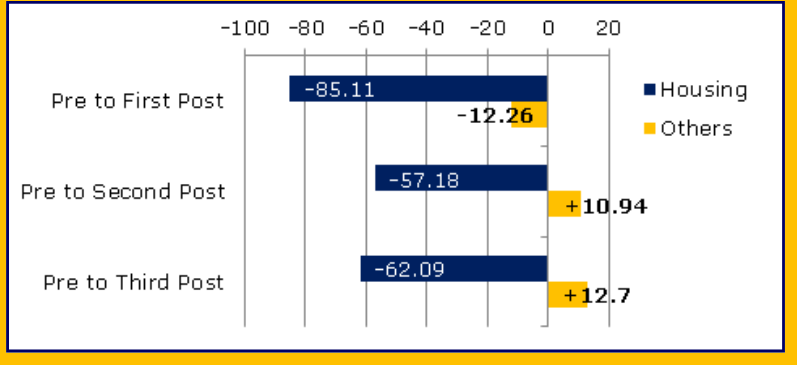
Change in Average Days Hospitalized Over Each Time Period in Order of Greatest Reductions

	Pre to First Post			Pre to Second Post			Pre to Third Post		
	Pre	Post 1	Change	Pre	Post 2	Change	Pre	Post 3	Change
12c—PES Link to Community Services	19.98	19.84	-1%	23.24	10.78	-54%	25.61	8.76	-66%
1a-1—MH Treatment	20.28	11.07	-45%	20.49	8.82	-57%	20.42	8.37	-59%
16a—New Housing & Rental Subsidies	44.16	24.35	-45%	39.25	17.56	-55%	40.80	19.33	-53%
3a—Supportive Housing	30.72	17.83	-42%	29.27	13.97	-52%	24.64	25.79	5%
1d—MH Crisis Next Day Appointments	8.69	12.66	46%	11.21	9.60	-14%	12.65	8.21	-35%
1b—Outreach & Engagement	8.71	12.58	44%	9.84	11.81	20%	10.39	6.88	-34%
10b2—Crisis Diversion Facility	17.74	17.42	-2%	-	-	-	-	-	-
12b—Hospital Re-Entry Respite Beds	9.67	11.51	19%	-	-	-	-	-	-
10b3—Crisis Diversion Interim Svcs	16.96	25.58	51%	-	-	-	-	-	-
10b1—Mobile Crisis Team	10.92	27.93	156%	-	-	-	-	-	-
7b—Youth Crisis Services	4.89	14.81	203%	-	-	-	-	-	-
1h—Older Adults Crisis & Service Linkage	4.13	24.44	492%	5.75	31.30	444%	-	-	-
1a-1b—Clubhouse Only	-	-	-	-	-	-	-	-	-

Statistically significant decreases within subjects are blue. Statistically significant increases within subjects are yellow. NOTE: No results if <20 cases.

MIDD Housing Strategies Associated with Greater Reductions in Western State Hospital (WSH) Days Than Other MIDD Strategies

A total of 320 MIDD participants had at least one hospitalization in the analysis timeframe at WSH, a large psychiatric facility run by the state. Average reductions in days at WSH by those in supportive housing (3a and 16a) were compared to average reductions/ increases for all other relevant strategies combined (see lists above). These differences were found to be statistically significant using independent samples t-testing.



Utilization of Jail by Adults Over 19 Years at MIDD Start in Descending Order of Average Use

	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	
11b1—Municipal MH Court	268	253	94%	-	-	-	-	-	-
12a-1—Jail Re-Entry Capacity	782	719	92%	584	519	89%	417	356	85%
12d—Behavior Modification at CCAP	337	298	88%	193	164	85%	87	73	84%
15a—Adult Drug Court	508	449	88%	386	323	84%	250	204	82%
11a—Increase Jail Liaison Capacity	608	496	82%	411	323	79%	265	194	73%
12a-2—CCAP Education Classes	1,383	1,063	77%	842	643	76%	472	338	72%
11b2—Regional MH Court	224	168	75%	127	97	76%	-	-	-
12c—PES Link to Community Services	338	194	57%	293	170	58%	220	131	60%
8a—Family Treatment Court	118	61	52%	79	46	58%	51	28	55%
1a-2a—Outpatient CD Treatment	6,343	3,420	54%	5,208	2,740	53%	3,904	2,008	51%
3a—Supportive Housing	705	346	49%	510	243	48%	229	104	45%
12b—Hospital Re-Entry Respite Beds	297	127	48%	-	-	-	-	-	-
10b1—Mobile Crisis Team	175	76	43%	-	-	-	-	-	-
1b—Outreach & Engagement	3,302	1,365	41%	2,553	1,047	41%	1,700	644	38%
10b2—Crisis Diversion Facility	115	46	40%	-	-	-	-	-	-
16a—New Housing & Rental Subsidies	117	44	38%	103	40	39%	80	28	35%
1a-2b—Opiate Treatment Program	1,641	581	35%	1,348	480	36%	1,194	402	34%
10b3—Crisis Diversion Interim Svcs	67	23	34%	-	-	-	-	-	-
1c—Emergency Room Intervention	11,041	3,063	28%	7,195	2,055	29%	4,209	1,234	29%
1d—MH Crisis Next Day	2,303	624	27%	2,102	540	26%	1,733	426	25%
1a-1—MH Treatment	5,604	1,061	19%	3,719	667	18%	2,971	498	17%

Change in Average Number of Days Jailed Over Each Time Period in Order of Greatest Reductions

	Pre to First Post			Pre to Second Post			Pre to Third Post		
	Pre	Post 1	Change	Pre	Post 2	Change	Pre	Post 3	Change
16a—New Housing & Rental Subsidies	44.84	25.30	-44%	49.28	40.93	-17%	46.11	9.89	-79%
3a—Supportive Housing	55.24	27.02	-51%	60.84	25.35	-58%	49.38	25.26	-49%
12a-1—Jail Re-Entry Capacity	81.41	62.50	-23%	83.98	54.40	-35%	85.12	38.69	-55%
1a-1—MH Treatment	47.38	33.36	-30%	48.10	27.55	-43%	47.17	22.51	-52%
1a-2a—Outpatient CD Treatment	33.84	22.20	-34%	34.69	19.93	-43%	33.52	17.30	-48%
10b3—Crisis Diversion Interim Svcs	38.83	20.04	-48%	-	-	-	-	-	-
15a—Adult Drug Court	32.76	65.57	+99%	35.71	28.22	-21%	38.10	20.58	-46%
1a-2b—Opiate Treatment Program	32.20	24.59	-24%	32.57	19.18	-41%	30.24	18.56	-39%
1d—MH Crisis Next Day Appointments	34.90	26.81	-23%	39.32	25.89	-34%	43.11	25.40	-41%
12a-2—CCAP Education Classes	38.41	47.96	+25%	40.11	34.35	-14%	42.99	25.67	-40%
11a—Increase Jail Liaison Capacity	42.98	46.67	+9%	42.01	34.72	-17%	42.78	27.00	-37%
8a—Family Treatment Court	17.51	12.84	-27%	13.35	16.98	+27%	17.18	14.36	-16%
12d—Behavior Modification at CCAP	38.21	50.85	+33%	39.81	37.11	-7%	38.23	28.34	-26%
1b—Outreach & Engagement	30.88	30.38	-2%	31.70	29.64	-6%	31.15	23.42	-25%
1c—Emergency Room Intervention	29.30	32.14	+10%	31.16	30.13	-3%	32.60	27.24	-16%
12c—PES Link to Community Services	33.30	35.92	+8%	36.88	32.32	-12%	39.45	36.27	-8%
10b2—Crisis Diversion Facility	26.28	26.78	+2%	-	-	-	-	-	-
12b—Hospital Re-Entry Respite Beds	25.86	27.63	+7%	-	-	-	-	-	-
11b1—Municipal MH Court	35.95	40.31	+12%	-	-	-	-	-	-
11b2—Regional MH Court	40.54	46.05	+14%	41.11	51.49	+25%	-	-	-
10b1—Mobile Crisis Team	21.72	31.74	+46%	-	-	-	-	-	-

Statistically significant decreases within subjects are blue. Statistically significant increases within subjects are yellow. NOTE: No results if <20 cases.

Overall Use of Harborview Medical Center's Emergency Department (ED) Drops Over Time

As shown in the table below, several MIDD strategies share close ties with Harborview Medical Center in Seattle, WA. More than three of every four participants in strategies 10b3, 12b, and 12c had visited Harborview's ED in the year before and/or after their MIDD start. By contrast, low percentages of the people served in MIDD strategies 7b, 1h, and 1g used this facility. Regardless of how many people in each strategy had utilized the ED here, by the third post period, all 11 strategies with data eligible for analysis showed statistically significant reductions in the average number of visits, ranging from 23 percent to 77 percent fewer. Of the 5,799 people in these 11 strategies who had at least one visit in the year prior to their MIDD start, 1,485 of them (26%) reduced their use of Harborview's ED to zero visits for all three subsequent years analyzed (see graphic on the bottom of Page 59).

	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	
12c—PES Link to Community Services	340	321	94%	295	281	95%	221	213	96%
12b—Hospital Re-Entry Respite Beds	297	258	87%	-	-	-	-	-	-
10b3—Crisis Diversion Interim Svcs	67	53	79%	-	-	-	-	-	-
1c—Emergency Room Intervention	11,290	8,236	73%	7,353	3,865	53%	4,307	2,465	57%
10b2—Crisis Diversion Facility	116	80	69%	-	-	-	-	-	-
10b1—Mobile Crisis Team	177	117	66%	-	-	-	-	-	-
3a—Supportive Housing	705	466	66%	510	329	65%	229	138	60%
16a—New Housing & Rental Subsidies	117	68	58%	103	61	59%	80	48	60%
1d—MH Crisis Next Day Appointments	2,326	1,322	57%	2,122	1,128	53%	1,750	900	51%
1b—Outreach & Engagement	3,314	1,542	47%	2,562	1,099	43%	1,705	711	42%
1a-2b—Opiate Treatment Program	1,645	555	34%	1,351	449	33%	1,197	407	34%
1a-1—MH Treatment	6,775	1,510	22%	4,547	995	22%	3,623	768	21%
1a-2a—Outpatient CD Treatment	7,586	1,541	20%	6,224	1,215	20%	4,692	933	20%
1a-1b—Clubhouse Only	153	27	18%	-	-	-	-	-	-
1g—Older Adults Prevention MH & Substance Abuse	7,175	1,174	16%	5,208	849	16%	3,311	480	14%
1h—Older Adults Crisis & Service Linkage	1,448	169	12%	1,146	114	10%	754	60	8%
7b—Youth Crisis Services	951	89	9%	-	-	-	-	-	-

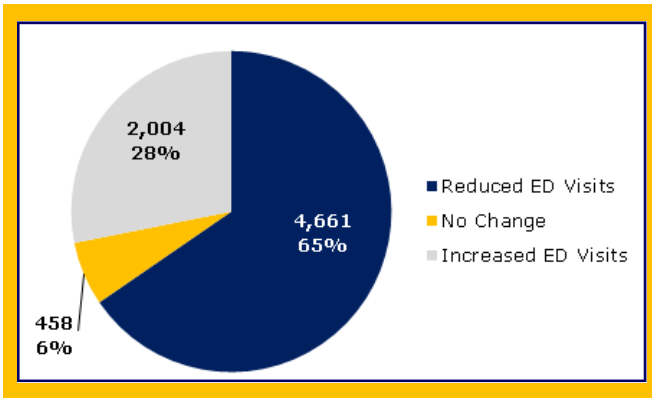
Change in Average Number of ED Visits Over Each Time Period in Order of Greatest Reductions

	Pre to First Post			Pre to Second Post			Pre to Third Post		
	Pre	Post 1	Change	Pre	Post 2	Change	Pre	Post 3	Change
1h—Older Adults Crisis & Service Linkage	1.25	1.33	+6%	1.55	0.89	-43%	1.67	0.38	-77%
12c—PES Link to Community Services	11.25	8.78	-22%	11.14	4.27	-62%	11.70	4.24	-64%
1d—MH Crisis Next Day Appointments	1.72	1.71	-1%	1.89	1.07	-43%	1.97	0.84	-57%
16a—New Housing & Rental Subsidies	1.73	1.29	-25%	1.67	1.02	-39%	1.79	0.83	-54%
3a—Supportive Housing	4.36	2.38	-45%	4.24	2.17	-49%	3.80	2.05	-46%
1a-1—MH Treatment	1.76	1.37	-22%	1.80	1.18	-34%	1.75	1.08	-38%
1c—Emergency Room Intervention	1.57	2.63	+68%	2.42	1.74	-28%	2.55	1.63	-36%
1g—Older Adults Prevention MH & Substance Abuse	1.36	1.23	-10%	1.42	1.00	-30%	1.50	1.00	-33%
1a-2a—Outpatient CD Treatment	1.68	1.38	-18%	1.77	1.19	-33%	1.84	1.35	-27%
1a-1b—Clubhouse Only	2.07	1.48	-29%	-	-	-	-	-	-
1b—Outreach & Engagement	2.21	2.55	+15%	2.23	1.91	-14%	2.16	1.58	-27%
1a-2b—Opiate Treatment Program	1.66	1.67	+1%	1.74	1.59	-9%	1.65	1.28	-23%
10b3—Crisis Diversion Interim Svcs	2.70	3.09	+14%	-	-	-	-	-	-
7b—Youth Crisis Services	0.66	0.76	+15%	-	-	-	-	-	-
12b—Hospital Re-Entry Respite Beds	3.50	4.16	+19%	-	-	-	-	-	-
10b2—Crisis Diversion Facility	3.01	3.74	+24%	-	-	-	-	-	-
10b1—Mobile Crisis Team	3.16	4.64	+47%	-	-	-	-	-	-

Statistically significant decreases within subjects are blue. Statistically significant increases within subjects are yellow. NOTE: No results if <20 cases.

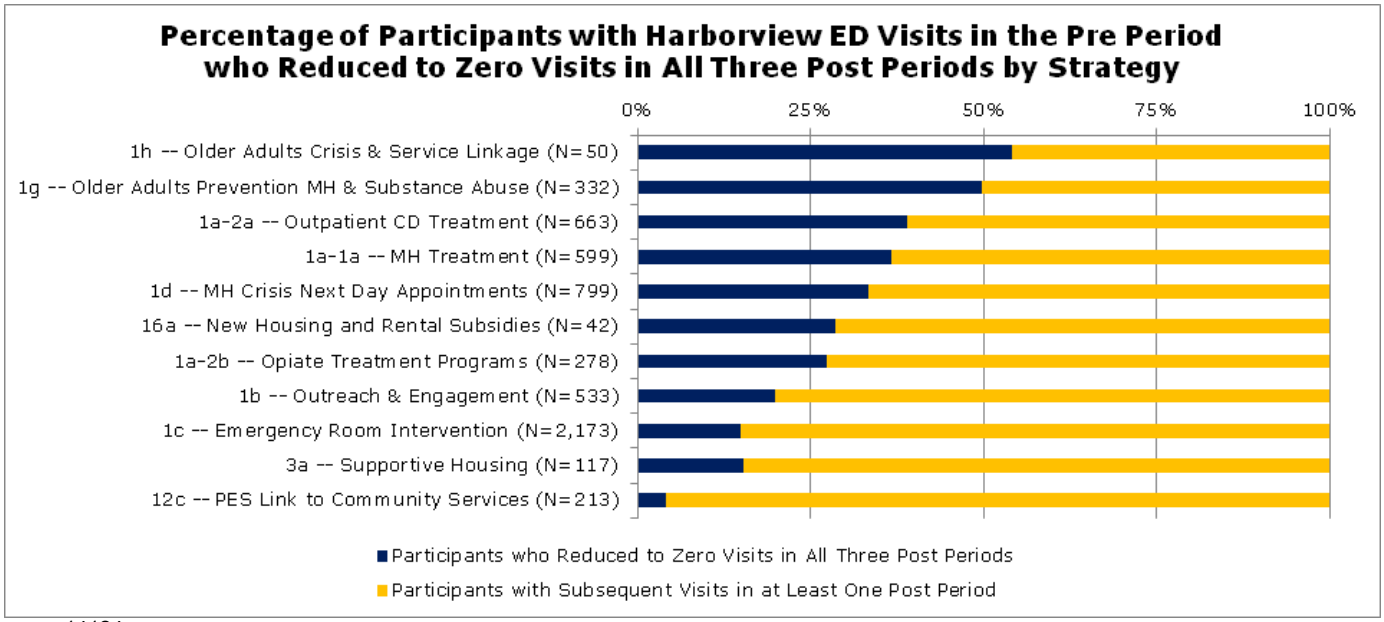
Changes in the Total Number of ED Visits Over Time in Order of Greatest Ultimate Reductions

MIDD Strategy and Number of Eligible Participants	Total ED Visits in Pre Period	Total ED Visits in First Post Period	Percent Change in ED Visits Pre to First Post Period	Total ED Visits in Second Post Period	Percent Change in ED Visits First to Second Post Period	Percent Change in ED Visits Pre to Second Post Period	Total ED Visits in Third Post Period	Percent Change in ED Visits Second to Third Post Period	Percent Change in ED Visits Pre to Third Post Period
1h (N=103)	100	90	-10%	60	-33%	-40%	23	-62%	-77%
12c (N=215)	2,492	1,707	-32%	903	-47%	-64%	903	0%	-64%
1d (N=1,107)	1,770	1,697	-4%	1,060	-38%	-40%	753	-29%	-57%
16a (N=57)	86	62	-28%	50	-19%	-42%	40	-20%	-53%
3a (N=158)	525	335	-36%	334	0%	-36%	283	-15%	-46%
1a1a (N=977)	1,343	1,003	-25%	837	-17%	-38%	830	-1%	-38%
1c (N=3,631)	6,290	9,754	+55%	4,473	-54%	-29%	4,019	-10%	-36%
1g (N=684)	719	611	-15%	506	-17%	-30%	480	-5%	-33%
1a2a (N=1,302)	1,718	1,342	-22%	1,077	-20%	-37%	1,258	+17%	-27%
1b (N=903)	1,536	1,783	+16%	1,260	-29%	-18%	1,126	-11%	-27%
1a2b (N=538)	674	665	-1%	613	-8%	-9%	522	-15%	-23%
Sum of All (N=9,675)	17,253	19,049	+10%	11,173	-41%	-35%	10,237	-8%	-41%



Percentage of People Who Reduced ED Use

A total of 7,123 MIDD participants had at least one visit to Harborview Medical Center's ED in either their pre period, their third post period, or both. Altogether, 65 percent of this sample reduced the number of visits they made to Harborview's ED. Strategies with the highest percentage of clients who reduced their use of this ED were: 12c (85%), 1h (80%), and 1d (77%). The strategy that had the lowest percentage of participants who reduced their use was 1a-2b (53%).



Linkages to Mental Health and Substance Abuse Treatment

Outcomes were available for the first time for Adult Crisis Diversion (Strategy 10b), which began in the fourth quarter of 2011. Note that all 67 people who received interim services (10b3) were also served by the crisis diversion facility (10b2), but linkages to treatment are tracked for each cohort separately, as shown below. Each of these two Strategy 10b components linked 60 percent or more of their clients to publicly-funded mental health treatment within a year of the relevant MIDD start date.

The strategies with the highest linkage rates to substance abuse treatment were Juvenile Drug Court (Strategy 9a) and Family Treatment Court (Strategy 8a). For strategies with low linkage rates, it is likely that: 1) further treatment was not indicated so a referral was not made, 2) the person was able to seek privately-funded treatment for which information is not available, or 3) the person went into residential substance abuse treatment which cannot by tracked by evaluation staff.