



King County

Mental Illness and Drug Dependency Evaluation Plan

As Required by Ordinance 18407

DRAFT

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1. Executive Summary

The MIDD 2 Evaluation Plan is provided in response to Ordinance 18407 calling for an Evaluation Plan for King County's Mental Illness and Drug Dependency (MIDD) sales tax-funded programs MIDD-funded services and programs. This plan reflects the primary purpose of the MIDD Evaluation: to determine the progress of MIDD-supported programs toward meeting the five policy goals. It revises and builds on the Evaluation Framework for MIDD 1 services and programs.

King County renewed its support of local funding for behavioral health through the August 2016 extension of the one-tenth of one percent MIDD sales tax through 2025. The MIDD is guided by five adopted policy goals. The policy goals provided the essential framing for all elements of the MIDD, including the Implementation and Evaluation Plans.

Alignment with Best Starts for Kids: MIDD 2 is intentionally aligned with other King County initiatives, particularly the Best Starts for Kids (BSK) Levy and the Veterans and Human Services Levy (VHSL) whenever possible, including evaluation planning. MIDD uses the concepts of Results Based Accountability (RBA) as do BSK's Implementation Plan and Evaluation and Performance Measurement Plan. The MIDD Evaluation Plan also uses RBA performance measures and headline indicators in the design of the evaluation framework.

Components of the Evaluation Plan: To organize the complex work of MIDD, a framework was developed. MIDD 2 is organized by the MIDD 2 Framework into five strategy areas that reflect a continuum from prevention to crisis services to reentry to system improvements, linked to outcomes included in the MIDD evaluation. MIDD evaluation information will be used to support quality improvements and revisions to MIDD initiatives.

Performance Accountability: Performance Measures: Performance accountability remains a key element in the MIDD 2 evaluation. MIDD 2 uses the RBA performance measurement categories: how much (quantity), how well (quality), and is anyone better off (impact).

Population Accountability: Headline Indicators: A new component to the MIDD 2 evaluation is the addition of headline indicators. These population indicators reflect the contribution of MIDD to achieving overall health and well-being of King County residents through positive changes in the population. It is important to note that MIDD is but one of many contributing forces that impact the overall health of King County's population.

Distinguishing between Performance Measurement and Evaluation: As discussed in this plan, performance measurement refers to the ongoing monitoring and reporting of initiative accomplishments, particularly progress toward the adopted MIDD policy goals. Thus, the MIDD evaluation includes limited analyses of systematic collections of information about a program that provide more in-depth assessment of program impact and performance. While all MIDD initiatives are required to participate in performance measurement activities, only a subset of MIDD initiatives feature more rigorous evaluation activities, as resources and capacity allow.

What's Different in MIDD 2 Evaluation: MIDD 2 is informed by RBA. It reflects changes outlined in the Office of Performance, Strategy, and Budget (PSB) MIDD Evaluation Assessment Report, including a revised logic model.

Performance Measurement Data: An initial MIDD initiative and performance measures crosswalk is included as Appendix A. It outlines the performance measurement data to be used for each initiative.

Data Collection: MIDD's current system of data reporting from providers primarily uses the King County Behavioral Health and Recovery Division (BHRD) Behavioral Health Organization (BHO) database or individually submitted spreadsheets. The need for improvement to the MIDD's system of data collection was identified in the MIDD Evaluation Assessment. At the writing of this report, improved systems for data reporting are in development by Department of Community and Human Services (DCHS). King County Information Technology (KCIT) is conducting a data collection and reporting improvement project with DCHS that includes MIDD, BSK, VHSL, and other human services programming.

Assuring Quality through Contracting: As a key complement to the MIDD evaluation, quality, appropriateness, availability, and cost-effectiveness of services are assured via contracting processes that set and review performance and offer continuous feedback to providers.

Evaluation Management: As with MIDD 1, DCHS has overall responsibility for the management and implementation of MIDD 2, including managing the budget; behavioral health systems programmatic development; oversight of the Request for Proposals (RFPs), memorandum of agreement (MOA), and contracting processes; and evaluation of MIDD.

Reporting and Conclusion: The overarching approach to MIDD 2 evaluation envisions increased collaboration, transparency, and accountability. Enhancing and improving the MIDD evaluation and reporting will include continuing work such as updating performance measures in partnership with providers. An annual MIDD evaluation summary report will be submitted to the Council each August for review and approval. The first annual report will be due in August 2018.

2. Overview

This Evaluation Plan reflects the primary purpose of the MIDD Evaluation determine progress of MIDD-supported programs toward meeting the five policy goals. This Evaluation Plan revises and builds on the Evaluation Framework for MIDD 1 services and programs. It is a companion to the adopted MIDD Service Improvement Plan (SIP) and links to the concurrently transmitted MIDD Implementation Plan. Together these three documents address key aspects of MIDD, from funding, to services, to evaluation.

The subsequent sections of this report contain the required elements of the Evaluation Plan as called for in Ordinance 18407.

Renewed Local Support for Behavioral Health

King County first adopted a one-tenth of one percent sales tax allowed by State law in 2007.¹ Set to expire at the end of 2016, the County extended the tax through 2025 in August 2016. As required by the Revised Code of Washington (RCW), King County's MIDD supports chemical dependency or mental health treatment programs and services treatment, case management, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service.²

King County demonstrated the impact and value of MIDD services in the 2016 Comprehensive Historical Review and Assessment Report transmitted to the King County Council. The report, an extensive examination and assessment of MIDD 1, included recommendations on improvements to MIDD performance measures, evaluation data gathering and a review of MIDD evaluation processes.³

After reauthorization of the sales tax, the MIDD SIP was adopted by King County Council in November 2016 via Ordinance 18406. The SIP is the blueprint for MIDD 2, outlining the overarching elements of MIDD 2 and responding to a number of policy questions posed by the King County Council related to MIDD and its operation and its goals. Through adoption of the SIP, the Council called for Implementation and Evaluation Plans for MIDD 2.

The 2017-2018 adopted budget for the MIDD fund is \$135 million. MIDD revenues support 53 unique programs (known as "initiatives") arranged into five overarching strategy areas reflecting the behavioral health continuum of care,⁴ including the County's therapeutic courts. These strategy areas are summarized in the MIDD 2 Framework which is outlined in Section 3 of this report. Services and activities of the MIDD initiatives are largely provided by over 40 community-based agencies and 8 departments and agencies within King County.

¹ Referenced as "MIDD 1" in this document.

² RCW 82.14.460

³ Approved by King County Council Motion 14712.

⁴ Opportunities for addressing behavioral health conditions across a spectrum, including prevention, treatment, and recovery.

MIDD Advisory Committee

The MIDD Advisory Committee provides essential advice and input to King County policymakers on matters involving MIDD. Each of the 37 members of the Advisory Committee brings their individual and systems wide experience and knowledge to the MIDD Advisory Committee table to inform discussions and develop recommendations for policymakers. The Advisory Committee reviewed this report and provided feedback on it at its May and June Advisory Committee meetings.⁵

Adopted Policy Goals

As was the case for MIDD 1, MIDD 2 has established policy goals adopted by the County. These policy goals are the foundational expression of what policymakers expect the MIDD to achieve, or work toward achieving. The policy goals provided the essential framing for all elements of the MIDD, including the Implementation and Evaluation Plans. Each MIDD 2 initiative expressly links to a primary MIDD policy goal. As noted, the primary focus of the MIDD 2 evaluation is to determine progress of MIDD-supported programs toward meeting the five policy goals.

MIDD 2 Adopted Policy Goals (Ordinance 18407)
1. Divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals.
2. Reduce the number, length, and frequency of behavioral health crisis events.
3. Increase culturally appropriate, trauma-informed behavioral health services.
4. Improve health and wellness of individuals living with behavioral health conditions.
5. Explicit linkage with, and furthering the work of, King County and community initiatives.

As acknowledged in the SIP, MIDD programs and services alone cannot achieve the policy goals. For example, simple changes to policing practices or prosecution policies can greatly impact the number of people who enter the criminal justice system. After such a shift, data could suggest that MIDD services were either more or less successful in reducing the number of people who returned to jail, irrespective of the individuals' behavioral health conditions, when the larger driver of changed results may actually have been the criminal justice policy changes.

Likewise, shifts in federal or state funding or policies for behavioral health services impact the amount, availability, and/or quality of behavioral health services, which in turn influences the incidence and severity of behavioral health conditions. Many MIDD services provide enhancements to underlying services provided via federal or state funding, or are designed to address gaps between such services. When core state or federal services are reduced, or more rarely expanded, this can affect the apparent effectiveness and/or relevance of the MIDD-funded service.

⁵ Insert summary of changes requested by MIDD AC here.

Finally, macroeconomic factors including access to employment and affordable housing – both of which are well beyond MIDD’s capacity to impact in a substantive way – have a major effect on meeting policy goals.

Approach and Methodology for MIDD 2 Evaluation Plan

The MIDD 2 Evaluation Plan development was led by DCHS program and evaluation staff (see Appendix B) with extensive collective experience with program evaluation, performance measurement, research, and quality improvement.

In 2016, the PSB conducted an assessment of the MIDD 1 evaluation approach as part of the MIDD Comprehensive Retrospective Report to fulfill the requirements of Ordinance 17998. The PSB MIDD Evaluation Assessment included a comprehensive analysis of the MIDD 1 evaluation approach, which included meta-analysis of best practices and interviews with 30 individual stakeholders. The report examined opportunities to strengthen the MIDD 2 evaluation. Ten principal recommendations from the report informed the revision of the MIDD evaluation. The PSB recommendations, along with actions taken and planned for the MIDD 2 evaluation, are described in Appendix C.

The MIDD Advisory Committee, through its Evaluation Work Group (see Appendix D for a list of participants), provided guidance to County staff on the approach, composition, and priorities for the MIDD 2 evaluation improvements. The Evaluation Work Group participants reviewed content and provided valuable input that shaped the designs and ideas contained in this plan.

Results Based Accountability

RBA is a simple, common sense accountability framework that starts with results that are desired, and works backward toward the means for achieving the result. An RBA-informed approach distinguishes between **population accountability** through population indicators (known as “headline indicators”) which assess wellbeing of individuals throughout King County overall, and **performance accountability** through performance measures which assess well-being of the individuals and families directly served by MIDD-funded programs. Please see Appendix E for more details about RBA.

MIDD 2 was developed using the RBA-informed approach, articulating the result desired from MIDD’s investments. Shown in the MIDD Framework, it is as follows: *People living with, or at risk of behavioral health conditions, are healthy, have satisfying social relationships, and avoid criminal justice involvement.*

Changes to the MIDD 1 performance measures for continuing MIDD 1 initiatives have been incorporated into the MIDD 2 Evaluation Plan based on experience from the MIDD 1 evaluation including successes and challenges, along with regular provider and stakeholder feedback. Measures, that are reflected in the MIDD 2 Evaluation and Implementation Plans, including performance targets, reflect current estimates built upon past results (as applicable), program plans, and MIDD 2 funding levels. However, future adjustments to these measures, including performance targets, should be expected as a result of ongoing consultation and collaboration between providers, evaluators, and lead County staff for each initiative.

Coordination with Best Starts for Kids and Veterans and Human Services Levy

Together, Best Starts for Kids (BSK),⁶ Veterans and Human Services Levy (VHSL)⁷, and MIDD comprise a substantial portion of King County's local investments in health and human services. In order to leverage investment, eliminate duplication, and strengthen outcomes, DCHS staff leading these initiatives continue to plan and coordinate these three major levies actively. Across the shared domains of populations, services, and outcomes, BSK, VHSL, and MIDD are working together to:

- Analyze cross-system intersections in strategies and initiatives
- Identify collaboration and alignment opportunities
- Conduct joint RFP processes
- Use common language and definitions
- Develop shared data, reporting, and dashboards

Notably, BSK, VHSL, and MIDD will utilize an outcomes-based framework approach, discussed in Appendix E. Framework alignment with BSK and VHSL as much as possible will allow for common results and indicators between the three initiatives, increasing the County's ability to measure the combined effectiveness of these three local revenue sources for human services funding and to conduct combined continuous improvement processes more effectively when possible. Toward this end, development of a shared data dashboard is also underway. MIDD 2's intentional collaboration with initiatives like BSK and VHSL will also allow services and funding to be braided to achieve maximum impact.

One area where MIDD and BSK are collaborating is school-based behavioral health services. MIDD continues its funding of Screening, Brief Intervention, and Referral to Treatment (SBIRT) for youth in middle schools. MIDD funds community-based organizations to provide behavioral health (mental health and substance abuse prevention) services in 25 middle schools in King County in 12 out of the 19 school districts. MIDD funding will be blended with BSK funding starting in 2018 to serve all 19 school districts in King County. BSK and MIDD staff collaborated on developing the scope of work, community outreach, and evaluation components of the initiative. A shared evaluation approach and a single data submission process was developed to meet the needs of both the MIDD and BSK evaluations while minimizing reporting and avoiding duplicative analysis.

⁶ A 2016 King County voter approved property tax levy supporting promotion, prevention, and early intervention activities for children, youth, families, and communities.

⁷ A King County voter approved property tax levy supporting health and human services for veterans and other vulnerable residents to combat homelessness, improve health, and increase self-sufficiency. It expires at the end of 2017 unless renewed by voters.

Overarching Principles

The initiatives, performance measurement, and evaluation activities that comprise MIDD 2 are governed by five overarching principles that are fundamental to the evaluation plan and guide the evaluation approach. These are based on the MIDD Advisory Committee’s Guiding Principles that informed MIDD renewal activities and development of the SIP, and also reflect guidance from Ordinance 18407:

- *Informed by community and Advisory Committee input.* Community and Advisory Committee members are engaged and have opportunities to contribute through surveys, groups, meetings and other activities.
- *Grounded in the County’s Equity and Social Justice work.* Equity impacts and considerations are incorporated into planning, policies, and assessment of the effectiveness of services whenever available.
- *Driven by outcomes.* Measuring progress towards reductions in jail, emergency room, or hospital use and other impacts for individuals remains a strong focus of the MIDD evaluation.
- *Guided by the behavioral health continuum of care.* A comprehensive continuum of community-based behavioral healthcare is created, maintained, and assessed for effectiveness along the continuum.
- *Aligned with other County policy initiatives.* Coordination of approaches to evaluation, contracting, reporting, and data collection with BSK and VHSL occurs whenever possible.⁸

Glossary of Terms

A glossary of key terms used in this Evaluation Plan can be found in Appendix F.

⁸ Ordinance 18407, line 223.

3. Components of the Evaluation Plan

As specified in Ordinance 18407, the purpose of the evaluation of MIDD is to demonstrate whether the expected outcomes – the adopted MIDD policy goals – are being achieved. This will help to show whether value is returned on the public’s investment into MIDD. The subsequent sections of this report contain the following required elements of the Evaluation Plan, as called for in Ordinance 18407.

MIDD Evaluation Plan Requirements (Ordinance 18407)
<p><i>The evaluation plan shall describe:</i></p> <ol style="list-style-type: none">1. <i>Process and outcome evaluation components</i>2. <i>A proposed schedule for evaluations;</i>3. <i>Performance measurements and performance measurement targets;</i><ul style="list-style-type: none">• <i>Performance measures shall include, but not be limited to:</i><ul style="list-style-type: none">◆ <i>The amount of funding contracted to date,</i>◆ <i>The number and status of RFPs to date,</i>◆ <i>Individual program status and statistics such as individuals served, data on utilization of the justice and emergency medical systems and resources needed to support the evaluation requirements identified</i>4. <i>Data elements that will be used for reporting and evaluations;</i>5. <i>Overarching principles; and</i>6. <i>Evaluation framing questions and approaches that will guide MIDD evaluation and performance measurement for 2017 through 2025.</i>

The MIDD 2 uses a comprehensive approach to create improvements across the behavioral health continuum of services that result in better outcomes for individuals. Multiple and often interrelated MIDD interventions⁹ are designed to achieve the adopted policy goals. For example, expanding capacity for services, adding new services, and broader improvements to the behavioral health system are expected collectively to reduce jail use and use of emergency services and to improve health outcomes for those served by MIDD. Many of the outcomes expected from MIDD interventions – as articulated in the policy goals and framework – are highly correlated to each other, meaning an improvement in one area can lead to improvement in other areas. For example, improved health and wellness can lead to a decrease in crisis episodes, which can lead to a decrease in incarcerations or hospitalizations, which can lead to an increase in housing stability, which can lead to a further increase in health and wellness.

⁹ An intervention is any activity that can change an individual’s behavior, thinking, or emotion as part of a service or program.

Evaluating the impact of the MIDD 2 initiatives on progress toward meeting the adopted policy goals is a multifaceted endeavor. MIDD serves multiple populations and thousands of people, through dozens of community-based providers and County agencies and departments in multiple locations across the County. Each of the 53 MIDD initiatives aligns with one primary policy goal and includes its own array of components that together work to achieve outcomes.

One Framework, Five Strategy Areas, 53 Initiatives

To organize the complex work of MIDD, a framework was developed. The MIDD 2 Framework is an accountability structure driven by the results policymakers and stakeholders want to see in the community as the result of investment of MIDD funds; the indicators that the County will use to signal that it is headed down the right path to get there; and the actions the County and its partners will take to create the change stakeholders want to see. The framework is included as Appendix G to this document.

MIDD 2 is organized by the MIDD 2 Framework into five strategy areas, linked to outcomes. Three of the strategy areas reflect a continuum of behavioral health care that outlines the platforms of client care; a fourth strategy area includes vital behavioral health system support, while a newly added fifth strategy area includes the County’s investments in therapeutic courts.

MIDD 2 Strategy Area Name	Purpose
1. Prevention and Early Intervention	<i>People get the help they need to stay healthy and keep problems from escalating</i>
2. Crisis Diversion	<i>People who are in crisis get the help they need to avoid unnecessary hospitalization or incarceration</i>
3. Recovery and Reentry	<i>People become healthy and safely reintegrate to community after crisis</i>
4. System Improvements	<i>Strengthen the behavioral health system to become more accessible and deliver on outcomes</i>
5. Therapeutic Courts	<i>People experiencing behavioral health conditions who are involved in the justice system are supported to achieve stability and avoid further justice system involvement</i>

Since adoption of the MIDD SIP, the MIDD Framework has been updated based on a number of factors, ranging from the adoption of MIDD 2 policy goals to changes that reflect the revised MIDD evaluation plan and align with the BSK evaluation approach. Revisions include:

- Updating adopted policy goals
- Revising “outcomes” to “headline indicators”
- Amending headline indicators
- Adding therapeutic treatment courts as a fifth strategy area

The MIDD Evaluation Work Group reviewed the MIDD Framework revisions through its work shaping and advising BHRD on the development of the revised Evaluation Plan.

The Headline Indicators section of the MIDD Framework, formerly Outcomes, contains the following updates:

Revised MIDD Framework (May 2017)	SIP Version Framework (August 2016)
<ul style="list-style-type: none"> • Improved Emotional health – rated by level of mental distress • Increase in Daily functioning – rated by limitations to due to physical, mental or emotional problems • Reduced or eliminated alcohol and substance use • Reduced suicide attempts and death • Reduced drug and opioid overdose deaths • Reduced incarceration rate 	<ul style="list-style-type: none"> • Emotional health – rated by level of mental distress • Daily functioning – rated by limitations to due to physical, mental or emotional problems • Reduced or eliminated alcohol and substance use • Health rated as ‘very good’ or ‘excellent’ • Housing stability • Representation of people with behavioral health conditions within jail, hospitals and emergency departments

The removal of health rating and housing stability as headline indicators reflects the lack of King County population-level indicator data for these items. This change was recommended by DCHS Performance Measurement and Evaluation staff.

The MIDD 2 Framework is a living document that is updated over the life of MIDD 2 to reflect specific programmatic and services or other drivers. The framework will continue to be updated over the life of MIDD 2 as new information or approaches are identified. Updates to the Framework will be communicated via the MIDD annual report.

Performance Accountability: Performance Measures

MIDD 1 used performance measures identified as outputs and outcomes. As required by Ordinance 16262, the evaluation for MIDD 1 included performance measurement targets for outputs. Performance targets were developed by County staff and others including stakeholders, providers, and subject matter experts, and created based on the MIDD 1 strategy implementation plan for each MIDD strategy.¹⁰ Performance targets for MIDD 1 were revised as implementation plans were altered, budgets changed, and/or certain data elements were determined not to be feasible or relevant for the programming.

¹⁰ MIDD 2 uses the term “initiative” to replace “strategy” in reference to MIDD 2 individual programs and services.

Performance accountability remains a key element in the MIDD 2 evaluation. MIDD 2 uses the RBA categories of performance measurement shown below.

MIDD 1 Performance Measurement Terms	MIDD 2 Performance Measurement Terms
Outputs	How much? (quantity)
Process	How well? (quality)
Outcomes	Is anyone better off? (impact)

Performance measurement targets for the RBA “How much?” category continue in MIDD 2. Targets have been or will be updated for the MIDD evaluation in collaboration with stakeholders and providers, in response to feedback contained in the PSB Evaluation Assessment to enhance communication and collaboration with providers.¹¹ Updated performance measures and performance measure targets for the MIDD evaluation are included in Appendix A. This reflects MIDD’s plans to respond to feedback contained in the PSB Evaluation Assessment to enhance communication and collaboration with providers.

Subsequent sections starting on page 14 provide additional detail regarding performance measures.

Population Accountability: Headline Indicators

A new component to the MIDD 2 evaluation is the addition of headline indicators. These population indicators reflect the contribution of MIDD to achieving overall health and well-being of King County residents through positive changes in the population. It is important to note that MIDD is but one of many contributing forces that impact the overall health of King County’s population. Many additional factors beyond MIDD influence population-level indicators.

As noted earlier, aligning MIDD 2, BSK, and VHSL is a significant focus for DCHS. This includes alignment whenever possible around evaluation approaches and data collection. Like MIDD, BSK’s Evaluation and Performance Measurement Plan use RBA concepts.

The MIDD SIP and Framework assumes that King County’s combined investments in health and human services via a variety of revenue sources such as MIDD, BSK, VHSL, and the General Fund will contribute to changes in population-level indicators for King County in the long term. This approach is reflected in the MIDD evaluation as well. Through the RBA framework, headline indicators that MIDD is expected to help improve have been defined. These headline indicators will be measured and reported as available from external data sources, expected annually, as part of the annual report. They will be disaggregated

¹¹ As noted earlier in this report, targets shown in these documents and in Implementation Plan initiative descriptions reflect current estimates built upon past results (as applicable), program plans, and MIDD 2 funding levels. However, future adjustments to these measures, including performance targets, should be expected as a result of ongoing consultation and collaboration between providers, evaluators, and lead County staff for each initiative.

by demographic characteristics¹² wherever possible. Technical definitions and data sources for headline indicators are provided in Appendix H.

Distinguishing Between Performance Measurement and Evaluation

The PSB Evaluation Assessment identified that stakeholders may have different expectations for the MIDD evaluation that are beyond the scope of the activities described in the MIDD Evaluation Plan. As noted earlier in this document, the central focus of the MIDD evaluation is measuring progress towards meeting the MIDD policy goals using performance measures such as jail use, emergency room use, and hospital use.

Performance measurement as discussed in this plan refers to the ongoing monitoring and reporting of initiative accomplishments, most notably progress toward the adopted MIDD policy goals. Performance measures are collected routinely and are used to summarize how a program is being implemented, such as a process evaluation that can provide a general assessment of how implementation is progressing. Performance measures may change to be responsive and adaptive as the program evolves. Tracking performance measures allow the County to measure what the MIDD-funded programs accomplished and how the MIDD-funded programs impact the individuals and families that are directly served. See Appendix A for detailed performance measures.

The MIDD Evaluation reflects analyses of systematic collections of information about a program that provide more in-depth assessment of program impact and performance. While all MIDD initiatives are required to participate in performance measurement activities, only a subset of MIDD initiatives have more rigorous evaluation activities as resources and capacity allow. Most MIDD initiative programs are not fully funded by the MIDD. The broader programs often utilize blended or combined funding and sometimes have multiple funding sources such as city, state, and/or grant funds. Comprehensive evaluations of some MIDD initiative programming are fundamentally beyond the scope of the MIDD evaluation, due to the central requirement on the MIDD evaluation to determine the impact of MIDD fund services.

The following criteria will help determine when deeper evaluations of certain initiatives may occur:

- Whether it is a new initiative;
- Community, stakeholder or provider interest;
- Need to assess equity; and/or
- Effectiveness of services for new or specific populations.

An evaluation methodology that requires a control group to demonstrate that a program is the cause of any effects is not included in the MIDD evaluation approach at this time, due to ethical and cost considerations. In particular, 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. Denying

¹² Age, race/ethnicity, place, socioeconomic status, gender, sexual orientation, ability, immigration status

individuals MIDD-funded behavioral health services for evaluative purposes is not considered for the MIDD evaluation.¹³

What's Different In MIDD 2 Evaluation?

The MIDD 1 Evaluation Plan utilized a basic approach to evaluation: measure what is done (output), how it is done (process), and the effects of what is done (outcome). Informed by RBA and using the MIDD Framework the MIDD 2 evaluation updates these basic elements, as shown in the table on page 13.

Using an RBA performance measurement lens, the MIDD evaluation will seek to answer five overarching evaluation questions based on the adopted MIDD Policy Goals:

- 1. To what extent and in what ways has the MIDD diverted individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals in King County?*
- 2. To what extent and in what ways has the MIDD reduced the number, length, and frequency of behavioral health crisis events in King County?*
- 3. To what extent and in what ways has the MIDD increased culturally appropriate, trauma informed behavioral health services in King County?*
- 4. To what extent and in what ways has the MIDD improved the health and wellness of individuals living with behavioral health conditions in King County?*
- 5. To what extent and in what ways has the MIDD made explicit linkage with, and furthered the work of, King County and community initiatives?*

Revised MIDD Logic Model

The PSB Evaluation Assessment identified the need to enhance the MIDD 1 Logic Model. The report recommended that the logic model describe in more detail how MIDD strategies are expected to influence outcomes. A revised logic model was created, building from RBA and the MIDD 2 Framework.

The MIDD 2 Logic Model (Appendix I) shows the high-level relationships between the components of the MIDD 2 Framework including the strategy areas, performance measures, MIDD policy goals, and headline indicators. The MIDD investments will produce individual and system-level outcomes that will contribute to the overarching MIDD result of "People living with, or at risk of behavioral health conditions, are healthy, have satisfying social relationships, and avoid criminal justice involvement."¹⁴

The logic model categories were revised as listed below:

¹³ Opportunities may arise that would allow for a more in-depth evaluation of some new MIDD initiatives. If an evaluation approach is proposed that includes a control group ethical and cost considerations would be carefully assessed. Ensuring access to resources for individuals would be the first priority and would be carefully considered before moving forward.

¹⁴ See MIDD 2 Framework.

MIDD 1 Logic Model	Revised MIDD 2 Logic Model (May 2017)
<ul style="list-style-type: none"> • Target Population • Gaps in Services that the MIDD Plan will address • Interventions that the MIDD Plan will support • Improve Individual and family functioning • Decrease use of emergency medical services, homelessness, and criminal justice system involvement 	<ul style="list-style-type: none"> • In what strategy areas will MIDD invest to improve the lives of people who are living with or who are at risk of behavioral health conditions? • How will the MIDD evaluation measure what is done at the program level? • MIDD 2 Policy Goals • How will the MIDD contribution be measured?

Performance Measurement Data

Organizing an evaluation as complex as the MIDD evaluation requires a systematic approach to all elements – particularly data collection, management, preparation, and analysis. An initial MIDD initiative and performance measures crosswalk is included as Appendix A. It outlines the needed information for performance measurement for each initiative. It is anticipated that this crosswalk will be revised with updated information based on collaboration with providers and through the contracting process. Changes to particular initiatives that occur as implementation progresses may signal needed modifications to the performance measures. Adjustments to this document will be provided in MIDD’s annual report.

To provide information related to racial disproportionality and cultural competency, data about race, ethnicity, and language will be collected. Data collection processes are already in place and data is already available via existing sources such as the King County BHO database and the Homeless Management Information System (HMIS). Accessing new data sources may require an investment of resources and time (such as developing data sharing agreements to obtain information regarding emergency room use in outlying hospitals).

As some new MIDD 2 initiatives are launching at different times, and some new initiatives were operating early in 2017, such as Law Enforcement Assisted Diversion (LEAD) and Family Intervention Restorative Services (FIRS), data elements and data collection processes have been identified collaboratively with stakeholders and providers for these active new initiatives. See Appendix J MIDD Initiative Procurement Status Table for more information. Data may be readily available or may require system upgrades and/or data sharing agreements before the information is accessible. As new individual initiatives are finalized, implementation and evaluation dates may be adjusted in collaboration with providers. Results for some performance measures may not be available for several months or even longer, depending upon the initiative or its specific activities.

Data Collection

MIDD’s current system of data reporting from providers is primarily through the BHRD BHO database or individually submitted spreadsheets. The spreadsheet data submission method is cumbersome and inefficient for providers and King County staff. The need for improvement to the MIDD’s system of data collection was identified in the MIDD Evaluation Assessment. Stakeholders expressed a strong

preference for more web-based systems of data reporting that enables more efficient, accurate and timely data reporting in formats that can efficiently feed into the County's systems. This system improvement was a frequent request from community providers, who have identified a trend of funders requiring increased data to monitor performance and outcomes without providing any additional funding for data production and reporting.

As of the writing of this report, improved systems for data reporting are in development by DCHS. KCIT is conducting a data collection and reporting improvement project with DCHS that includes MIDD, BSK, VHSL, and other human services programming. The goal of this project is streamline the data collection elements and methods across the department for identified programming to the fullest extent possible. Every effort will be made to utilize and improve existing data collection systems to avoid unnecessary reporting burden for community and other providers.

Assuring Quality through Contracting

The MIDD evaluation focuses on assessing whether services were effective in making progress towards the MIDD policy goals. However, the quality, appropriateness, availability, and cost-effectiveness of services are also essential to assure. This is accomplished via contracting processes that set expectations for performance, include periodic review of performance, and offer continuous feedback to providers regarding successes and needed improvements. Both monitoring and MIDD evaluation information will be used to support quality improvements and revisions to MIDD initiatives.

Evaluation Management

As with MIDD 1, DCHS has overall responsibility for the management and implementation of MIDD 2, including managing the budget; behavioral health systems programmatic development; oversight of the RFP, MOA, and contracting processes; and evaluation of MIDD. BHRD provides contract and program staff detailed to supporting MIDD functions, including support of the MIDD Advisory Committee. The budget for managing and administering MIDD funds, including evaluation and IT support of MIDD, is just under six percent of the total biennial budget.

4. Reporting

In accordance with Ordinance 18407, the Executive will transmit an annual report on the MIDD each year in August, beginning in August 2018. As approved via adoption of the SIP, this reflects the adjusted reporting period of MIDD 2 to a calendar year rather than the October to September reporting period used in MIDD 1.

The annual report will contain an evaluation summary which includes the status and progress of the initiatives supported with MIDD funds. At a minimum, each report will include:

- Performance measure statistics;
- Program utilization statistics;
- Request for proposal and expenditure status updates;
- Progress reports on evaluation implementation;
- Geographic distribution of the sales tax expenditures across the County, including collection of residential ZIP code data for individuals served by the programs and strategies;
- Updated performance measure targets for the following year when applicable;
- Recommendations on either program changes or process changes or both, to the funded programs based on the measurement and evaluation data;
- Summary of cumulative calendar year data.¹⁵

The behavioral health system is constantly evolving in response to changing funding and policy, emerging needs, service innovations, and other environmental influences. In turn, MIDD initiatives are expected to evolve over time in response to these changing conditions. MIDD annual reports will include a summary of these influences and how MIDD initiatives and MIDD administration are responding. In addition, annual reports will include updates to implementation of MIDD initiatives and changes to initiatives, following the initiative update process outlined in the SIP.

As under MIDD 1, the MIDD Advisory Committee will review each annual report. An expected enhancement for MIDD 2 is that the Advisory Committee will spend more time reviewing and discussing the annual reports. The Advisory Committee will also establish a standing Evaluation Subcommittee in order to develop a deeper understanding of ongoing MIDD evaluation activities in order to provide greater input. These actions are planned in response to findings from the PSB assessment of MIDD's evaluation approach for MIDD 1 as well as feedback from Advisory Committee members during the renewal process.

¹⁵ Ordinance 18407 annual report requirements

5. Conclusion

MIDD 2's evaluation approach is envisioned to feature increased collaboration, transparency, and accountability. DCHS will continue to provide leadership and staffing to assure that the evaluation reporting proceed in a timely and transparent manner. The ongoing evaluation of MIDD 2 will involve coordination with the MIDD Advisory Committee, the new MIDD Advisory Committee Evaluation Subcommittee, community members, stakeholders, providers, and other agencies or initiatives responsible for evaluating the effectiveness of related or overlapping programs (such as BSK, VHSL, All Home, Public Health – Seattle & King County, City of Seattle, and/or the University of Washington).

The MIDD 2 Evaluation Plan and the performance measures for each individual initiative were developed along with the initiative implementation descriptions in the MIDD 2 Implementation Plan. Some initiatives are still in the process of being developed; therefore, performance measures for those strategies may need to be revised as plans are finalized. Each MIDD 2 initiative description included in the MIDD Implementation Plan contains performance measurement information. These performance measurement elements will be updated throughout 2017 and 2018 through direct engagement with service provider organizations and other stakeholders.

Enhancing and improving the MIDD evaluation and reporting will include continuing work such as updating performance measures in partnership with providers. King County staff will offer providers and other stakeholders an orientation to RBA to broaden their understanding of the evaluation framework and each initiative's role in the MIDD evaluation. This will allow for more active inclusion of their perspectives and expertise to more effectively demonstrate progress towards meeting the MIDD policy goals. Additional review and development of performance measures with contractors, agencies, and stakeholders is ongoing and will be captured in updates to the MIDD Evaluation Plan over time.

This report fulfills the requirements of Ordinance 18406 calling for the MIDD Evaluation Plan. It has been reviewed by the MIDD Advisory Committee. Further updates to the Evaluation Plan will be made in annual reports and/or to via formal revisions to the plan itself as needed. These updates and changes to performance measurement elements will be communicated to policymakers, stakeholders, and the public through the MIDD annual reporting process and via the MIDD Advisory Committee meetings.

6. Appendices

- A: Initiative Performance Measures
- B: Program and Evaluation Staff
- C: MIDD Evaluation Assessment Recommendations
- D: MIDD Advisory Committee Evaluation Work Group Members
- E: Results Based Accountability
- F: Glossary of Terms
- G: MIDD 2 Framework
- H: Headline Indicators
- I: MIDD 2 Logic Model
- J: MIDD Initiative Procurement Status Table

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