



**KING COUNTY**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Signature Report**

**October 6, 2008**

**Ordinance 16262**

**Proposed No.** 2008-0490.2

**Sponsors** Ferguson

1 AN ORDINANCE relating to the mental illness and drug  
2 dependency evaluation plan; amending Ordinance 15949,  
3 Section 3, as amended, and K.C.C. 4.33.010 and adding a  
4 new section to K.C.C. chapter 4.33.

5

6 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

7 **SECTION 1. Findings:**

8 A. In 2005, the Washington state Legislature authorized counties to implement a  
9 one-tenth of one percent sales and use tax to support new or expanded chemical  
10 dependency or mental health treatment programs and services and for the operation of  
11 new or expanded therapeutic court programs and services.

12 B. In 2007, the King County council adopted Ordinance 15949 authorizing the  
13 levy and collection of, and legislative policies for the expenditure of revenues from, an  
14 additional sales and use tax of one-tenth of one percent for the delivery of mental health  
15 and chemical dependency services and therapeutic courts. The ordinance also established  
16 a policy framework for measuring the effectiveness of the public's investment, requiring

17 the King County executive to submit oversight, implementation and evaluation plans for  
18 the programs funded with the tax revenue.

19 C. In 2008, the Washington state Legislature amended RCW 82.14.460 in  
20 Chapter 157, Laws of Washington 2008, which defines those programs and services that  
21 are authorized for funding by the sales tax. The amendment added housing that is a  
22 component of a coordinated mental health or chemical dependency treatment program or  
23 service to the list of programs and services that are authorized for funding by the sales  
24 tax. The statute also amended the nonsupplanting provision to allow the sales tax funds  
25 to be used for replacement of lapsed federal funding previously provided for mental  
26 health, substance abuse and therapeutic court services and programs.

27 D In April 2008, the King County council adopted Ordinance 16077, establishing  
28 the King County mental illness and drug dependency oversight committee. The oversight  
29 committee is an advisory body to the King County executive and the council. The  
30 purpose of the oversight committee is to ensure that the implementation and evaluation of  
31 the strategies and programs funded by the tax revenue are transparent, accountable, and  
32 collaborative. The committee reviews and comments on quarterly, annual and evaluation  
33 reports as required in Ordinance 15949. It also reviews and comments on emerging and  
34 evolving priorities for the use of the mental illness and drug dependency sales tax  
35 revenue. The oversight committee members bring knowledge, expertise and the  
36 perspective necessary to successfully review and provide input on the development,  
37 implementation, and evaluation of the tax funded programs.

38 E. Ordinance 15949 directed the development of an evaluation plan to be  
39 developed in collaboration with an oversight group. The oversight group, under the

40 guidance of the department of community and human services, provided input on  
41 development of the evaluation plan, which was attached to the transmitted motion.

42 F. The evaluation plan describes the evaluation of the programs and services  
43 outlined in the mental illness and drug dependency action plan. It includes a proposed  
44 schedule for evaluations, performance measurements and performance measurement  
45 targets, and data elements that will be used for reporting and evaluations. In addition,  
46 Ordinance 15949 specifies that certain performance measures are to be included in the  
47 evaluation plan, including, but not be limited to: the amount of funding contracted to  
48 date, the number and status of request for proposals to date, individual program status and  
49 statistics such as individuals served, data on utilization of the justice and emergency  
50 medical systems and resources needed to support the evaluation requirements.

51 G. The council recognizes that evaluations are dynamic processes that evolve  
52 over time due to availability of data and because programs are added, removed or  
53 changed. As data becomes available and as current and future programs and strategies  
54 funded by the sales tax revenue are implemented, there may be necessary revisions to the  
55 evaluation plan and processes. Revisions to the evaluation plan and processes will be  
56 provided through the annual report made to the council on April 1 of each year. Updates  
57 on the evaluation processes will be provided to the council through the quarterly  
58 reporting cycles as specified in Ordinance 15949.

59 H. Performance measurement targets are critical components of the evaluation  
60 process, indicating the success or failure of a program or strategy. Therefore, it is critical  
61 that performance measurements assess the correct elements and performance  
62 measurement targets are accurately set and that both are revisited as the programs and

63 strategies are added and evolve. The county's community partners, in particular officials  
64 from cities in towns in King County, have affirmed the need for, and importance of,  
65 performance measurement targets for the tax funded programs and strategies. The  
66 revised evaluation plan includes preliminary performance measurement targets. The  
67 council recognizes that these targets are preliminary and will be impacted by changes in  
68 program implementation as well as available data or other factors. It is the policy of the  
69 county that the preliminary targets, and any targets established in the future, for the tax  
70 funded programs and strategies are to be revised through the annual reporting process to  
71 reflect revisions to the strategies, programs, data and other processes.

72 I. It is the policy of the council that performance measures and performance  
73 measurement targets be established for each of the strategies, as well as any new  
74 strategies that are established. Such specific performance measures may include: output  
75 measures such as program utilization numbers; performance measurement targets may  
76 include targets for expected utilization. New or revised performance measures and  
77 performance measurement targets for all strategies will be proposed and included in the  
78 April 1, 2009, annual report.

79 J. In August 2008, the council was made aware of the desire by the county's  
80 community partners to have a historical control group established in order to more  
81 accurately measure the impact of the tax funded strategies and programs on King County  
82 jail recidivism. The oversight committee will review and study the concept of  
83 establishing a historical control group for evaluative purposes and make a  
84 recommendation in the April 1, 2009, annual report. Representatives from the

85 department of adult and juvenile detention, the department of community and human  
86 services, and council staff will assist the oversight group with its analysis.

87 K. The data needs for evaluating the tax funded programs and strategies are  
88 extensive. The data needed to evaluate the strategies and programs funded with the sales  
89 tax revenue resides with King County's agencies and also with the county's community  
90 partner organizations, stakeholders, providers, entities and jurisdictions. The council  
91 recognizes the need for, and requests the cooperation of, the county's community partners  
92 to share and coordinate the data necessary for the evaluation of the mental illness and  
93 drug dependency strategies.

94 L. King County is the countywide provider of mental health and substance abuse  
95 services and the programs and strategies of the tax funded programs shall available to all  
96 county residents regardless of jurisdiction.

97 M. The evaluation components and performance measures contained in the  
98 evaluation plan which is Attachment A to this ordinance, or future evaluation plans may  
99 be revised by the council based on changes to county policy, revisions to any current or  
100 future programs and strategies, or recommendation from the county executive or the  
101 oversight committee.

102 N. Performance measurements and performance measurement targets are  
103 included in the evaluation plan in Attachment A to this ordinance.

104 SECTION 2. The mental illness and drug dependency evaluation plan, as  
105 required in Ordinance 15949 and that is Attachment A to this ordinance, is hereby  
106 adopted. Adoption of this ordinance satisfies the proviso requirement concerning the

107 council's approval of the evaluation plan contained in Ordinance 15975, Section 72, as  
108 amended.

109 SECTION 3. Ordinance 15949, Section 3, as amended, and K.C.C. 4.33.010 are  
110 each hereby amended to read as follows:

111 A. It is the policy of the county that citizens and policy makers be able to  
112 measure the effectiveness of the investment of these public funds. The county requires  
113 appropriate oversight, accountability and reporting on the status and progress of the  
114 programs supported with the sales tax funds. The programs supported with these funds  
115 shall be designed to achieve the following policy goals:

116 1. A reduction of the number of mentally ill and chemically dependent using  
117 costly interventions like jail, emergency rooms and hospitals;

118 2. A reduction of the number of people who recycle through the jail, returning  
119 repeatedly as a result of their mental illness or chemical dependency;

120 3. A reduction of the incidence and severity of chemical dependency and mental  
121 and emotional disorders in youth and adults;

122 4. Diversion of mentally ill and chemically dependent youth and adults from  
123 initial or further justice system involvement; and

124 5. Explicit linkage with, and furthering the work of, other council directed  
125 efforts including, the adult and juvenile justice operational master plans, the Plan to End  
126 Homelessness, the Veterans and Human Services Levy Services Improvement Plan and  
127 the county Recovery Plan.

128 B. To ensure the oversight, implementation and evaluation of the Mental Illness  
129 and Drug Dependency Action Plan is consistent with the county's policy goals outlined in

130 subsection A. of this section and to ensure fulfillment of the requirements of RCW  
131 82.14.460 which enables the sales tax, the office of management and budget, the  
132 departments of community and human services, public health and adult and juvenile  
133 detention, superior court, district court, the prosecuting attorney, the public defender and  
134 the sheriff are requested, with assistance from council staff, to develop and submit for  
135 council review and approval an oversight, implementation and evaluation plan for the  
136 Mental Illness and Drug Dependency Action Plan accepted by council by Motion 12598.

137 C. The oversight, implementation and evaluation plan shall have three parts:

138 1. Part One: Oversight Plan. Part one of the oversight, implementation and  
139 evaluation plan shall be an oversight plan. Part one, the oversight plan, shall propose an  
140 oversight group that will be responsible for the ongoing oversight of the mental illness  
141 and drug dependency action plan. The oversight group shall include representation from  
142 other county, state and community agencies and entities involved in the mental health,  
143 substance abuse, domestic violence and sexual assault, homeless, justice, public health  
144 and hospital systems. The oversight plan shall also identify the proposed role of the  
145 oversight group and how the oversight group will link and coordinate with other existing  
146 county groups such as the Criminal Justice Council, the Committee to End Homelessness  
147 and the veterans and human services levy oversight groups. Part one of the oversight,  
148 implementation and evaluation plan shall be submitted to the council by April 1, 2008,  
149 for council review and approval by motion. Twelve copies of the part one oversight plan  
150 shall be filed with the clerk of the council, for distribution to all councilmembers and to  
151 the lead staff the law, justice and human services committee or its successor;

152           2. Part Two: Implementation Plan. Part two of the oversight, implementation  
153 and evaluation plan is an implementation plan. Part two, the implementation plan, shall  
154 describe the implementation of the programs and services outlined in the Mental Illness  
155 and Drug Dependency Action Plan. This description shall include: a schedule of the  
156 implementation of programs and services outlined in the Mental Illness and Drug  
157 Dependency Action Plan; a discussion of needed resources, including staff, information  
158 and provider contracts; and milestones for implementation of the programs. The  
159 implementation plan shall address how adult drug diversion court, one of the county's  
160 therapeutic courts, may also utilize sales tax revenue for program expansion.  
161 Additionally, because the council recognizes that there is a strong correlation between  
162 sexual assault and domestic violence victimization and subsequent mental health  
163 problems, substance abuse, homelessness, incarceration and usage of the emergency  
164 medical system, the implementation plan shall include a proposal on how to integrate  
165 programs that support specialized mental health or substance abuse counseling, therapy  
166 and support groups for victims of sexual assault, victims of domestic violence and  
167 children exposed to domestic violence, provided by or in collaboration with recognized  
168 sexual assault and domestic violence services providers. A revised 2008 spending plan  
169 and financial plan for the mental illness and drug dependency fund shall be included in  
170 part two. Part two shall be developed in collaboration with the oversight group. Part two  
171 of the oversight, implementation and evaluation plan shall be submitted to the council by  
172 July 3, 2008, for council review and approval by motion. Twelve copies of the part two  
173 implementation plan to the council shall be filed with the clerk of the council, for



174 distribution to all councilmembers and to the lead staff the law, justice and human  
175 services committee or their successors; and

176 3. Part Three: Evaluation Plan. Part three of the oversight, implementation and  
177 evaluation plan is an evaluation plan. Part three, the evaluation plan, shall describe an  
178 evaluation and reporting plan for the programs funded with the sales tax revenue. Part  
179 three shall specify: process and outcome evaluation components; a proposed schedule for  
180 evaluations; performance measurements and performance measurement targets; and data  
181 elements that will be used for reporting and evaluations. Performance measures shall  
182 include, but not be limited to: the amount of funding contracted to date, the number and  
183 status of request for proposals to date, individual program status and statistics such as  
184 individuals served, data on utilization of the justice and emergency medical systems and  
185 resources needed to support the evaluation requirements identified in this subsection C.3.  
186 Part three shall be developed in collaboration with the oversight group. Part three of the  
187 oversight, implementation and evaluation plan shall be submitted to the council by  
188 August 1, 2008, for council review and approval by motion. Twelve copies of the part  
189 three evaluation plan to the council shall be filed with the clerk of the council, for  
190 distribution to all councilmembers and to the lead staff the law, justice and human  
191 services committee or their successors.

192 D.1. In addition to reviewing and approving the parts one, two and three of the  
193 oversight, implementation and evaluation plan outlined in subsection C. of this section, in  
194 coordination with the oversight group, the executive shall submit four quarterly progress  
195 reports and an one annual summary report for the programs supported with the sales tax  
196 revenue to the council. The quarterly reports shall include at a minimum:

- 197 a. performance measurement statistics;
- 198 b. program utilization statistics;
- 199 c. request for proposal and expenditure status updates; ~~((and))~~
- 200 d. progress reports on evaluation implementation;
- 201 e. geographic distribution of the sales tax expenditures across the county,
- 202 including collection of residential ZIP code data for individuals served by the programs
- 203 and strategies; and
- 204 f. updated financial plan.

205 2.a. The quarterly reports to the council are due to the council March 1, June 1,  
206 September 1 and December 1 for council review for years one and two and thereafter,  
207 every six months.

208 b.(1) The annual report to the council shall be submitted to the council by  
209 April 1, for council review and acceptance by motion. The annual report shall also  
210 include:

- 211 (a) a summary of quarterly report data;
- 212 (b) updated performance measure targets for the following year of the
- 213 programs; ~~((and))~~
- 214 (c) recommendations on program and/or process changes to the funded
- 215 programs based on the measurement and evaluation data;
- 216 (d) recommended revisions to the evaluation plan and processes; and
- 217 (e) recommended performance measures and performance measurement
- 218 targets for each mental illness and drug dependency strategy, as well as any new
- 219 strategies that are established. New or revised performance measures and performance

220 measurement targets for the strategies shall be identified and included in the April 1,  
221 2009, annual report and in each annual report thereafter.

222 3. Twelve copies of the quarterly reports and the annual report to the council  
223 shall be filed with the clerk of the council, for distribution to all councilmembers and to  
224 the lead staff the law, justice and human services committee or its successor.

225 E. Concurrent with the executive's 2009 budget proposal, and for each  
226 subsequent year that the tax exists, the executive shall submit a report on program  
227 expenditures and revenue as part of the annual budget review process. The information  
228 submitted with the executive's budget shall include an annual updated financial plan and  
229 a detailed spending plan for the tax funding, as well as revenue information. The  
230 elements of an annual spending plan, at a minimum, shall include:

231 1. A detailed list of funded activities along with a budget and revenue for each  
232 activity;

233 2. A reasonable estimate of cost per unit of service of activities;

234 3. The anticipated number of service units to be provided for each activity or  
235 item;

236 4. How many individuals are estimated to be served in each activity;

237 5. Whether the activity is to be completed by the county or by a contracted  
238 provider; and

239 6. Full time equivalent or term-limited temporary employee impact if service is  
240 provided by the county.

241 SECTION 4. The mental illness and drug dependency oversight committee shall  
242 review and study the concept of establishing a historical control group for evaluative

243 purposes. The oversight committee members shall make a recommendation on  
244 establishing a control group to measure recidivism in the King County jail in the April 1,  
245 2009, annual report that is submitted to the council. Representatives from the department  
246 of adult and juvenile detention, the department of community and human services, and  
247 council staff shall assist the oversight group with its analysis.

248 NEW SECTION. SECTION 5. There is hereby added to K.C.C. chapter 4.33 a  
249 new section to read as follows:

250 The council shall conduct a comprehensive review and analysis of the evaluation  
251 measures, targets, benchmarks and data related to the mental illness and drug dependency  
252 programs and strategies. This review shall occur every three years. The first review shall  
253

254 occur in 2011.

255 SECTION 6. Sections 3 and 5 of this ordinance expire January 1, 2017.

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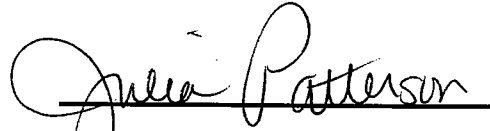
Ordinance 16262 was introduced on 9/8/2008 and passed by the Metropolitan King County Council on 10/6/2008, by the following vote:

Yes: 8 - Ms. Patterson, Mr. Dunn, Mr. Constantine, Mr. von Reichbauer, Mr. Ferguson, Mr. Gossett, Mr. Phillips and Ms. Hague


No: 0

Excused: 1 - Ms. Lambert

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

  
\_\_\_\_\_  
Julia Patterson, Chair

ATTEST:

  
\_\_\_\_\_  
Anne Noris, Clerk of the Council

APPROVED this 20 day of OCTOBER, 2008

  
\_\_\_\_\_  
Ron Sims, County Executive

RECEIVED  
2008 OCT 20 PM 4:03  
CLERK  
KING COUNTY COUNCIL

**Attachments** A. Mental Illness and Drug Dependency Action Plan Part 3 - Evaluation Plan Version  
2 REVISED 9-2-08

2008-0490

# ATTACHMENT A.

# 16262



King County

## Mental Health, Chemical Abuse and Dependency Services

### Mental Illness and Drug Dependency Action Plan

#### Part 3: Evaluation Plan

VERSION 2

REVISED September 2, 2008



**King County**

**Mental Illness and Drug Dependency Action Plan**

**Evaluation Targets Addendum  
September 2, 2008**



## Mental Illness and Drug Dependency Action Plan

### Proposed Targets for Key MIDD Policy Goals

At the request of the Operating Budget, Fiscal Management, and Select Issues Committee and the Regional Policy Committee, King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) has established targets for key Mental Illness and Drug Dependency Action Plan (MIDD) policy goals established in King County Council Ordinance 15949.

The target areas addressed here include: (a) a reduction in the number of jail bookings/detentions for individuals served in MIDD programs, (b) a reduction in the jail detention population with serious mental illness (SMI) or severe emotional disturbance (SED), (c) a reduction in homelessness as measured by formerly homeless adults served by MIDD housing programs who remain in stable housing after one year, (d) a reduction in emergency room visits among individuals served by MIDD programs, and (e) a reduction in inpatient psychiatric hospital admissions among individuals served by MIDD programs. As identified in County Ordinance 15949, the outcomes presented here are explicitly linked to the following MIDD policy goals:

- A reduction in the number of mentally ill and chemically dependent people using costly interventions like jail, emergency rooms, and hospitals
- A reduction in the number of people who recycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency
- Diversion of mentally ill and chemically dependent youth and adults from initial or further justice system involvement

Targets for the broad MIDD policy goals were established based on the assumption that a set of programs has been up and running for one full year and has enrolled enough participants to detect significant changes. The programs within the MIDD strategies will build on each other and also improve over time and as such, targets will change over time. Some of the programs that we expect to have the largest impact (e.g., housing and crisis diversion) will be fully implemented anywhere from one to four years after other programs have been in operation. We have therefore developed targets that change over time, as programs develop and increase effectiveness and as more programs come on line.

We have based the development of our outcome targets on information we have from programs serving populations similar to those served by MIDD, and on program results from similar programs across the country. There are, however, a number of factors that cannot be predicted but may directly influence whether the anticipated targets are achieved. Factors such as changes in law enforcement policies and funding, significant changes in the economy, changes in Federal entitlement and housing funding and policies, state funding for mental health and substance abuse treatment, and population





## **Mental Illness and Drug Dependency Action Plan**

growth may affect the number of jail admissions regardless of MIDD strategy implementation. Furthermore, there are a number of local and state initiatives that directly influence outcomes associated with the MIDD. For example, the MacArthur Models for Change Initiative is focusing on juvenile justice reform; the King County Systems Integration Initiative is addressing issues of coordination, collaboration, and blending resources for multi-system youth; and the Ten-year Plan to End Homelessness and the Veterans and Human Services Levy are working to increase the availability of housing and services for homeless individuals. Consistent with the fifth policy goal, the MIDD Evaluation will track coordination and linkage with these other Council directed efforts through a process evaluation.

### **Baseline Data**

In some cases, sufficient baseline data for some of the subsets of the five policy goals across all of King County does not exist. Such baseline data will be established during the first year of full strategy implementation. Data sharing agreements will be executed with many municipalities and entities in order to create a comprehensive baseline to ensure accurate baseline estimates and to continue to collect such data on an ongoing basis to monitor targeted outcomes. For example, baseline data on particular populations will include youth with mental health disorders in King County Juvenile Detention and adults with SMI in jails across King County.

### **Monitoring and Evaluation**

Monitoring and evaluation results will be used to support quality improvements and revisions to MIDD strategies, to highlight successes, and to demonstrate cost effectiveness to the taxpayer.

These targets may be adjusted to account for changes in program implementation. Monitoring outcomes at short-term, intermediate, and long-term phases will allow us to make changes in program implementation based on the targeted outcomes.

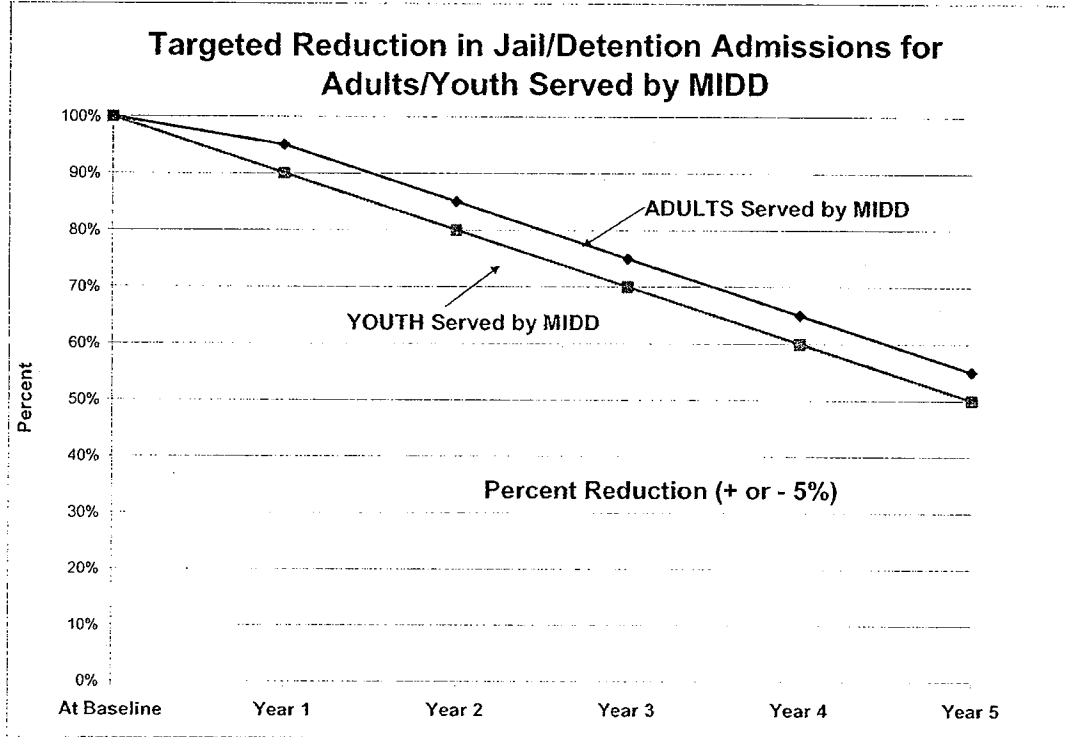
As programs in the MIDD Implementation Plan are implemented and evolve over time, the Evaluation Plan will be updated accordingly to accurately measure the effectiveness and impact of each individual strategy.

Tests for statistical significance will be used to address the question: What is the probability that the relationship between variables (e.g., MIDD program and an outcome) is due to chance? The influence of certain known factors that may bias the results, such as attrition and population growth, will be examined.

### **Figures**

In each of the figures below, the percent reduction (or increase) in the policy goal is shown by year. The baseline year is the year prior to when a set of programs have been up and running for one full year.

Figure 1: Targeted Reduction in the Number of Jail/Detention Admissions Among Mentally Ill and Chemically Dependent Individuals Served by MIDD Programs

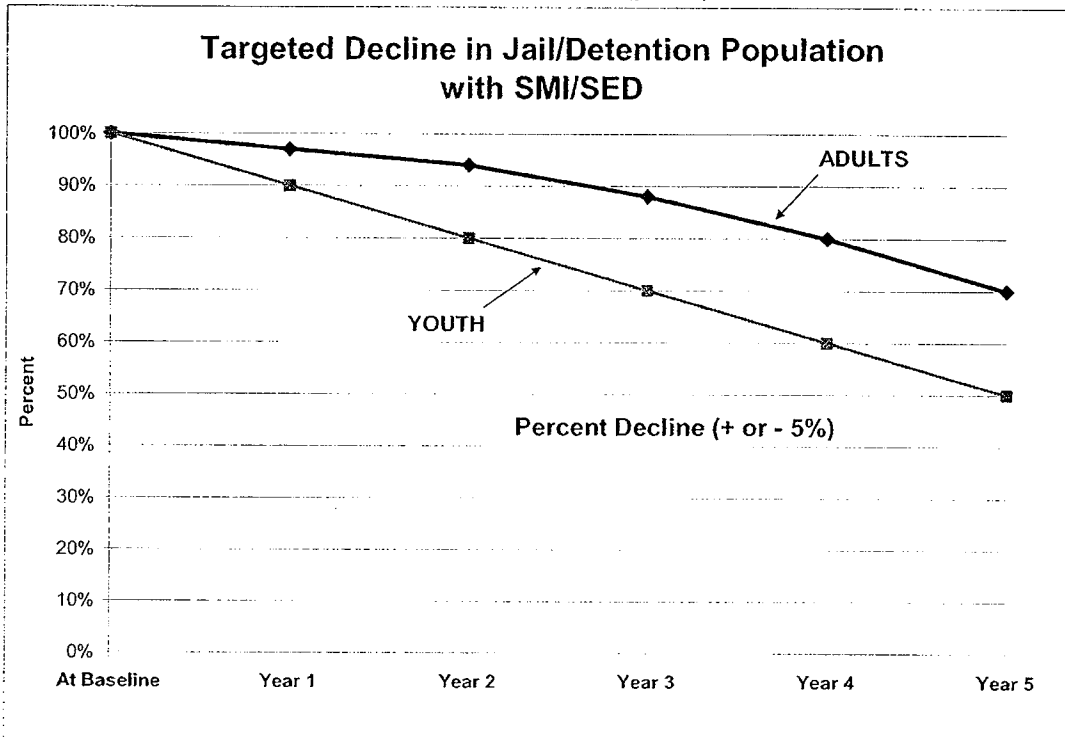


**Proportion of Jail/Detention Admissions among Individuals served by MIDD Programs**

- For adults, we have set a target of a 5% reduction in the number of jail bookings among individuals served by MIDD programs, one year after the MIDD programs are up and running. In subsequent years, the additional target reductions are 10% for subsequent years two through five for a total reduction of 45%. It should be noted that the total reduction of 45% only refers to those individuals who receive MIDD services, which is a smaller proportion of those individuals in jail (e.g., the MIDD will not reduce the jail population by 45%).
- For youth, we have set a target of a 10% reduction in the proportion of juvenile detentions among youth served by MIDD programs one year after the MIDD programs are up and running. For the next four subsequent years, additional reductions of 10% each year are anticipated for a total reduction of 50%. While baseline estimates were not available, the outcomes are based on results reported in Skowyrza & Coccozza (2007) (see References).

**Mental Illness and Drug Dependency Action Plan**

Figure 2: Targeted Decline in the Percent of Jail/Detention Population with Severe Mental Illness (adults) /Severe Emotional Disorder (youth)



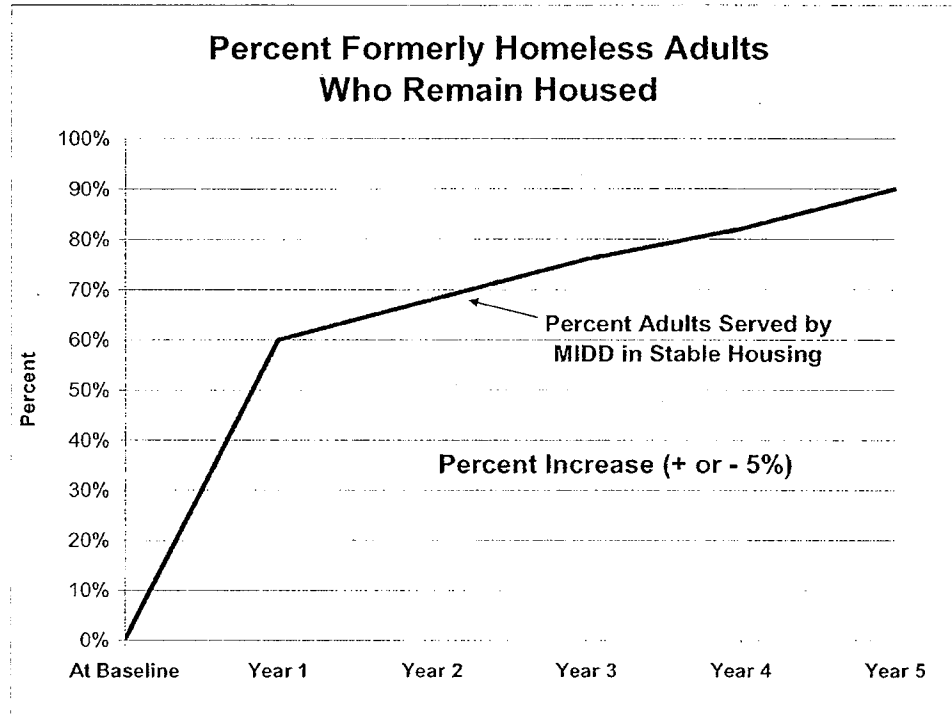
In 2007, there were approximately 17.5 Individuals with SMI per thousand in the adult detention population.

**Jail/Detention Population with SMI/SED**

- For adults, we have set a target of a 3% reduction in the percentage of the jail population with SMI/SED, one year after the MIDD programs are up and running. In subsequent years, the additional target reductions are 3%, 6%, 8%, and 10% for subsequent years two through five for a total reduction of 30%. It should be emphasized that the total reduction of 30% only refers to those individuals with SMI/SED, which is a small proportion of those individuals in jail (e.g., the MIDD will not reduce the jail population by 30%).
- For youth, we have set a target of a 10% reduction in the juvenile detention population with severe emotional disturbance, one year after the MIDD programs are up and running. In subsequent years, the additional target reductions are 10% for years two through five for a total reduction of 50%.
- An important caveat is that there is no consistently adopted standard definition for SMI or SED (this is particularly true for youth) across jail/detention facilities. Variations in the definitions of these diagnoses make it difficult to extrapolate from various studies and programs findings. The MIDD Evaluation Team will work to ensure consistency of definitions within the MIDD evaluation.

**Mental Illness and Drug Dependency Action Plan**

Figure 3: Increase in Percentage of Formerly Homeless Adults with Mental Illness or Chemical Dependency Receiving MIDD Housing Services Who Remain Housed for One Year



The 2006 One Night Homelessness Count in King County indicated that almost half of the 5,963 homeless individuals counted in shelters or transitional housing had problems with mental illness or substance abuse.

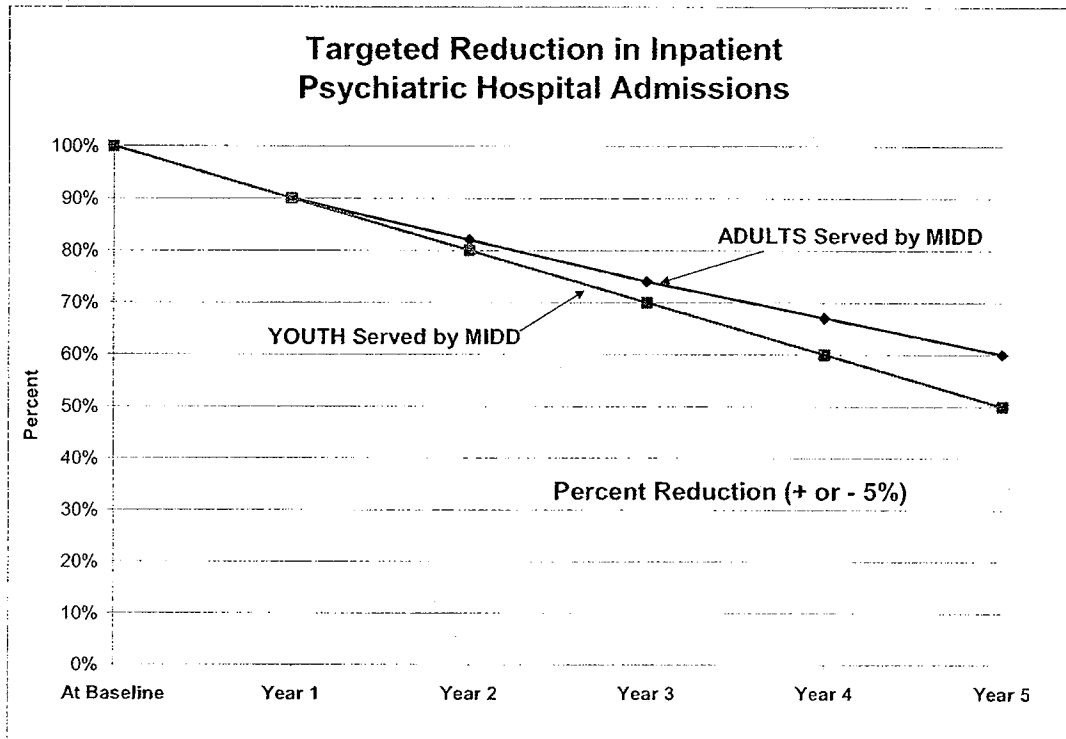
**Housing Stability among the Formerly Homeless Receiving MIDD Housing Services**

- For homeless adults, we have set a target after one full year of implementation of the MIDD housing strategy, 60% of formerly homeless adults will be able to maintain housing stability for 12 consecutive months. In subsequent years, the additional target reductions are that 80% will achieve housing stability in year two with a total of 90% of individuals attaining housing stability five years after the implementation of the housing strategy.
- The NY, NY Agreement Cost Study found that 70% of formerly homeless individuals with diagnoses of severe and persistent mental illness remained in housing after one year (Culhane, 2002).<sup>1</sup>
- The *Closer to Home Initiative* evaluation focused on six programs in Chicago, New York, San Francisco, and Los Angeles. Evaluation results from these programs indicated that among formerly homeless adults with the most severe psychiatric disorders, 79% remained in housing after one year.

<sup>1</sup> A research team from the Center for Mental Health Policy and Services Research, University of Pennsylvania, has published the most comprehensive study to date on the effects of homelessness and service-enriched housing on mentally ill individuals' use of publicly funded services.

**Mental Illness and Drug Dependency Action Plan**

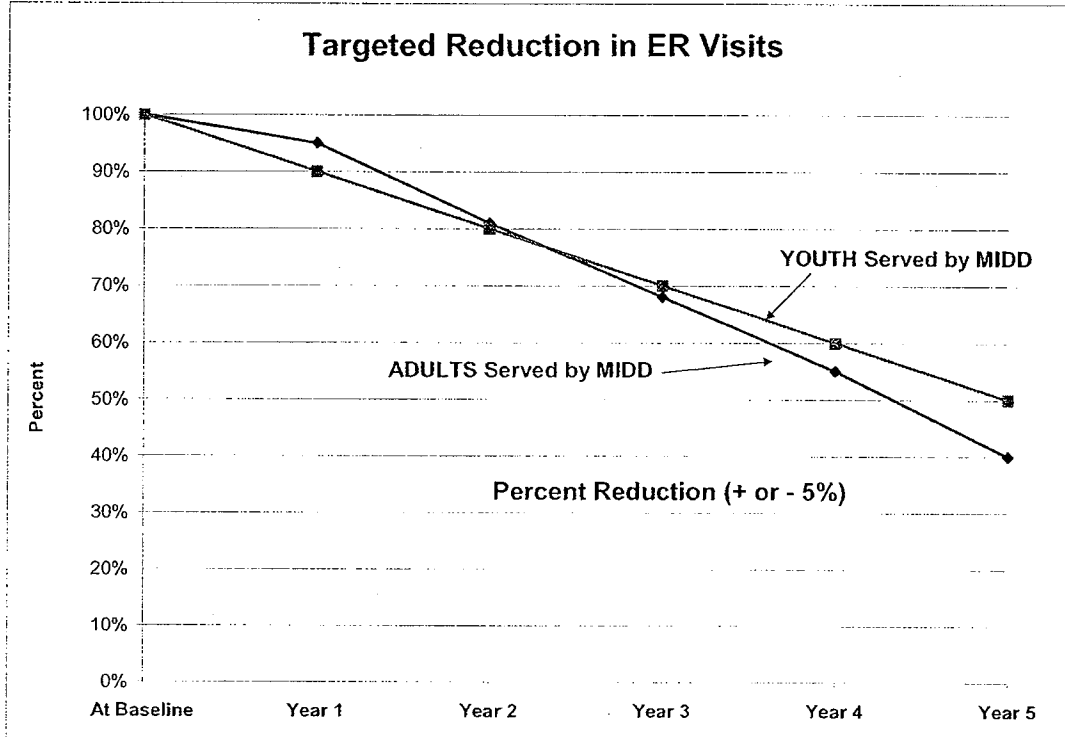
Figure 4: Targeted Reduction in Inpatient Psychiatric Hospital Admissions Among Mentally Ill and Chemically Dependent Youth and Adults served by MIDD Programs


**Inpatient Psychiatric Admissions Individuals served by MIDD Programs**

- For adults, we have set a target of a 10% reduction in Inpatient Psychiatric Hospitalizations among those adults served by MIDD programs one year after the MIDD programs are up and running. In subsequent years, the additional target reductions are 8%, 8%, 7%, and 7% for years two, three, four, and five respectively for a total reduction of 40%.
- For youth, we have set a target of a 10% reduction in Inpatient Psychiatric Hospitalizations among those youth served by MIDD programs one year after the MIDD programs are up and running. For the next four subsequent years, additional target reductions are 10% each year are anticipated for a total reduction of 50%.

**Mental Illness and Drug Dependency Action Plan**

Figure 5: Targeted Reduction in Emergency Room (ER) Visits among Mentally Ill and Chemically Dependent Youth and Adults served by MIDD Program


**ER Utilization among Individuals served by MIDD Programs**

- For adults served by MIDD programs, we have set a target of a 5% reduction in ER visits one year after the MIDD programs are up and running. In subsequent years, the additional target reductions are 14%, 13%, 13%, and 15% for years two, three, four, and five respectively for a total reduction of 60%.
- For youth served by MIDD programs, we have set a target of a 10% reduction in ER visits one year after the MIDD programs are up and running. For the next four subsequent years, additional target reductions of 10% each year are anticipated for a total reduction of 50%.
- A comprehensive program for the chronically homeless called the HHISN (i.e., the Lyric and Canon Kip Community House in San Francisco) found that after 12 months of moving into supportive housing, there was a 56% decline in emergency room use among adults.<sup>1</sup>



## Mental Illness and Drug Dependency Action Plan

### References

Garrison, Richardson, Christakis et al. (August 2004). Mental Illness Hospitalizations of Youth in Washington State. *Archives of Pediatric Adolescent Medicine*, 158, 781-785.

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## Mental Illness and Drug Dependency Action Plan

### INTRODUCTION

The Mental Illness and Drug Dependency (MIDD) Action Plan and the Metropolitan King County Council Ordinance 15949 define the expectations for the MIDD evaluation. The Ordinance calls for the plan to describe how the MIDD will be evaluated in terms of its impact and benefits and whether the MIDD achieves its goals. It requires that:

*“...the evaluation plan shall describe an evaluation and reporting plan for the programs funded with the sales tax revenue. Part three [the Evaluation Plan] shall specify: process and outcome evaluation components; a proposed schedule for evaluations; performance measurements and performance measurement targets; and data elements that will be used for reporting and evaluations.”*

The primary goal of the MIDD is to:

*Prevent and reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems and promote recovery for persons with disabling mental illness and chemical dependency by implementing a full continuum of treatment, housing, and case management services.*

The Ordinance identified five policy goals:

1. A reduction in the number of mentally ill and chemically dependent people using costly interventions like jail, emergency rooms, and hospitals
2. A reduction in the number of people who recycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency
3. A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults
4. Diversion of mentally ill and chemically dependent youth and adults from initial or further justice system involvement
5. Explicit linkage with, and furthering the work of, other council directed efforts including, the Adult and Juvenile Justice Operational Master plans, the Plan to End Homelessness, the Veterans and Human Services Levy Service Improvement Plan and the King County Mental Health Recovery Plan.

In the MIDD Action Plan, the MIDD Oversight Committee, the Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) and its stakeholders identified





## **Mental Illness and Drug Dependency Action Plan**

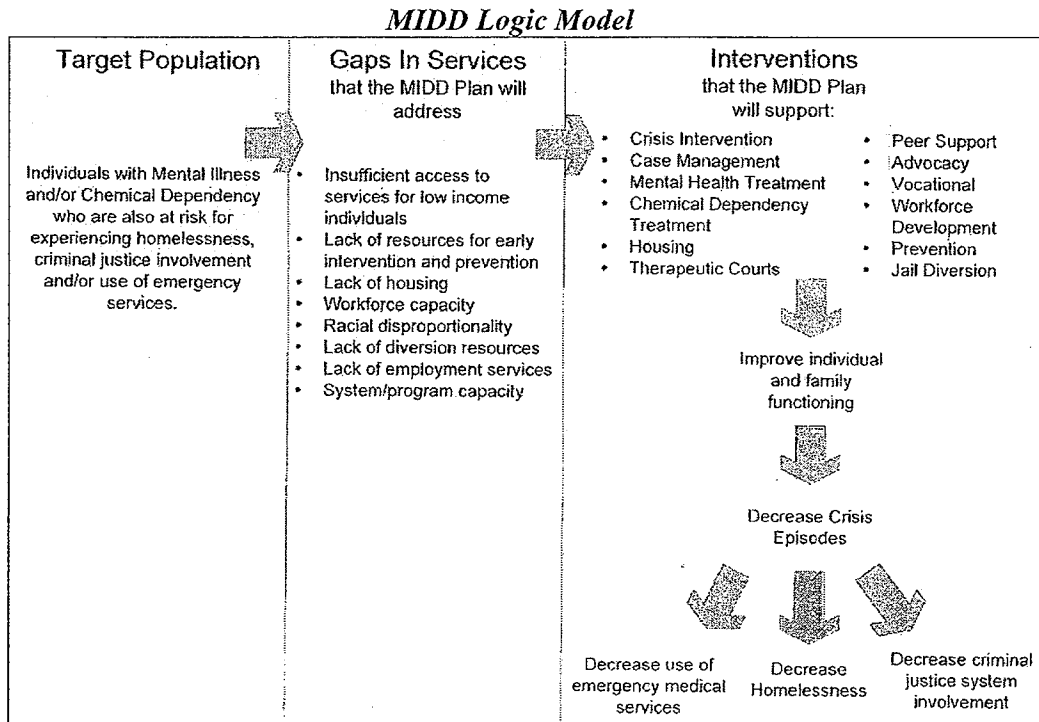
sixteen core strategies and corresponding sub-strategies (see Appendix for a list and description of strategies) for service improvement, enhancement and expansion to address these goals. The Evaluation Plan will examine the impact of all strategies to demonstrate effective use of MIDD funds and to assess whether the MIDD goals are being achieved, on both individual program and system levels. Results from the ongoing evaluation will be regularly reported on through quarterly and annual reports that will be reviewed by the MIDD Oversight Committee and transmitted to the King County Executive and Metropolitan King County Council. It also should be noted that the Evaluation Plan will evolve and change as the strategies evolve and change. Changes to the Evaluation Plan will be included in the regular reports as described above.

### **OVERVIEW OF THE EVALUATION PLAN**

#### **MIDD Framework**

The MIDD Evaluation Plan establishes a framework for evaluating each of the 16 core strategies and sub-strategies in the MIDD Implementation Plan, by measuring what is done (output), how it is done (process), and the effects of what is done (outcome). Measuring *what* is done entails determining if the service has occurred. Measuring *how* an intervention is done is more complex and may involve a combination of contract monitoring, as well as process and outcome evaluation to determine if a program is being implemented as intended. Measuring the *effects* of what is done is also complex, and will require the use of both basic quantitative and qualitative methods as appropriate

The evaluation framework ties the MIDD goals and strategies to the MIDD results. It lays out the links between what is funded, what is expected to happen as a result of those funds, and how those results will contribute to realizing the MIDD goals and objectives. The schematic diagram below shows the high level relationships between the components of the framework.

**Mental Illness and Drug Dependency Action Plan**


The MIDD Plan is designed to be a comprehensive approach to create improvements across the continuum of services. Multiple and oftentimes interrelated interventions are designed to achieve the policy goals (e.g., reducing caseloads, increasing funding, enhancing workforce development activities and service capacity are expected to collectively reduce incarceration and use of emergency services). Many of the outcomes expected from the MIDD interventions are highly correlated to each other. For example, a decrease in mental health symptoms can lead to a decrease in crisis episodes, which can lead to a decrease in incarcerations, which can lead to an increase in housing stability, which can lead to a further decrease in mental health symptoms, and so on. Interventions that have an impact on any one of these outcomes can therefore be expected to have some impact on the other outcomes. The specifics of each intervention and the population it is targeting will determine which outcome(s) will be impacted in the short-term and how much additional time will be necessary before other longer-term outcomes will be seen. (Examples of longer term outcomes include reduction in jail recidivism and/or re-hospitalizations, or prevention of substance abuse in children of substance abusing parents.)

**1. Process Evaluation**



## Mental Illness and Drug Dependency Action Plan

The first component of the MIDD evaluation is a process evaluation that will assess how the MIDD is being implemented at both the system and strategy levels.

### A. System Process Evaluation

The system process evaluation will provide a general assessment of how implementation is progressing. Sometimes referred to as an 'implementation status report', this type of evaluation may also answer specific programmatic questions (e. g., "How can we improve the quality of training for chemical dependency specialists?").

The system process evaluation will examine:

- ◆ Initial startup activities (e.g., acquiring space, hiring and training staff, developing policies and procedures)
- ◆ Development and management of Requests for Proposals (RFPs) and contracts for services
- ◆ Strategies to leverage and blend multiple funding streams
- ◆ Efforts to coordinate the work of partners, stakeholders, and providers
- ◆ Implementation of working agreements and Memoranda of Understanding
- ◆ Service-level changes that occur as the result of efforts to promote integration of housing, treatment, and supportive services
- ◆ Systems-level changes that occur as a result of the use of MIDD funds or the management of MIDD related resources
- ◆ An evaluation of the MIDD Action Plan's integration with and support of system level goals and objectives, as articulated in the Adult and Juvenile Justice Operational Master plans, the Plan to End Homelessness, the Veterans and Human Services Levy Service Improvement Plan and the King County Mental Health Recovery Plan.

The goal of the system process evaluation is not only to capture what actually happens as the MIDD is implemented, but also to identify the unintended consequences of MIDD activities (e.g., circumstances that were not anticipated or were unusual in ways that helped or hindered MIDD-related work).

The system process evaluation establishes a quality improvement feedback loop as implementation progresses. Areas needing additional effort will be identified in order to make any needed mid-course adjustments. Evaluation activities will increase opportunities to learn about and practice service and system integration strategies.

## **B. Strategy Process Evaluation**

In addition to the system process evaluation, evaluation at the strategy level will measure performance and assess progress toward meeting specified performance goals. These performance measures and goals are specified as *outputs* in the evaluation matrices at the end of the document (See Appendix).

## **2. Outcome Evaluation**

The outcome evaluation will assess the impact of the funded services and programs on the MIDD goals. This approach consists of evaluating the full range of program outcomes in the context of a logical framework. The evaluation matrix designed for this part of the evaluation links the MIDD goals and strategies to the MIDD results and provides a structure for identifying performance indicators, targets and data sources, and for collecting and reporting results.

The MIDD outcome evaluation is broader than a program evaluation or a series of program evaluations. The framework defines the expected outcomes for each program and helps demonstrate how these outcomes individually and collectively contribute to the achievement of the overall goals of the MIDD.

### **A. Strategies**

Evaluating the impact of the MIDD Action Plan is a multifaceted endeavor. There are multiple target populations, goals, strategies, programs, interventions, providers, administrators, partners, locations, timelines, and expected results. The comprehensive evaluation strategy is designed to demonstrate whether the expected results are being achieved and whether value is returned on MIDD investments.

Underlying principles for the outcome evaluation include:

- ◆ The evaluation will build upon existing evaluation activities and coordinate with current and/or developing information systems (e.g., Strategy 7b, expanded Children's Crisis Outreach Response System).
- ◆ When the implementation of a strategy will take multiple years, making it impossible to immediately demonstrate any long-term outcomes, the evaluation will establish intermediate outcomes to show that the strategy is on course to achieve results (e.g., Strategy 4b, Prevention Services to Children of Substance Abusers).



## Mental Illness and Drug Dependency Action Plan

- ◆ The evaluation will coordinate its activities with MIDD administrative activities, including RFPs, contract management, etc. Process and outcome data collection will be incorporated into ongoing monitoring functions and will support regional coordination of data collection.

The MIDD Action Plan specifies that the MIDD dollars be used to fund effective practices and strategies. Evaluation approaches can range from purely verifying that something happened to comparing intervention results with a statistically valid control group to ascertain causality. The MIDD evaluation will utilize the strongest and also the most feasible evaluation design for each strategy.

- ◆ An evaluation that requires a control group to prove that a program is the cause of any effects can be expensive and time consuming. In general, it will not be possible for an evaluation of most MIDD programs to include a control or comparison group to show a causal relationship. Establishing a control or comparison group would require that some individuals *not* receive services so that they can be compared with those who receive services. However, there may be situations when a 'natural' comparison group may be used if feasible.
- ◆ A proven program, such as an evidence-based practice, has already had an evaluation utilizing a control or comparison group. When the MIDD strategies fund practices and services that are currently working or have been proven to work elsewhere, there is no need to again prove a causal relationship. Instead, the evaluation will focus on measuring the quantity and results of MIDD funded services, in addition to their adherence to fidelity measures.
- ◆ For many strategies a proven program and/or best practice will be substantially modified in order to be useful to the specific populations targeted by the MIDD. Evaluation of these programs will stress on-going monitoring and early feedback so that any necessary changes can take place in a timely manner. Short-term results will be identified as a marker of which longer-term desired outcomes are likely to be detected. This formative type of evaluation will help ensure that the program is functioning as intended.

### B. Evaluation Matrix

Organizing an evaluation as complex as this requires a systematic approach. An evaluation matrix has been designed for compiling the needed information for each sub-strategy. Completed evaluation matrices for each sub-strategy specify what data are needed from which sources and what program level evaluations are needed.



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The evaluation framework also describes how data will be collected. Baseline information about the target population and their use of services will be obtained. To provide results related to racial disproportionality and cultural competency, data about race, ethnicity, and language will also be collected. Some of the data can be obtained immediately from existing sources such as the King County Regional Support Network database, Safe Harbors, and TARGET (the state Division of Alcohol and Substance Abuse database). Accessing other data may require an investment of resources and time (e.g., developing data sharing agreements to obtain information regarding emergency room use in outlying hospitals). Any changes to a particular strategy that occur as implementation progresses may signal a needed modification to the evaluation matrix. A template for the evaluation matrix follows; completed matrices can be found in the Appendix.

*Evaluation Matrix*

Strategy xx – Strategy Name				
Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
xx – Sub-Strategy name  Target Population:	1.	Short-term measures: 1. 2. Longer-term measures: 3. 4.	1. 2. 3. 4.	

**3. Timeline**

The lifespan of the MIDD Action Plan extends through December 31, 2016. The evaluation must demonstrate value to the taxpayer throughout the life of the MIDD Plan.

An evaluation timeline is attached (See Attachment A). It shows proposed evaluation activities in relation to the MIDD implementation timeline(s). As individual strategies are finalized, evaluation dates may be adjusted. These dates will balance the need for ongoing reporting to meet MIDD oversight requirements with the lifecycles of individual strategy evaluations. It must be stressed that results for both short and long term outcomes may not be available for months or even years, depending upon the strategy.

MIDD programs will begin at different times and reach their respective conclusions on different schedules. Data may be readily available or may require system upgrades

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and/or data sharing agreements before the information is accessible. For each program the evaluation timeline addresses:

- ◆ When the program will start (or when the MIDD funding will be initiated)
- ◆ At what point a sufficient number of clients will have reached the outcome to generate a statistically reliable result
- ◆ When baseline and indicator data may be reported
- ◆ The requirements for reporting on process and outcome data

**4. Reporting**

In accordance with the Ordinance, MHCADSD will report on the status and progress of the programs supported with MIDD funds. During the first two years of the MIDD implementation, quarterly reports will be submitted to the Executive and Council for review. Thereafter reports will be submitted every six months and annually. At a minimum these reports will include:

- ◆ Performance measure statistics
- ◆ Program utilization statistics
- ◆ Request for proposal and expenditure status updates
- ◆ Progress reports on the implementation of the evaluation.

In addition, the annual report will also include “a summary of quarterly report data, updated performance measure targets for the upcoming year, and recommendations for program/process improvements based on the measurement and evaluation data”.

The existing service system is constantly evolving in response to funding, changing needs, and other environmental influences. Reports will show how the administration of the MIDD Plan both responds to these influences and has an impact on the system at large.

**5. Evaluation Matrices**

The Appendix includes the evaluation matrix for each sub-strategy. More specific information may be added for each individual activity as the program is implemented and evolves. For strategies that are still being developed, outcomes may be marked “TBD” (To Be Determined). When strategies are further developed or modified following initial implementation, new or revised outcomes will be developed, and included in the quarterly reports.



## Mental Illness and Drug Dependency Action Plan

### ADDENDUM: EVALUATION APPROACH

The MIDD Evaluation Plan was developed in the context of existing quality management approaches currently utilized by the Department of Community and Human Services (DCHS) and the Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD). MHCADSD is responsible for the publicly funded mental health and substance abuse treatment systems, and as such is obligated to assure the quality, appropriateness, availability and cost effectiveness of treatment services. MHCADSD must demonstrate to federal, state, and county government the capacity to operate and monitor a complex network of service providers. This is accomplished through well-established quality assurance and improvement strategies, including contract development and monitoring, setting expectations for performance, conducting periodic review of performance, and offering continuous feedback to providers regarding successes and needed improvements. In that context, all MIDD contracts will specify what the provider is expected to do, including service provision, data submission, and reporting of key deliverables. The MIDD evaluation will extend beyond the contract monitoring process to assess whether services were performed effectively, and whether they resulted in improved outcomes for the individuals involved in those services.

The MIDD Evaluation Plan was developed by MHCADSD program evaluation staff whose collective experience with program evaluation, performance measurement, research, and quality improvement is summarized in Attachment B. The MHCADSD System Performance Evaluation team will continue to provide leadership and staffing to assure that the evaluation proceeds in a timely and transparent manner. The ongoing evaluation of the MIDD will involve coordination with MIDD Oversight Committee, stakeholders, providers, and other agencies responsible for evaluating the effectiveness of related or overlapping programs (Veteran's and Human Services Levy Service Improvement Plan, Committee to End Homelessness, Public Health of Seattle/King County, United Way Blueprint to End Chronic Homelessness, City of Seattle, University of Washington, etc.).

The Evaluation Plan and the evaluation matrices for each individual strategy were developed directly from the individual implementation strategies. Some strategies are still in the process of being developed; therefore the evaluation matrices for those strategies will need to be revised as plans are finalized. Updates to the Evaluation Plan will be included in the quarterly, bi-annual, and annual reports reviewed by the MIDD Oversight Committee and transmitted to the King County Executive and Metropolitan King County Council. The Plan utilizes a basic approach to evaluation: measure what is done (output), how it is done (process), and the effects of what is done (outcome).

- ◆ Measuring *what* is done is usually straightforward, as it entails determining if the service has occurred. For example, Strategy 1d aims to increase access to “next day” appointments for individuals experiencing a mental health crisis. The





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evaluation will determine whether the program met its target of increasing availability of next day appointments for an additional 750 people.

- ◆ Measuring *how* an intervention is done is more complex and may involve a combination of contract monitoring (MHCADSD contract staff review agency policies and procedures, client charts, staff credentials, billing, etc.), and process and outcome evaluation to determine if a program is being implemented as intended.
- ◆ Measuring *the effects* of what is done can vary in complexity. The outcome evaluation of MIDD activities will utilize basic quantitative and qualitative methods as appropriate. Many outcome indicators are a measurement of change. The Evaluation Plan uses terms such as 'increase', 'decrease', 'expand' or 'improve'-- all of which imply a difference from what was happening before the intervention occurred. Baseline data will be needed in order to measure whether there has been any change. Targets for improvement will vary, depending on what is currently happening (e.g., percentage of individuals receiving mental health services who are employed) and how long it will take to see results, taking into account the combined impact of all the MIDD strategies.

Data collected on performance will offer a rich opportunity to analyze how the MIDD strategies are impacting people throughout the county, in parts of the county, and at specific providers. Every effort will be made to utilize existing data and reports to avoid unnecessary administrative burden. Through both ongoing contract monitoring and evaluation activities providers will receive feedback about the effectiveness of their strategies and will be held accountable to make any needed changes to ensure the expected results are achieved over time. Monitoring and evaluation results will be used to support quality improvements and revisions to MIDD strategies, to highlight successes, and to demonstrate cost effectiveness to the taxpayer.

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<sup>1</sup> Harder and Company, February 2004, pp.6-9





## Mental Illness and Drug Dependency Action Plan

### Attachment B Evaluation Team

**Kathleen Crane, MS:** Coordinator, System Performance Evaluation and Clinical Services Section.

**Lyscha Marcynyszyn, PhD:** BA, Whitman College; PhD in Developmental Psychology, Cornell University. Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) Privacy Officer and Research Committee Chair. Lyscha has published articles in *Journal of Applied Developmental Psychology* (in-press), *Psychological Science*, the *American Journal of Public Health*, and *Development and Psychopathology*. In 2006, she received the American Psychological Association Division 7 Outstanding Dissertation Award given yearly for the best dissertation in Developmental Psychology. Evaluation work has focused on three national, randomized-controlled demonstration trials: the Next Generation Welfare-to-Work transition studies, Building Strong Families, and the Evaluation of the Social and Character Development interventions. Research has been funded by the National Institute of Mental Health and the Science Directorate of the American Psychological Association.

**Susan McLaughlin, PhD:** BA, San Diego State University; PhD, University of California San Diego/San Diego State University Joint Doctoral Program. Child clinical internship, University of Washington; Post-Doctoral Fellowship in Juvenile Forensic Psychology, University of Washington and Child Study and Treatment Center. MHCADSD Children's Mental Health Planner. Project Evaluator for MHCADSD Children and Families in Common grant from 1999-2005. Conducted a longitudinal outcome study of services to at-risk youth involved in the juvenile justice system aimed at improving overall functioning of youth at home, school, and in communities and reducing juvenile justice involvement. Involved in program evaluations and quality improvement projects for MHCADSD youth programs, including the Interagency Staffing Teams, Wraparound, and the Children's Crisis Outreach Response Program. Conducted studies examining the social and emotional development of maltreated children, the long term impacts of childhood abuse, and the appropriateness of IQ measures for ethnic minority populations in a gifted program.

**Genevieve Rowe, MS:** BS, University of Saskatchewan; MS in Biostatistics, University of Washington. Currently the evaluator of the MHCADSD Forensic Assertive Community Treatment program. From 1993 to 2007 part of Public Health's Epidemiology, Planning and Evaluation Unit participating in a variety of evaluation projects including:

- A framework for the evaluation of the King County Veterans and Human Services Levy - 2007.
- Seattle's School-based Health Clinics funded by the Families and Education Levy - 2003.
- Mental Health service improvement program in Seattle's School-based Health Clinics – 2003-2005.
- Seattle Early Reading First (SERF) program - 2006.
- Highway 99 Traffic Safety Coalition - 2004.



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- WorkFirst Children with Special Health Care Needs program – 2004

Represented Public Health on King County's interagency Juvenile Justice Evaluation Workgroup (1999 – 2005)

**Debra Srebnik, PhD:** BS, University of Washington; PhD in clinical psychology, University of Vermont. Program evaluator for the MHCADSD Criminal Justice Initiative since 2003 (Includes five treatment and/or housing programs and process improvement components aimed at reducing use of secure detention and improving rehabilitative outcomes for individuals being released from King County jails). Conducted evaluations of public mental health and chemical dependency treatment programs including:

- Three Housing First programs, including Begin at Home-current
- Program Assertive Community Treatment-current
- Coalition for Children, Families and Schools-2000-2001
- Parent Party Patrol - substance use prevention program-1999-2000
- SSB6547- design an outcomes system for use in public mental health-1994-1998
- "Becca Bill"-1996-1997
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)-1994-1996
- Design of Mental Health Levels of Care-1993-1994

Research faculty, University of Washington Department of Psychiatry and Behavioral Sciences since 1992. Led or been an investigator on several federally or locally-funded clinical trial and services research grants.



King County

## Mental Illness and Drug Dependency Action Plan Evaluation Plan Matrix

### Appendix

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# Strategy 1

Strategy 1 – Increase Access to Community Mental Health and Substance Abuse Treatment				
Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
<p>1a(1) – Increase Access to Mental Health (MH) Outpatient Services for People Not On Medicaid</p> <p>Target Pop: Individuals who have received MH services but have lost Medicaid eligibility or those who meet clinical and financial criteria for MH services but are not Medicaid eligible.</p>	<p>1. Provide expanded access to outpatient MH services to persons not eligible for or who lose Medicaid coverage, yet meet income standards for public MH services (goal is 2,400 additional non-Medicaid eligible clients per year).</p>	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>Increase # of non-Medicaid eligible clients served by 2,400 per year</li> <li>Reduce severity of MH symptoms of clients served</li> </ol> <p>Long-term measures:</p> <ol style="list-style-type: none"> <li>Reduce # of jail bookings for those served</li> <li>Reduce # of days in jail for those served</li> <li>Reduce # of psychiatric hospital admissions for those served</li> <li>Reduce # of psychiatric hospital days for those served</li> <li>Reduce # of emergency room (ER) admissions for those served</li> </ol>	<ol style="list-style-type: none"> <li>Output</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> </ol>	<p>Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) Management Information System (MIS)</p> <p>Jail data</p> <p>Jail data</p> <p>Hospital data</p> <p>Hospital data</p> <p>ER data</p>
<p>1a(2) – Increase Access to Substance Abuse (SA) Outpatient Services for People Not On Medicaid</p> <p>Target Pop: Low-income individuals who are not Medicaid, Alcohol and Drug Assessment and Treatment Service Agency (ADAISA), or Government Assistance – Unemployable (GAU) eligible who need chemical dependency (CD) services</p>	<p>1. Provide expanded access to substance abuse treatment to individuals not eligible or covered by Medicaid, ADATSA, or GAU benefits but who are low-income (have 80% of state median income or less, adjusted for family size). Services include opiate substitution treatment (OST) and outpatient treatment.</p>	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>Increase # of non-Medicaid eligible clients admitted to substance abuse treatment and OST. (Goal is an additional 461 individuals in Opiate Substitution Treatment (OST) and 400 individuals in outpatient substance abuse disorder treatment per year)</li> <li>Reduce severity of SA symptoms of clients served</li> </ol> <p>Long-term measures:</p> <ol style="list-style-type: none"> <li>Reduce # of jail bookings for those served</li> <li>Reduce # of days in jail for those served</li> <li>Reduce # of psychiatric hospital</li> </ol>	<ol style="list-style-type: none"> <li>Output</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> </ol>	<p>MIS</p> <p>TBD (e.g., survey)</p> <p>Jail data</p> <p>Jail data</p> <p>Hospital data</p>

**Strategy 1 – Increase Access to Community Mental Health and Substance Abuse Treatment**

Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
<p>1b – Outreach and Engagement to Individuals leaving hospitals, jails, or crisis facilities</p> <p>Target Pop: Homeless adults being discharged from jails, hospital ERs, crisis facilities and in-patient psychiatric and chemical dependency facilities</p>	<p>1. Intervention to be defined. Intent is to fill gaps identified in the high utilizer service system, once other programs dedicated to this population are implemented.</p>	<p>admissions for those served</p> <p>6. Reduce # of psychiatric hospital days for those served</p> <p>7. Reduce # of ER admissions for those served</p> <p>Short-term measures:</p> <p>1. Link individuals to needed community treatment and housing</p> <p>2. Increase # of individuals in shelters being placed in: a) services and b) permanent housing</p> <p>Long-term measures:</p> <p>3. Reduce # of jail bookings for those served</p> <p>4. Reduce # of days in jail for those served</p> <p>5. Reduce # of psychiatric hospital admissions for those served</p> <p>6. Reduce # of psychiatric hospital days for those served</p> <p>7. Reduce # of ER admissions for those served</p>	<p>6. Outcome</p> <p>7. Outcome</p> <p>1. Output</p> <p>2. Outcome</p> <p>3. Outcome</p> <p>4. Outcome</p> <p>5. Outcome</p> <p>6. Outcome</p> <p>7. Outcome</p>	<p>Hospital data</p> <p>ER data</p> <p>TBD when specifics of intervention are defined</p> <p>Jail data</p> <p>Jail data</p> <p>Hospital data</p> <p>Hospital data</p> <p>ER data</p>
<p>1c – Emergency Room Substance Abuse and Early Intervention Program</p> <p>Target Pop: At risk substance abusers, including high utilizers of hospital ERs</p>	<p>1. Continue lapsed federal grant funding for program at Harborview (5 current FTE SA professionals)</p> <p>2. Create 1 new program in South King County (hire 4 new FTE CD professionals)</p> <p>3. Serve a total of 7,680 clients/yr</p>	<p>Short-term measures:</p> <p>1. Hire 4 new FTE SA professionals</p> <p>2. SA services to 7,680 cis/yr</p> <p>3. Expansion of existing program</p> <p>4. Create 1 new program in South King County</p> <p>Long-term measures:</p> <p>5. Reduce # of jail bookings for those served</p> <p>6. Reduce # of days in jail for those served</p> <p>7. Reduce # of ER admissions for those served</p> <p>8. Reduce # of psychiatric hospital admissions for those served</p>	<p>1. Output</p> <p>2. Output</p> <p>3. Output</p> <p>4. Output</p> <p>5. Outcome</p> <p>6. Outcome</p> <p>7. Outcome</p> <p>8. Outcome</p>	<p>Agency report</p> <p>MIS</p> <p>MHCADSD</p> <p>MHCADSD</p> <p>Jail data</p> <p>Jail data</p> <p>ER data</p> <p>Hospital data</p>

Strategy 1 – Increase Access to Community Mental Health and Substance Abuse Treatment				
Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
		9. Reduce # of psychiatric hospital days for those served 10. Reduce # of detox admissions for those served 11. Reduce ER costs for those served Short-term measures: 1. Provide expanded NDA services to 750 clients Long-term measures: 2. Reduce # of ER admissions for those served 3. Reduce # of psychiatric hospital admissions for those served 4. Reduce # of psychiatric hospital days for those served	9. Outcome 10. Outcome 11. Outcome 1. Output 2. Outcome 3. Outcome 4. Outcome	Hospital data MIS ER/Hospital data MIS ER data Hospital data Hospital data
1d – Mental health crisis next day appointments (NDAs) Target Pop: adults in crisis and at risk for inpatient psychiatric admission	1. Increase access for NDAs to provide them for 750 clients 2. Provide expanded crisis stabilization services	Short-term measures: 1. Increase # of certified CD treatment professionals (CDPs) by 125 annually 2. Test 45 CDPTs at each test cycle 3. Increase # of certification programs 4. Increase # of trainings provided Long-term measures: 5. Increase # of clients receiving CD services	1. Output 2. Output 3. Output 4. Output 5. Outcome	Agency data WA State Divisions of Alcohol & Substance Abuse (DASA) data DASA data Agency data MIS
1e – Chemical Dependency Professional (CDP) Education and Workforce Development Target Pop: Staff (Chemical Dependency Professional Trainees CDPTs) at KC contracted treatment agencies training to become CDPs.	1. Provide tuition and book stipends to agency staff in training to become certified chemical dependency professionals.	Short-term measures: 1. 1 FTE Parent Partner Specialist hired 2. A sufficient # of contracts are secured to provide up to 40 parent partners and/or youth peer mentors 3. Increase in # of families and youth receiving parent partner/peer counseling services 4. Increase in # of parent partner/peer	1. Output 2. Output 3. Output 4. Output	MHCADSD MHCADSD MIS MIS
1f – Peer support and parent partners family assistance Target Pop: 1) Families whose children and/or youth receive services from the public mental health or substance abuse treatment systems, the child welfare system,	1. Hire 1 FTE MHCADSD Parent Partner Specialist 2. Provide up to 40 part-time parent partners/youth peer counselors to provide outreach and engagement and assist families to navigate the complex child-serving systems, including juvenile justice, child welfare, and mental health and substance abuse treatment.			



**Strategy I – Increase Access to Community Mental Health and Substance Abuse Treatment**

Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
<p>the juvenile justice system, and/or special education programs, and who need assistance to successfully access services and supports for their children/youth.</p> <p>2) Youth who receive services from the public mental health and substance abuse treatment systems, the child welfare system, the juvenile justice system, and/or special education programs, and who need assistance to successfully access services &amp; supports</p>	<p>3. Provide education, training and advocacy to parents and youth involved in the different child serving systems</p>	<p>counseling service hours provided</p> <p>5. Increase # of parent/youth engaged in the Networks of Support</p> <p>6. Increase # of education and training events held annually</p> <p>Long-term measures:</p> <p>7. Reduce # of psychiatric hospital admissions for those served</p> <p>8. Reduce # of psychiatric hospital days for those served</p> <p>9. Reduce # of detention admits for youth within those families served</p> <p>10. Reduce # of out of home placements</p> <p>11. Reduce # of placement disruptions for families and youth served</p>	<p>5. Output</p> <p>6. Output</p> <p>7. Outcome</p> <p>8. Outcome</p> <p>9. Outcome</p> <p>10. Outcome</p> <p>11. Outcome</p>	<p>Agency data</p> <p>Agency data</p> <p>Hospital data</p> <p>Hospital data</p> <p>Juvenile Justice (JJ) data</p> <p>(TBD) DCFS data</p> <p>(TBD) DCFS data</p>
<p>1g - Prevention and early intervention mental health and substance abuse services for older adults</p> <p>Target Pop: Adults age 55 years and older who are low-income, have limited or no medical insurance, and are at risk of mental health problems and/or alcohol or drug abuse.</p>	<p>1. Hire 10 FTEs behavioral health specialists/staff to provide prevention and early intervention services by integrating staff into safety net primary care clinics. This includes screening for depression and/or alcohol/drug abuse, identifying treatment needs, and connecting adults to appropriate interventions.</p>	<p>Short-term measures:</p> <p>1. 10 FTEs hired</p> <p>2. Improved access to screening and services</p> <p>3. Prevention and early intervention services provided to 2,500 to 4,000 clients/yr</p> <p>Long-term measures:</p> <p>4. Reduce # of ER admissions for those served</p> <p>5. Reduce # of psychiatric hospital admissions for those served</p> <p>6. Reduce # of psychiatric hospital days for those served</p> <p>7. Reduce self-report of depression for those served</p> <p>8. Reduce self-report of substance abuse for those served</p> <p>9. Reduce self-report of suicidal ideation for those served</p>	<p>1. Output</p> <p>2. Output</p> <p>3. Output</p> <p>4. Outcome</p> <p>5. Outcome</p> <p>6. Outcome</p> <p>7. Outcome</p> <p>8. Outcome</p> <p>9. Outcome</p>	<p>Agency data</p> <p>Agency data</p> <p>MIS</p> <p>ER data</p> <p>Hospital data</p> <p>Hospital data</p> <p>TBD (e.g., survey)</p> <p>TBD (e.g., survey)</p> <p>TBD (e.g., survey)</p>

Strategy 1 - Increase Access to Community Mental Health and Substance Abuse Treatment				
Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	
1h - Expand the availability of crisis intervention and linkage to on-going services for older adults  Target Pop: Adults age 55 and older experiencing a crisis in which MH or substance abuse is a contributing factor	<p>1. Expand the Geriatric Regional Assessment Team (GRAT) by providing 1 FTE geriatric MH outreach specialist, 1 FTE geriatric CD outreach specialist, 1 geriatric CD trainee, and 1.6 FTE nurse clients/yr</p> <p>2. In response to requests from police and other first responders, provide crisis intervention, functional crisis referral, and linkages to services</p>	<p>10. Reduce ER costs for those served</p> <p>11. Reduce hospital costs for those served</p> <p>Short-term measures:</p> <ol style="list-style-type: none"> <li>Hire 1 FTE geriatric MH specialist, 1 FTE geriatric CD specialist, 1 geriatric CD trainee, and 1.6 FTE nurse</li> <li>Crisis intervention and linkages to services for an additional new 340 clients/yr</li> <li>Increase # of crisis interventions</li> <li>Increase # of functional assessments</li> <li>Increase # of referrals</li> <li>Increase # of linkages made to services</li> </ol> <p>Long-term measures:</p> <ol style="list-style-type: none"> <li>Reduce # of jail bookings for those served</li> <li>Reduce # of days in jail for those served</li> <li>Reduce # of ER admissions for those served</li> <li>Reduce # of psychiatric hospital admissions for those served</li> <li>Reduce # of psychiatric hospital days for those served</li> </ol>	<p>10. Outcome</p> <p>11. Outcome</p> <p>1. Output</p> <p>2. Output</p> <p>3. Output</p> <p>4. Output</p> <p>5. Output</p> <p>6. Output</p> <p>7. Outcome</p> <p>8. Outcome</p> <p>9. Outcome</p> <p>10. Outcome</p> <p>11. Outcome</p>	<p>Data source(s) - Note any existing evaluation activity</p> <p>ER data Hospital data</p> <p>Agency data</p> <p>MIS</p> <p>Agency data Agency data Agency data Agency data</p> <p>Jail data</p> <p>Jail data ER data</p> <p>Hospital data</p> <p>Hospital data</p>

## Strategy 2

Strategy 2 - Improve Quality of Care		Performance Measures		Data source(s) - Note any existing evaluation activity		
Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity		
2a - Caseload Reduction for Mental Health Target Pop: 1) Contracted MH agencies and MH Case Managers  2) Consumers receiving outpatient services through King County Regional Support Network (KCRSN)	1. Develop strategy for addressing definition of case manager, calculation of caseload size and severity of case mix.  2. Increase payment rates for MH providers in order to increase number of case managers/supervisors and reduce caseloads. Specific goals for # of additions by type of staff will be set in above strategy.	Short-term measures: 1. Develop and implement strategy that addresses variability of caseload size and severity of case mix within and among agencies. 2. Increase # of MH case managers and supervisors as specified in above strategy. 3. Decrease caseload size for MH case managers by percent determined in above strategy. 4. Increase # of case management (CM) service hours for those served 5. Increase # of CM services provided within 7 days of hospitalization/jail discharge	1. Output	MHCADSD		
		2. Output	Agency data			
		3. Output	Agency data			
		4. Outcome	MIS			
		5. Outcome	MIS			
				Long-term measures:		
		6. Outcome	Reduce # of jail bookings for adults served	Jail data		
		7. Outcome	Reduce # of days in jail for adults served	Jail data		
		8. Outcome	Reduce juvenile justice (JJ) involvement for youth served	JJ data		
		9. Outcome	Reduce # of psychiatric hospital admissions for those served	Hospital data		
		10. Outcome	Reduce # of psychiatric hospital days for those served	Hospital data		
		11. Outcome	Reduce # of ER admissions for those served	ER data		
		12. Outcome	Reduce # of out of home placements for children	Division of Children and Family Services (DCFS) data Survey		
		2b - Employment services for	1. Provide 23 vocational specialists (each	Short-term measures: 13. Increase case manager job satisfaction as a result of reduced caseload 14. Decrease case manager turnover rates	13. Outcome	
14. Outcome	Agency data					

Strategy 2 - Improve Quality of Care				Data source(s) - Note any existing evaluation activity
Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	
<p>individuals with mental illness and chemical dependency</p> <p>Target Pop: Individuals receiving public mental health and/or chemical dependency services who need supported employment to obtain competitive employment</p>	<p>provider serves ~40 clients/yr) to provider fidelity-based supported employment (trial work experience, job placement, on-the-job retention services)</p> <p>2. Provide public assistance benefits counseling</p> <p>3. Provide training in vocational services to MH providers first, then CD providers</p>	<p>1. Provide employment services to 920 clients/yr</p> <p>2. Change in number of enrolled MH &amp; CD clients who become employed</p> <p>3. Number/rate of individuals who become employed who are retained in employment for 90 days</p> <p>4. Decreased reliance on public assistance</p> <p>Long-term measures:</p> <p>5. Increase housing stability (retention)</p>	<p>1. Output</p> <p>2. Outcome</p> <p>3. Outcome</p> <p>4. Outcome</p> <p>5. Outcome</p>	<p>MIS</p> <p>MIS</p> <p>MIS</p> <p>Department of Social and Health Services (DSHS)</p> <p>MIS</p>

# Strategy 3

Strategy 3 – Increase Access to Housing				
Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
<p>3a – Supportive Services for Housing Projects</p> <p>Target Pop: Persons in the public MH and CD treatment system who are homeless; have not been able to attain housing stability; are exiting jails and hospitals; or have been seen at a crisis diversion facility.</p>	<p>1. Expand on-site supportive housing services by adding housing support specialists to serve an estimated 400 individuals in addition to current capacity.</p>	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>Increase # of individuals served by about 400</li> <li>Increase # of housing providers accepting this target population</li> </ol> <p>Long-term measures:</p> <ol style="list-style-type: none"> <li>Increase housing stability of those served</li> <li>Increase treatment participation of those served</li> <li>Reduce # of jail bookings for those served</li> <li>Reduce # of days in jail for those served</li> <li>Reduce # of psychiatric hospital admissions for those served</li> <li>Reduce # of psychiatric hospital days for those served</li> <li>Reduce # of ER admissions for those served</li> </ol>	<ol style="list-style-type: none"> <li>Output</li> <li>Output</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> </ol>	<p>Agency data</p> <p>Agency data</p> <p>MIS</p> <p>MIS</p> <p>Jail data</p> <p>Jail data</p> <p>Hospital data</p> <p>Hospital data</p> <p>ER data</p>

# Strategy 4

Strategy 4 – Invest in Prevention and Early Intervention Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
<p>4a – Services to parents participating in substance abuse outpatient treatment programs</p> <p>Target Pop: Custodial parents participating in outpatient substance abuse treatment</p>	<p>1. Implement two evidence based programs to help parents in recovery become more effective parents and reduce the risk that their children will abuse drugs or alcohol. (Serve 400 parents per year)</p>	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>Serve 400 parents per year</li> <li>Increase parent services at outpatient SA treatment programs</li> <li>Improve parenting skills of those served</li> <li>Increased family communication</li> <li>Increased positive family structure</li> </ol> <p>Long-term measures:</p> <ol style="list-style-type: none"> <li>Reduce substance abuse by children of parents served</li> <li>Reduce risk factors for substance abuse &amp; other problem behaviors by children of parents served</li> <li>Increase protective factors for prosocial behavior by children of parents served</li> </ol>	<ol style="list-style-type: none"> <li>Output</li> <li>Output</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> </ol>	<p>Agency data Agency data</p> <p>TBD from contract with service provider TBD TBD</p> <p>TBD</p> <p>TBD</p> <p>TBD</p>
<p>4b -- Prevention Services to Children of Substance Abusers</p> <p>Target Pop: Children of substance abusers and their parents/guardians/kinship caregivers.</p>	<p>1. Implement evidence-based educational/support programming for children of substance abusers to reduce risk of future substance abuse and increase protective factors. (Serve 400 per year)</p>	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>Contract with service provider for evidence-based programs</li> <li>Increase # of children served (goal 400/year)</li> <li>Increase # of activities provided by King County region</li> <li>Improve individual and family functioning of those served</li> <li>Improve school attendance of children served</li> <li>Improve school performance of children served</li> <li>Improve health outcomes of children served</li> </ol> <p>Long-term measures:</p>	<ol style="list-style-type: none"> <li>Output</li> <li>Output</li> <li>Output</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> </ol>	<p>Agency data</p> <p>Agency data</p> <p>Agency data</p> <p>TBD from contract with service provider TBD (e.g., School data)</p> <p>TBD (e.g., School data)</p> <p>TBD</p>

Strategy 4 – Invest in Prevention and Early Intervention Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
		8. Reduction of JJ involvement of children served 9. Reduction in substance abuse of children served 10. Reduction of risk factors for substance abuse and other problem behaviors of children served 11. Increased protective factors for prosocial behavior of children served	8. Outcome 9. Outcome 10. Outcome 11. Outcome	JJ data TBD TBD TBD
4c - School district based mental health and substance abuse services  Target Pop: Children and youth enrolled in King County schools who are at risk for future school drop out	1. Fund 19 competitive grant awards to school based health programs in partnership with mental health, chemical dependency and youth service providers to provide a continuum of mental health and substance abuse services in schools	Short-term measures: 1. 19 grants are funded in school districts across King County 2. Increase # of youth receiving MH and/or CD services through school-based programs 3. Improved school performance for youth served 4. Improved school attendance for youth served 5. Decrease in truancy petitions filed for youth served  Long-term measures: 6. Decrease in JJ involvement for youth served 7. Decrease use of emergency medical system for youth served 8. Decrease use of psychiatric hospitalization for youth served	1. Output 2. Outcome 3. Outcome 4. Outcome 5. Outcome  6. Outcome 7. Outcome 8. Outcome	MHCADSD Agency/School data School data School data School/JJ data  JJ data ER data Hospital data
4d - School based suicide prevention  Target Pop: King County school students, including alternative schools students, age 12-19 years, school staff and administrators, and the students' parents and	1. Fund staff to provide suicide awareness and prevention training to children, administrators, teachers and parents to include: <ul style="list-style-type: none"> <li>• Suicide Awareness Presentations for Students</li> <li>• Teacher Training</li> <li>• Parent Education</li> <li>• Developing school policies and</li> </ul>	Short-term measures: 1. Hire three FTEs to provide suicide awareness and prevention training to children, administrators, teachers, and parents 2. Increase # of suicide awareness trainings for students 3. Increase # of teacher trainings 4. Increase # of parent education trainings	1. Output 2. Output 3. Output 4. Output	Agency data Agency data Agency data Agency data

Strategy 4 – Invest in Prevention and Early Intervention	Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
guardians		procedures	5. Increase # of school policies and procedures addressing appropriate steps for intervening with students who are at-risk for suicide 6. Increased awareness of the warning signs and symptoms of suicide for students, teachers, and parents 7. Increase # of at-risk youth referred and linked to treatment  Long-term measures: 8. Decrease # of suicides and suicide attempts of youth served 9. Decreased suicidal ideation among youth served 10. Decreased depression and/or depressive symptoms among youth served 11. Increased help seeking behavior among target population 12. Decreased risk factors for suicide among target population 13. Increased protective factors for suicide prevention among target population	5. Output  6. Outcome  7. Output  8. Outcome 9. Outcome 10. Outcome 11. Outcome 12. Outcomes 13. Outcomes	Agency data  TBD (e.g., pre/post survey)  Agency data  TBD TBD TBD TBD TBD TBD



## Strategy 5

Strategy 5 - Expand Assessments for Youth in the Juvenile Justice System			
Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure
5a - Increase capacity for social and psychological assessments for juvenile justice youth (including youth involved with the Becca truancy process)  Target Pop: Youth age 12 years or older who have become involved with the juvenile justice system.	1. Hire administrative and clinical staff to expand the capacity for social and psychological assessments, substance abuse assessment and other specialty evaluations (i.e., psychiatric, forensic, neurological, etc.) for juvenile justice involved youth	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>1 FTE CDP hired to provide an additional 280 Global Appraisal of Individual Needs (GAIN) assessments per year</li> <li>1 FTE MH Liaison hired to provide an additional 200 MH assessments per year</li> <li>Increase # of youth involved in JJ completing a GAIN assessment</li> <li>Increase # of youth involved in JJ completing a MH assessment</li> <li>Increase # of JJ involved youth linked to CD treatment</li> <li>Increase # of JJ involved youth linked to MH treatment</li> <li>Increase # of JJ involved youth receiving a psychiatric evaluation</li> </ol> <p>Long-term measures:</p> <ol style="list-style-type: none"> <li>8. Reduction in recidivism rates for youth linked to CD and/or MH treatment</li> <li>9. Reduction in substance use for youth served</li> <li>10. Increased retention in CD and MH treatment for youth referred</li> </ol>	<ol style="list-style-type: none"> <li>1. Output</li> <li>2. Output</li> <li>3. Output</li> <li>4. Output</li> <li>5. Output</li> <li>6. Output</li> <li>7. Output</li> <li>8. Outcome</li> <li>9. Outcome</li> <li>10. Outcome</li> </ol>
			Data source(s) - Note any existing evaluation activity
			MHCADSD
			MHCADSD
			MHCADSD
			Agency data
			Agency data/TARGET data
			Agency data/MIS
			TBD - JJ or Agency data
			JJ data
			TBD
			TBD

## Strategy 6

Strategy 6 - Expand Wraparound Services for Youth				
Sub-Strategy	Intervention(s)/Objectives - including target	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
6a - Wraparound family, professional and natural support services for emotionally disturbed youth  Target Pop: Emotionally and/or behaviorally disturbed children and/or youth (up to the age of 21) and their families who receive services from two or more of the public mental health and substance abuse treatment systems, the child welfare system, the juvenile justice system, developmental disabilities and/or special education programs, and who would benefit from high fidelity wraparound	<ol style="list-style-type: none"> <li>40 additional wraparound facilitators and 5 wraparound supervisors/coaches</li> <li>Provide wraparound orientation to community on a quarterly basis</li> <li>Flexible funding available to individual child and family teams</li> </ol>	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>Provide wraparound to an additional 920 youth and families per year</li> <li>Increase # of trainings provided annually</li> <li>Improved school performance for youth served</li> <li>Reduced drug and alcohol use for youth served</li> <li>Improvement in functioning at home, school and community for youth served</li> <li>Increased community connections and utilization of natural supports by youth and families</li> <li>Maintained stability of current placement for youth served</li> </ol> <p>Long-term measures:</p> <ol style="list-style-type: none"> <li>Reduced juvenile justice involvement for youth served</li> <li>Improved high school graduation rates for youth served</li> </ol>	<ol style="list-style-type: none"> <li>Output</li> <li>Output</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> </ol>	<p>MIS</p> <p>MHCADSD School data/survey</p> <p>TBD – survey</p> <p>TBD – survey</p> <p>TBD - survey</p> <p>Agency/DCFS data</p> <p>JJ data</p> <p>TBD</p>

# Strategy 7

Strategy 7 - Expand Services for Youth in Crisis			
Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure
7a - Reception centers for youth in crisis  Target Pop: Youth who have been arrested, are ineligible for detention, and do not have a readily available parent or guardian.	<ol style="list-style-type: none"> <li>1. Conduct a comprehensive needs assessment to determine most appropriate interventions to provide police officers with more options when interacting with runaways and minor youth who may be experiencing mental health and/or substance abuse problems.</li> <li>2. Create a coordinated response/entry system for the target population that allows law enforcement and other first responders to link youth to the appropriate services in a timely manner.</li> <li>3. Develop an enhanced array of services for the target population as deemed appropriate by the needs assessment.</li> </ol>	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>1. Complete a needs assessment in conjunction with Strategy 7b to determine appropriate strategies to meet goals</li> <li>2. Implementation of strategies identified through needs assessment</li> </ol> <p>Long-term measures:</p> <ol style="list-style-type: none"> <li>3. Reduce # of admissions in juvenile detention facilities for youth served</li> <li>4. Reduce # of ER admissions for youth served</li> <li>5. Reduce # of psychiatric hospital admissions for youth served</li> <li>6. Decreased homelessness for youth served</li> <li>7. Reduction in risk factors for delinquency for youth served</li> <li>8. Increased protective factors for prosocial behavior for youth served</li> </ol>	<ol style="list-style-type: none"> <li>1. Output</li> <li>2. Output</li> <li>3. Outcome</li> <li>4. Outcome</li> <li>5. Outcome</li> <li>6. Outcome</li> <li>7. Outcome</li> <li>8. Outcome</li> </ol>
7b - Expanded crisis outreach and stabilization for children, youth, and families  Target Pop: 1) Children and youth age three-17 who are currently in King County and who are experiencing a mental health crisis. This includes children, youth, and families where the functioning of the child and/or	<ol style="list-style-type: none"> <li>1. Expand current Children's Crisis Outreach Response System (CCORS) program to provide crisis outreach and stabilization to youth involved in the JJ system and/or at risk for placement in juvenile detention due to emotional and behavioral problems.</li> </ol>	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>1. Conduct needs assessment, in conjunction with strategy 7a to determine additional capacity and resource needed to develop the full continuum of crisis options within the CCORS program</li> <li>2. Increased # of youth in King County receiving crisis stabilization within the home environment</li> <li>3. Maintain current living placement for</li> </ol>	<ol style="list-style-type: none"> <li>1. Output</li> <li>2. Output</li> <li>3. Outcome</li> </ol>

Data source(s) - Note any existing evaluation activity

MHCADSD

MHCADSD

JJ data

ER/Hospital data

TBD

TBD

TBD

TBD

MHCADSD

MIS

Agency data

**Strategy 7 - Expand Services for Youth in Crisis**

Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
<p>family is severely impacted due to family conflict and/or severe emotional or behavioral problems, and where the current living situation is at imminent risk of disruption.</p>		<p>youth served</p> <p>Long-term measures:</p> <p>4. Reduce # of ER admissions to for youth served</p> <p>5. Reduce # of psychiatric hospital admissions for youth served</p> <p>6. Reduce # of admissions in juvenile detention facilities for youth served</p> <p>7. Reduce # of detention days in juvenile detention for youth served</p> <p>8. Reduce # of requests for placement in child welfare system for youth served</p>	<p>4. Outcome</p> <p>5. Outcome</p> <p>6. Outcome</p> <p>7. Outcome</p> <p>8. Outcome</p>	<p>ER data</p> <p>Hospital data</p> <p>JJ data</p> <p>JJ data</p> <p>Agency data/DCFS data</p>
<p>2) Children and youth being discharged from a psychiatric hospital or juvenile detention center without an appropriate living arrangement</p>				

# Strategy 8

Strategy 8 - Expand Family Treatment Court				
Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
8a - Expand family treatment court services and supports to parents  Target Pop: Parents in the child welfare system who are identified as being chemically dependent and who have had their child(ren) removed due to their substance use	1. Sustain and expand capacity of the Family Treatment Court (FTC) model	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>Expand family treatment court capacity to serve a total of 90 youth and families per year</li> <li>Eligibility/enrollment completed quickly (timeframe TBD)</li> <li>Parents are enrolled with appropriate CD services</li> <li>Parents served are compliant with and complete treatment</li> <li>Parents/children receive needed services</li> <li>Parents are compliant with court orders</li> <li>Decreased placement disruptions</li> <li>Earlier determination of alternative placement options</li> <li>Increase in after care plan/connection to services</li> <li>Decrease in substance use of parents served</li> </ol> <p>Long-term measures:</p> <ol style="list-style-type: none"> <li>Increased family reunification rates</li> <li>Decrease subsequent out-of-home placements and/or Child Protection Services (CPS) involvement</li> </ol>	<ol style="list-style-type: none"> <li>Output</li> <li>Output</li> <li>Output</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> </ol>	<p>Superior Court</p> <p>TBD</p> <p>TARGET data</p> <p>TARGET data</p> <p>TBD</p> <p>Superior Court</p> <p>Superior Court/DCFS</p> <p>TBD</p> <p>TBD</p> <p>TBD</p> <p>DCFS data</p> <p>DCFS data</p>

Strategy 8 - Expand Family Treatment Court Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
		<ul style="list-style-type: none"> <li>13. Reduction in juvenile justice system involvement for children served through FTC</li> <li>14. Reduction in substance abuse for children served through FTC</li> <li>15. Reduction of risk factors for substance abuse &amp; other problem behaviors of children served</li> <li>16. Increased protective factors for prosocial behavior of children served</li> </ul>	<ul style="list-style-type: none"> <li>13. Outcome</li> <li>14. Outcome</li> <li>15. Outcome</li> <li>16. Outcome</li> </ul>	<ul style="list-style-type: none"> <li>JJ data</li> <li>TARGET data/Survey</li> <li>TBD</li> <li>TBD</li> </ul>

## Strategy 9

Strategy 9 - Expand Juvenile Drug Court				
Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
9a - Expand juvenile drug court treatment  Target Pop: Youth involved in the JJ system who are identified as having substance abuse issues or are diagnosed chemically dependent	1. Maintain and expand capacity of the Juvenile Drug Court (JDC) model	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>Expand juvenile drug court capacity to serve an additional 36 chemically dependent youth per year for a total of 72 youth served annually</li> <li>Increase # of youth involved in JDC linked to drug/alcohol treatment</li> <li>Increase # of youth involved in JDC completing drug/alcohol treatment</li> <li>Reduce # of days spent in detention for youth involved in juvenile drug court</li> </ol> <p>Long-term measures:</p> <ol style="list-style-type: none"> <li>Reduce juvenile recidivism rates for youth completing juvenile drug court</li> <li>Reduce substance abuse/dependency for youth involved in juvenile drug court</li> <li>Reduce risk factors for substance abuse and other problem behaviors of youth served</li> <li>Increase protective factors for prosocial behavior of youth served</li> </ol>	<ol style="list-style-type: none"> <li>Output</li> <li>Output</li> <li>Output</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> </ol>	<p>Superior Court</p> <p>Superior Court or TARGET data TARGET data</p> <p>JJ data</p> <p>JJ data</p> <p>TBD</p> <p>TBD</p> <p>TBD</p>

## Strategy 10

Strategy 10 - Pre-booking Diversion Sub-Strategy		Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
10a - Crisis intervention training program for King County Sheriff, police, jail staff, and other first responders	1. Crisis intervention training (CIT) for KC Sheriff, police, firefighters, ambulance drivers, jail staff, and other first responders	1. Provide 40-hr CIT training to 480 police and other first responders per year	Short-term measures: 1. Hire 1 FTE educator/consultant II or III 2. Hire 1 FTE administrative specialist II 3. Provide 40-hr CIT training to 1,200 and other first responders per year 4. Provide one-day CIT training to 1,200 other officers and other first responders per year 5. Increase # of KC Sheriff, police, jail staff, and other first responders given training 6. Self-Report of training effectiveness/skills learned 7. Increase support for treatment services for individuals with MH and/or CD needs among CIT trainees 8. Increase CIT trainees knowledge of individuals with MH and/or CD illnesses. 9. Reduce CIT trainees' stigma toward individuals with MH and/or CD illnesses.	1. Output 2. Output 3. Output 4. Output 5. Output 6. Outcome 7. Outcome 8. Outcome 9. Outcome	Agency data Agency data Agency data Agency data Agency data Training evaluations CIT pre/post survey CIT pre/post survey CIT pre/post survey
Target Pop: KC Sheriff, police, firefighters, emergency medical technicians, ambulance drivers, jail staff, and other first responders and clients	2. Provide one-day CIT training to 480 police and other first responders per year 3. Provide one-day CIT training to 1,200 other officers and other first responders		Long-term measures: 10. Increased use of diversion options for those served 11. Reduce # of jail bookings for those served 12. Reduce # of days in jail for those served 13. Reduce # of ER admissions for those served 14. Reduce # of psychiatric hospital admissions for those served 15. Reduce # of psychiatric hospital days	10. Outcome 11. Outcome 12. Outcome 13. Outcome 14. Outcome 15. Outcome	TBD Jail data Jail data ER data Hospital data Hospital data



Strategy 10 - Pre-booking Diversion				
Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	
			Data source(s) - Note any existing evaluation activity	
<p>10b -Adult crisis diversion center, respite beds and mobile behavioral health crisis team</p> <p>Target Pop:            1) Adults in crisis in the community who might otherwise be arrested for minor crimes and taken to jail or to a hospital emergency department.            2) Individuals who have been seen in emergency departments or at jail booking and who are ready for discharge but still in crisis and in need of services. Target population will be refined during the planning process.</p>	<ol style="list-style-type: none"> <li>Increase number of respite beds</li> <li>Create a mobile crisis team of MH and CD specialists to evaluate, refer and link clients to services</li> <li>Create a crisis diversion center for police and crisis responders</li> </ol>	<p>for those served</p> <ol style="list-style-type: none"> <li>Serve ~3,600 adults/year (xx # depends on when different components implemented)</li> </ol> <p>Short-term measures:</p> <ol style="list-style-type: none"> <li>Successfully link xx% of those seen by 10b services to MH and/or CD services (benchmark to be determined during contracting)</li> <li>Increase # of respite beds</li> <li>Mobile crisis team of MH &amp; CD specialists is created</li> <li>Crisis diversion center for police and crisis responders is created</li> </ol> <p>Long-term measures:</p> <ol style="list-style-type: none"> <li>Reduce # of ER admissions for those served</li> <li>Reduce # of psychiatric hospital admissions for those served</li> <li>Reduce # of psychiatric hospital days for those served</li> <li>Reduce # of jail bookings for those served</li> <li>Reduce # of days in jail for those served</li> </ol>	<ol style="list-style-type: none"> <li>Output</li> <li>Outcome</li> <li>Output</li> <li>Output</li> <li>Output</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> </ol>	<p>MIS</p> <p>MIS and TARGET data</p> <p>MHCADSD MHCADSD</p> <p>MHCADSD</p> <p>ER data</p> <p>Hospital data</p> <p>Hospital data</p> <p>Jail data</p> <p>Jail data</p>

# Strategy II

Strategy II - Expand Access to Diversion Options and Therapeutic Courts and Improve Jail Services Provided to Individuals with Mental Illness and Chemical Dependency				
Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
<p>11a - Increase capacity of jail liaison program</p> <p>Target Pop: King County Work Release (WER) inmates who are residents of King County or likely to be homeless within King County upon release from custody, and who are assessed as needing mental health services, chemical dependency treatment, other human services, or housing upon release.</p>	<ol style="list-style-type: none"> <li>One additional jail liaison to handle increased mental health courts caseload as designed under MIDD.</li> <li>Liaisons linked inmates within 10-45 days from release to community-based MH, CD, medical services and housing.</li> </ol>	<ol style="list-style-type: none"> <li>Serve 360 additional clients via liaison</li> </ol> <p>Short-term measures:</p> <ol style="list-style-type: none"> <li>Assist target population in applying for DSHS benefits when they are within 45 days of discharge</li> <li>Refer veterans to Veterans Reintegration Services.</li> <li>Successfully link xx% of those seen by liaison to MH and/or CD services (benchmark to be determined through contracting)</li> <li>Improve rates of target population being placed in housing (temporary or permanent) upon discharge</li> </ol> <p>Long-term outcomes*:</p> <ol style="list-style-type: none"> <li>Reduce # of jail bookings for those served</li> </ol>	<ol style="list-style-type: none"> <li>Output</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> </ol>	<p>CJ liaison Excel reports</p> <p>CJ liaison Excel reports</p> <p>TBD</p> <p>MIS and TARGET data</p> <p>TBD</p> <p>Jail data</p> <p>Jail data</p> <p>Data from courts - TBD</p>
<p>11b - Increase services available for new or existing mental health court programs</p> <p>Target Pop: Adult misdemeanants with serious mental illness who opt-in to the mental health court and those who are unable to opt-in because of the lack of legal competency. Access to participate will also be developed for individuals in</p>	<ol style="list-style-type: none"> <li>Add court liaison/monitor and peer support specialist to existing mental health court and/or develop new municipal mental health courts</li> <li>Other components may include increases in dedicated service capacity for mental health and co-occurring disorder treatment, housing, and access to community treatment providers</li> </ol>	<ol style="list-style-type: none"> <li>Reduce # of days in jail for those served</li> </ol> <p>Short-term measures:</p> <ol style="list-style-type: none"> <li>Successfully engage 90% of those seen to MH and/or CD services</li> </ol> <p>Long-term outcomes*:</p> <ol style="list-style-type: none"> <li>Reduce # of jail bookings for those served</li> <li>Reduce # of days in jail for those served</li> </ol>	<ol style="list-style-type: none"> <li>Output</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> </ol>	<p>MIS and TARGET data combined with data from courts - TBD</p> <p>Jail data</p> <p>Jail data</p>

Data source(s) - Note any existing evaluation activity	Type of Measure	Performance Measures
<p>Strategy 11 - Expand Access to Diversion Options and Therapeutic Courts and Improve Jail Services Provided to Individuals with Mental Illness and Co-occurring Substance Use</p> <p>Sub-Strategy</p> <p>court jurisdictions in all parts of King County.</p> <p>*Because drug and mental health courts employ incarceration as a programmatic sanction, we expect reductions jail utilization to be modest during the first year.</p>	<p>Intervention(s)/Objectives - including target numbers</p>	<p>Performance Measures</p>

# Strategy 12

## Strategy 12 - Expand Re-entry Programs

Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
12a - Increase jail re-entry program capacity	1. Add four re-entry case managers	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>1. Serve 1,440 additional clients served (over current capacity of 900/yr)</li> <li>2. Successfully link xx% of those seen by liaison to MH and/or CD services</li> </ol> <p>Long-term measures:</p> <ol style="list-style-type: none"> <li>3. Reduce # of jail bookings for those served</li> <li>4. Reduce # of days in jail for those served by liaison</li> <li>5. House xx% of homeless individuals served</li> </ol>	<ol style="list-style-type: none"> <li>1. Output</li> <li>2. Outcome</li> <li>3. Outcome</li> <li>4. Outcome</li> <li>5. Outcome</li> </ol>	<p>CCAP Excel reports</p> <p>MIS and/or TARGET data</p> <p>Jail data</p> <p>Jail data</p> <p>CCAP Excel reports</p>
12b - Hospital re-entry respite beds  Target Pop: Homeless persons with mental illness and/or chemical dependency who require short-term medical care upon discharge from hospitals	<ol style="list-style-type: none"> <li>1. Create Hospital re-entry respite beds</li> <li>2. Serve 350-500 clients/year</li> </ol>	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>1. Increase # of re-entry respite beds created for 350-500 clients/yr</li> <li>2. Reduce # of ER admissions for those served</li> <li>3. Reduce # of psychiatric hospital admissions for those served</li> <li>4. Reduce # of psychiatric hospital days for those served</li> <li>5. Reduce hospitalization costs for those served</li> </ol> <p>Long-term measures:</p> <ol style="list-style-type: none"> <li>6. Reduce # of jail bookings for those served</li> <li>7. Reduce # of days in jail for those served</li> </ol>	<ol style="list-style-type: none"> <li>1. Output</li> <li>2. Outcome</li> <li>3. Outcome</li> <li>4. Outcome</li> <li>5. Outcome</li> <li>6. Outcome</li> <li>7. Outcome</li> </ol>	<p>MHCADSD</p> <p>ER data</p> <p>Hospital data</p> <p>Hospital data</p> <p>Hospital data</p> <p>Jail data</p> <p>Jail data</p>
12c - Increase capacity for Harborview's Psychiatric Emergency Services (PES) to link individuals to community-based	<ol style="list-style-type: none"> <li>1. Hire 2 MH/CD staff and 1 program assistant</li> <li>2. Build Harborview's capacity to link individuals to community-based services upon discharge from the ER</li> </ol>	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>1. Hire 2 MH/CD staff and 1 program assistant</li> <li>2. Increase # of referrals</li> <li>3. Increase # of linkages made to services</li> </ol>	<ol style="list-style-type: none"> <li>1. Output</li> <li>2. Output</li> <li>3. Output</li> </ol>	<p>Agency data</p> <p>Agency data</p> <p>Agency data</p>

**Strategy 12 - Expand Re-entry Programs**

Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
<p>services upon discharge from the emergency room</p> <p>Target pop: Adults who are frequent users of the Harborview Medical Center's PES</p>		<p>Long-term measures:</p> <ol style="list-style-type: none"> <li>4. Reduce # of ER admissions for those served</li> <li>5. Reduce # of psychiatric hospital admissions for those served</li> <li>6. Reduce # of psychiatric hospital days for those served</li> <li>7. Reduce # of jail bookings for those served</li> <li>8. Reduce # of days in jail for those served</li> </ol>	<ol style="list-style-type: none"> <li>4. Outcome</li> <li>5. Outcome</li> <li>6. Outcome</li> <li>7. Outcome</li> <li>8. Outcome</li> </ol>	<p>ER data</p> <p>Hospital data</p> <p>Hospital data</p> <p>Jail data</p> <p>Jail data</p>
<p>12d - Urinalysis supervision for Community Center for Alternative Programs (CCAP) clients</p> <p>Target Pop: CCAP clients who are mandated by Superior Court or District Court to report to CCAP and participate in treatment</p>	<ol style="list-style-type: none"> <li>1. Hire urinalysis technician(s) to provide on-site analyses for both male and female clients of CCAP. Urinalyses will be done for those who are ordered by the court to have one or more urine samples taken and analyzed each month.</li> </ol>	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>1. New urinalysis technician(s) provide 2,700 UAs/yr – no change in current capacity</li> <li>2. Increase "efficiency" in CCAP operations</li> <li>3. Decreased CCAP staff time dedicated to this service</li> <li>4. Assure gender-specific staff is available for the collection of urine samples.</li> </ol>	<ol style="list-style-type: none"> <li>1. Output</li> <li>2. Output</li> <li>3. Output</li> <li>4. Output</li> </ol>	<p>TBD (e.g., CCAP reports)</p> <p>TBD (e.g., CCAP reports)</p> <p>TBD (e.g., CCAP reports)</p> <p>TBD (e.g., CCAP reports)</p>



Strategy 13 – Domestic Violence Prevention/Intervention	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
Sub-Strategy		among DV survivors served	15. Outcome	TBD (e.g., survey)
13b – Provide early intervention for children experiencing DV and for their supportive parent	<ol style="list-style-type: none"> <li>A DV response team will provide MH and advocacy services to children ages 0-12 who have experienced DV.</li> <li>A DV response team will provide support, advocacy, and parent education to the non-violent parent.</li> <li>Children's therapy will include trauma focused cognitive behavioral-therapy as well as Kids Club, a group therapy intervention for children experiencing DV.</li> <li>Families will be referred through the DV Protection Order Advocacy program as well as through partner agencies (goal is to serve approximately 85 families with 150 children)</li> </ol>	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>One lead clinician will be added at Sound Mental Health</li> <li>Two FTE DV Advocates will be added at the subcontractor</li> <li>DV services to approx 85 families with 150 children.</li> </ol> <p>Long-term measures:</p> <ol style="list-style-type: none"> <li>Decrease children's trauma symptoms.</li> <li>Reduce children's externalizing behaviors.</li> <li>Reduce children's internalizing behaviors.</li> <li>Increase protective/resiliency factors available to children and their supportive parents.</li> <li>Reduce children's negative beliefs related to DV, including that the violence is their fault, and/or that violence is an appropriate way to solve problems.</li> <li>Improve social and relationship skills so that children may access needed social supports in the future.</li> <li>Support and strengthen the relationship between children and their supportive parents.</li> <li>Increase supportive parents' understanding of the impact of DV on their children and ways to help.</li> </ol>	<ol style="list-style-type: none"> <li>Output</li> <li>Output</li> <li>Output</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> <li>Outcome</li> </ol>	<p>Agency data</p> <p>Agency data</p> <p>Agency data</p> <p>TBD (e.g., survey)</p> <p>TBD (e.g., survey)</p> <p>TBD (e.g., survey)</p> <p>TBD (e.g., survey)</p> <p>TBD (e.g., survey)</p> <p>TBD (e.g., survey)</p> <p>TBD (e.g., survey)</p> <p>TBD (e.g., survey)</p> <p>TBD (e.g., survey)</p>

# Strategy 14

Strategy 14 – Expand Access to Mental Health Services for Survivors of Sexual Assault			
Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure
<p>14a – Sexual Assault Services</p> <p>Target Pop:            (1) Adult, youth, and child survivors of sexual assault who are experiencing mental health and substance abuse concerns</p> <p>(2) Providers at sexual assault, mental health, substance abuse, and DV agencies who work with sexual assault survivors and participate in the coordination and cross training of programs</p>	<p>1. Expand the capacity of Community Sexual Assault programs (CSAPs) and culturally specific providers of sexual assault advocacy services to provide evidenced-based MH &amp; CD services.</p> <p>2. Provide services to women and children from immigrant and refugee communities by housing a MH provider specializing in evidenced-based trauma-focused therapy at an agency serving these communities.</p>	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>Hire four FTEs to work at CSAP provider agencies.</li> <li>Hire .5 FTE as a MH provider to be housed at a culturally-specific provider of sexual assault services.</li> <li>Hire .5 FTE Systems Coordinator/Trainer</li> <li>Interpreters hired</li> <li>Provide therapy and case management services to 400 adult, youth, and child survivors.</li> <li>Increased access to services for adult, youth, and child survivors.</li> <li>Increased coordination between CSAPs, culturally specific providers of sexual assault advocacy services, public MH, substance abuse, and DV service providers.</li> <li>Culturally relevant MH services provided to sexual assault survivors from immigrant and refugee communities in their own language</li> </ol> <p>Long-term measures:</p> <ol style="list-style-type: none"> <li>Reduction in trauma symptoms for those adult, youth, and child survivors receiving services.</li> <li>Increased resiliency and coping skills among sexual assault survivors served</li> </ol>	<ol style="list-style-type: none"> <li>Output</li> <li>Output</li> <li>Output</li> <li>Output</li> <li>Output</li> <li>Output</li> <li>Output</li> <li>Output</li> <li>Outcome</li> <li>Outcome</li> </ol>
			<p>Data source(s) - Note any existing evaluation activity</p> <p>Agency data</p> <p>Agency data</p> <p>Agency data</p> <p>Agency data</p> <p>MIS</p> <p>Service records</p> <p>TBD (e.g., qualitative data)</p> <p>Agency data</p> <p>TBD (e.g., survey)</p> <p>TBD (e.g., survey)</p>



# Strategy 15

Strategy 15 - Drug Court				
Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
<p>15a - Increase services available to drug court clients</p> <p>Target pop: King County Adult Drug Court participants</p>	<p>Provide to Drug Court clients:</p> <ol style="list-style-type: none"> <li>1. Employment services per strategy 2b</li> <li>2. Access to CHOICES program for individuals with learning or attention disabilities</li> <li>3. Expanded evidence-based treatment (e.g., Wraparound, Multi-Systemic Therapy (MST)) for ages 18-24 (1.0 FTE)</li> <li>4. Expanded services for women with Co-occurring disorder (COD) and/or trauma (1.0 FTE) and funding for suboxone for this population</li> <li>5. Housing case management (1.5 FTE)</li> </ol>	<p>Short-term measures:</p> <ol style="list-style-type: none"> <li>1. Increase # of clients served to 450</li> <li>2. Hire 1.5 FTE Housing case management positions</li> <li>3. Increase # of evidence-based treatment services available for ages 18-24.</li> <li>4. Increase # of services available for women with COD and/or trauma.</li> <li>5. Increase # of women receiving suboxone</li> <li>6. Increase # of drug clients accessing the CHOICES program (of those eligible)</li> <li>7. Reduce substance use for those served</li> </ol> <p>Long-term measures*</p> <ol style="list-style-type: none"> <li>8. Reduce # of jail bookings for those served</li> <li>9. Reduce # of days in jail for those served</li> <li>10. Increase the rates of program completion/attrition</li> </ol>	<ol style="list-style-type: none"> <li>1. Output</li> <li>2. Output</li> <li>3. Output</li> <li>4. Output</li> <li>5. Output</li> <li>6. Output</li> <li>7. Outcome</li> <li>8. Outcome</li> <li>9. Outcome</li> <li>10. Outcome</li> </ol>	<p>Drug court databases MHCADSD</p> <p>MHCADSD</p> <p>MHCADSD</p> <p>MHCADSD</p> <p>TARGET and drug court (Monitor) database</p> <p>Jail data</p> <p>Jail data court (Monitor) database</p>

\*Because drug and mental health courts employ incarceration as a programmatic sanction, we expect reductions in jail utilization to be modest during the first year (prior to participants' court "graduation"), with more pronounced reductions occurring in the second year.

## Strategy 16

Strategy 16 – Increase Housing Available for Individuals with Mental Illness and/or Chemical Dependency				
Sub-Strategy	Intervention(s)/Objectives - including target numbers	Performance Measures	Type of Measure	Data source(s) - Note any existing evaluation activity
16a – Housing Development  Target Pop: Individuals with mental illness and/or chemical dependency who are homeless or being discharged from hospitals, jails, prisons, crisis diversion facilities, or residential chemical dependency treatment	1. Provide additional funds to supplement existing fund sources, which will allow new housing projects to complete their capital budgets and begin construction sooner than would otherwise be possible.	Short-term measures: 1. Increase # of residential units created 2. Increase # of rental subsidies disbursed  Long-term measures: 3. Reduce # of jail bookings for those served 4. Reduce # of days in jail for those served 5. Reduce # of ER admissions for those served 6. Reduce # of psychiatric hospital admissions for those served 7. Reduce # of psychiatric hospital days for those served	1. Output 2. Output  3. Outcome  4. Outcome 5. Outcome  6. Outcome 7. Outcome	MHCADSD MHCADSD  Jail data  Jail data ER data  Hospital data Hospital data