

MIDD 2 FRAMEWORK Revised 05.04.17	
<p align="center"><b>MIDD RESULT</b></p> <p align="center">People living with, or at risk of behavioral health conditions, are healthy, have satisfying social relationships, and avoid criminal justice involvement.</p>	
<p align="center"><b>Adopted MIDD 2 Policy Goals</b></p> <ol style="list-style-type: none"> <li>1. Divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals.</li> <li>2. Reduce the number, length, and frequency of behavioral health crisis events.</li> <li>3. Increase culturally appropriate, trauma informed behavioral health services.</li> <li>4. Improve health and wellness of individuals living with behavioral health conditions.</li> <li>5. Explicit linkage with, and furthering the work of, King County and community initiatives.</li> </ol>	
<p align="center"><b>MIDD THEORY OF CHANGE</b></p> <p>When people who are living with or who are at risk of behavioral health conditions utilize culturally relevant prevention and early intervention, crisis diversion, community reentry, treatment, and recovery services, and have stable housing and income, they will experience wellness and recovery, improve their quality of life, and reduce involvement with crisis, criminal justice and hospital systems.</p>	
<p align="center"><b>HEADLINE INDICATORS</b></p>	
<p><b>MIDD and other King County and community initiatives contribute to the overall health and well-being of King County residents that is demonstrated by positive changes in population</b></p>	<ul style="list-style-type: none"> <li>• Improved Emotional health – rated by level of mental distress</li> <li>• Increase in Daily functioning – rated by limitations to due to physical, mental or emotional problems</li> <li>• Reduced or eliminated alcohol and substance use</li> <li>• Reduced Suicide Attempts and Death</li> <li>• Reduced Drug and Opioid Overdose Deaths</li> <li>• Reduced Incarceration Rate</li> </ul>
MIDD 2 Strategy Areas	SAMPLE MIDD 2 Performance Measures (to be refined after specific programs/services are selected)
<p><b>Prevention and Early Intervention</b></p> <p><i>People get the help they need to stay healthy and keep problems from escalating</i></p>	<p><b>How much? Service capacity measures (Quantity)</b></p> <ul style="list-style-type: none"> <li>• Increased number of people receiving substance abuse and suicide prevention services</li> <li>• Increased number of people receiving screening for health and behavioral health conditions within behavioral health and primary care settings</li> </ul> <p><b>How well? Service quality measures (Quality)</b></p> <ul style="list-style-type: none"> <li>• Increased treatment and trainings in non-traditional settings (day cares, schools, primary care)</li> <li>• Increased primary care providers serving individuals enrolled in Medicaid</li> </ul> <p><b>Is anyone better off? Individual outcome measures (Impact)</b></p> <ul style="list-style-type: none"> <li>• Increased use of preventive (outpatient) services</li> <li>• Reduced use of drugs and alcohol in youth &amp; adults</li> <li>• Increased employment and/or attainment of high school diploma and post-secondary credential</li> <li>• Reduced risk factors for behavioral health problems (e.g., social isolation, stress, etc.)</li> </ul>
<p><b>Crisis Diversion</b></p> <p><i>People who are in crisis get the help they need to avoid unnecessary hospitalization OR incarceration</i></p>	<p><b>How much? Service capacity measures (Quantity)</b></p> <ul style="list-style-type: none"> <li>• Increased capacity of community alternatives to hospitalization and incarceration (e.g., crisis triage, respite, LEAD, etc.)</li> </ul> <p><b>How well? Service quality measures (Quality)</b></p> <ul style="list-style-type: none"> <li>• Increased use of community alternatives to hospitalization and incarceration by first responders</li> </ul> <p><b>Is anyone better off? Individual outcome measures (Impact)</b></p> <ul style="list-style-type: none"> <li>• Reduced unnecessary hospitalization, emergency department use and incarceration</li> <li>• Decreased length and frequency of crisis events</li> </ul>
<p><b>Recovery and Reentry</b></p> <p><i>People become healthy and safely reintegrate to community after crisis</i></p>	<p><b>How much? Service capacity measures (Quantity)</b></p> <ul style="list-style-type: none"> <li>• Increased in affordable, supported, and safe housing</li> <li>• Increased availability of community reentry services from jail and hospitals</li> <li>• Increased capacity of peer supports</li> </ul> <p><b>How well? Service quality measures (Quality)</b></p> <ul style="list-style-type: none"> <li>• Increased linkage to employment, vocational, and educational services</li> <li>• Increased linkage of individuals to community reentry services from jail or hospital</li> </ul>

	<ul style="list-style-type: none"> <li>Increased housing stability</li> </ul> <p><b>Is anyone better off? Individual outcome measures (Impact)</b></p> <ul style="list-style-type: none"> <li>Increased employment and attainment of high school diploma and post-secondary credential</li> <li>Improved wellness self-management</li> <li>Improved social relationships</li> <li>Improved perception of health and behavioral health issues and disorders</li> <li>Decreased use of hospitals and jails</li> </ul>
<p><b>System Improvements</b></p> <p><i>Strengthen the behavioral health system to become more accessible and deliver on outcomes</i></p>	<p><b>How much? Service capacity measures (Quantity)</b></p> <ul style="list-style-type: none"> <li>Expanded workforce including increased provider retention</li> <li>Decreased provider caseloads</li> <li>Increased culturally diverse workforce</li> <li>Increased capacity for outreach and engagement</li> <li>Increased workforce cross-trained in both mental health and substance abuse treatment methods</li> </ul> <p><b>How well? Service quality measures (Quality)</b></p> <ul style="list-style-type: none"> <li>Increased accessibility of behavioral health treatment on demand</li> <li>Increased accessibility of services via: hours, geographic locations, transportation, mobile services</li> <li>Increased application of recovery, resiliency, and trauma-informed principles in services and outreach</li> <li>Right sized treatment for the individual</li> <li>Increased use of culturally appropriate evidence-based or promising behavioral health practices</li> <li>Improved care coordination</li> <li>MIDD is funder of last resort</li> </ul> <p><b>Is anyone better off? Individual outcome measures (Impact)</b></p> <ul style="list-style-type: none"> <li>Improved client experience of care</li> </ul>
<p><b>Therapeutic Courts</b></p> <p><i>People experiencing behavioral health conditions who are involved the justice system are supported to achieve stability and avoid further justice system involvement</i></p>	<p><b>How much? Service capacity measures (Quantity)</b></p> <ul style="list-style-type: none"> <li>Increased access to therapeutic courts</li> </ul> <p><b>How well? Service quality measures (Quality)</b></p> <ul style="list-style-type: none"> <li>Increased therapeutic court graduation rate</li> <li>Increased use of preventive (outpatient) services</li> </ul> <p><b>Is anyone better off? Individual outcome measures (Impact)</b></p> <ul style="list-style-type: none"> <li>Reduced incarceration</li> <li>Reduced substance use</li> <li>improved wellness and social relationships</li> </ul>

Please note that this is a living document; the contents of this document are subject to change and modification.

**2017 MIDD Advisory Committee Membership Roster**  
**As of May 31, 2017**

<p><b>Barbara Linde</b>, Judge, King County Superior Court, (Co-Chair) Representing: Superior Court</p> <p><b>Merril Cousin</b>, Executive Director, Coalition Ending Gender Based Violence (Co-Chair) Representing: Domestic Violence Prevention Services</p> <p><b>Dave Asher</b>, Councilmember, City of Kirkland Representing: Sound Cities Association</p> <p><b>Rhonda Berry</b>, Chief of Operations Representing: King County Executive</p> <p><b>Jeanette Blankenship</b>, Fiscal and Policy Analyst Representing: City of Seattle</p> <p><b>Doug Crandall</b>, Chief Executive Officer, Community Psychiatric Clinic Representing: Provider of Behavioral Health Services</p> <p><b>Claudia D’Allegri</b>, Vice President of Behavioral Health, SeaMar Community Health Centers Representing: Community Health Council</p> <p><b>Lauren Davis</b>, Member, King County Behavioral Health Advisory Board Representing: Behavioral Health Advisory Board</p> <p><b>Lea Ennis</b>, Director, Juvenile Court, King County Superior Court Representing: King County Systems Integration Initiative</p> <p><b>Ashley Fontaine</b>, Director, National Alliance On Mental Illness (NAMI) Representing: NAMI In King County</p> <p><b>Patty Hayes</b>, Director Public Health–Seattle &amp; King County Representing: Public Health Department</p> <p><b>William Hayes</b>, Director, King County Department of Adult and Juvenile Detention Representing: Department of Adult and Juvenile Detention</p> <p><b>Mike Heinisch</b>, Executive Director, Kent Youth and Family Services Representing: Provider of Youth Behavioral Health Services</p> <p><b>Darcy Jaffe</b>, Chief Nurse Officer and Senior Associate Administrator Representing: Harborview Medical Center</p>	<p><b>Norman Johnson</b>, Executive Director, Therapeutic Health Services Representing: Provider of Culturally Specific Chemical Dependency Services</p> <p><b>Jeanne Kohl-Welles</b>, Councilmember, Metropolitan King County Council Representing: King County Council</p> <p><b>Ann McGettigan</b>, Executive Director, Seattle Counseling Service Representing: Provider of Culturally Specific Mental Health Services</p> <p><b>Barbara Miner</b>, Director, King County Department of Judicial Administration Representing: Department of Judicial Administration</p> <p><b>Mark Putnam</b>, Director, All Home Representing: All Home</p> <p><b>Adrienne Quinn</b>, Director, King County Department of Community and Human Services (DCHS) Representing: King County DCHS</p> <p><b>Lynne Robinson</b>, Councilmember, City of Bellevue Representing: City of Bellevue</p> <p><b>Dan Satterberg</b>, King County Prosecuting Attorney Representing: Prosecuting Attorney’s Office</p> <p><b>Mary Ellen Stone</b>, Director, King County Sexual Assault Resource Center Representing: Provider of Sexual Assault Survivor Services In King County</p> <p><b>Donna Tucker</b>, Chief Presiding Judge, King County District Court Representing: King County District Court</p> <p><b>John Urquhart</b>, Sheriff, King County Sheriff’s Office Representing: Sheriff’s Office</p> <p><b>Chelene Whiteaker</b>, Director, Advocacy and Policy, Washington State Hospital Association Representing: Washington State Hospital Association/King County Hospitals</p> <p><b>Lorinda Youngcourt</b>, Director, King County Department of Public Defense Representing: Public Defense</p>
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**MIDD INITIATIVE CHANGE SUMMARY TABLE<sup>1</sup>**

Initiative Number	Initiative Name	Substantive Change(s) Since Service Improvement Plan (SIP), if any	Reason(s)
PRI-01	Screening, Brief Intervention, and Referral to Treatment	Timing of re-RFP/RFI/RFQ shifts from first quarter 2017 to fourth quarter 2017.	Staff vacancy.
PRI-02	Juvenile Justice Youth Behavioral Health Assessments	Planned system mapping and promising practice analysis, as well as possible related program changes, is clarified.	Will clarify the role of the JJAT program and allow for a focus on reducing racial disparities.
PRI-03	Prevention and Early Intervention Behavioral Health for Adults Over 50	Procurement revised to reflect blended funding approach between this MIDD initiative and related VHSL strategies, expected to be implemented in 2018-19.	Reflects continued progress in coordination between MIDD and other initiatives.
PRI-04	Older Adult Crisis Intervention/Geriatric Regional Assessment Team	Estimated late 2017 timeline provided for reprocurement.	Reflects current planning status.
PRI-05	Collaborative School-Based Behavioral Health Services	Details collaboration between BSK and MIDD in implementing this initiative, including its impact on procurement plans and timing. Coordinated reprocurement is anticipated to occur in early 2018.	BSK planning has become more concrete, resulting in contract adjustments to ensure seamless transition to a braided approach.

<sup>1</sup> Three types of changes to initiative descriptions are not shown in this table:

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PRI-06	Zero Suicide Pilot	<ol style="list-style-type: none"> <li>1. Initiative components condensed and simplified.</li> <li>2. Spending plan reduction of \$202,600, with funds transferred to PRI-07 Mental Health First Aid.</li> <li>3. Service launch now expected third quarter 2017.</li> </ol>	<ol style="list-style-type: none"> <li>1. More concisely represents expected pilot program scope and phases.</li> <li>2. Reflects policy decision to expand Mental Health First Aid.</li> <li>3. Reflects current anticipated implementation.</li> </ol>
PRI-07	Mental Health First Aid	<ol style="list-style-type: none"> <li>1. Spending plan increase of \$202,600, with funds transferred from PRI-06 Zero Suicide Pilot.</li> <li>2. Contracting now expected third quarter 2017.</li> </ol>	<ol style="list-style-type: none"> <li>1. Reflects policy decision to expand Mental Health First Aid.</li> <li>2. Reflects current planning status.</li> </ol>
PRI-08	Crisis Intervention Training	No substantive changes.	N/A
PRI-09	Sexual Assault Behavioral Health Services	<ol style="list-style-type: none"> <li>1. Spending plan adjustment of \$151,700, with funds transferred to PRI-10 Domestic Violence Behavioral Health Services and System Coordination at the request of providers.</li> <li>2. Performance target adjusted.</li> </ol>	<ol style="list-style-type: none"> <li>1. Corrected to reflect intent to fund continuation of culturally appropriate services component through PRI-10. Services to participants unaffected.</li> <li>2. Reflects shift of culturally appropriate services to initiative PRI-10.</li> </ol>
PRI-10	Domestic Violence Behavioral Health Services and System Coordination	<ol style="list-style-type: none"> <li>1. Spending plan adjustment of \$151,700, with funds transferred from PRI-09 Sexual Assault Behavioral Health Services at the request of providers.</li> <li>2. References to an RFP for services at a new organization focused on marginalized populations are removed.</li> <li>3. Performance target corrected.</li> </ol>	<ol style="list-style-type: none"> <li>3. Corrected to reflect intent to fund continuation of culturally appropriate services component through PRI-10. Services to participants unaffected.</li> <li>4. If this component proceeds, selection may proceed via a community process.</li> <li>5. Corrects an error in the SIP.</li> </ol>
PRI-11	Community Behavioral Health Treatment	No substantive changes.	N/A

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Initiative Number	Initiative Name	Substantive Change(s) Since Service Improvement Plan (SIP), if any	Reason(s)
CD-01	LEAD	<ol style="list-style-type: none"> <li>1. Geographic references are clarified to state that expansion of LEAD may occur in South and/or East King County.</li> <li>2. Funding amounts for 2017 and 2018 are leveled (except for economic adjustment) rather than staged. Overall biennial allocation unchanged.</li> </ol>	<ol style="list-style-type: none"> <li>6. To allow for LEAD to create new jurisdictional partnerships countywide.</li> <li>7. To sustain ongoing capacity and expansion efforts.</li> </ol>
CD-02	Youth and Young Adult Homelessness Services	<ol style="list-style-type: none"> <li>1. Updates the scope and focus of the initiative.</li> <li>2. Coordinated approach and services, linking to CD-16 Alternatives to Secure Detention.</li> <li>3. Funding amounts for 2017 and 2018 adjusted. Overall biennial allocation unchanged.</li> </ol>	<ol style="list-style-type: none"> <li>1. Updated scope developed in collaboration with stakeholders.</li> <li>2. Coordination with CD-16 also reflects stakeholder input.</li> <li>3. Reflects expected implementation approach.</li> </ol>
CD-03	Outreach and Inreach System of Care	Performance target corrected.	Performance target included services provided in a different initiative.
CD-04	South County Crisis Diversion Services/Center	Procurement and start date sections adjusted to reflect that implementation timing is to be determined.	Staged planning due to staffing availability.
CD-05	High Utilizer Care Teams	No substantive changes.	N/A
CD-06	Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Teams	No substantive changes.	N/A

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CD-07	Multipronged Opioid Strategies	<ol style="list-style-type: none"> <li>1. Anticipated programming areas now align with final Heroin and Prescription Opiate Addiction Task Force recommendations. Significant new information is added to align with the task force report and to reference known plans in some of the recommendation areas.</li> <li>2. Procurement timing is adjusted to reflect variable implementation for different initiative components.</li> </ol>	<ol style="list-style-type: none"> <li>1. Final Task Force recommendations were released in September 2016, after transmission of the SIP.</li> <li>2. Reflects current planning status.</li> </ol>
CD-08	Children’s Domestic Violence Response Team	No substantive changes.	N/A
CD-09	BH Urgent Care Walk-In Clinic Pilot	Information about procurement and start date adjusted to reflect ongoing crisis system planning. Expected procurement and start date deferred to late 2017/early 2018.	Crisis system planning in partnership with providers is ongoing, and will result in coordinated systemwide improvement.
CD-10	Next Day Crisis Appointments	Information about procurement and start date adjusted to reflect ongoing crisis system planning. Potential reprocurement and related start date deferred to late 2017/early 2018.	Crisis system planning in partnership with providers is ongoing, and will result in coordinated systemwide improvement.
CD-11	Children’s Crisis Outreach Response System (CCORS)	Reference to expedited response to law enforcement is removed, while potential enhancements to serve young adults and/or formerly homeless youth are retained.	Corrects an error in the SIP.
CD-12	Parent Partners Family Assistance	No substantive changes.	N/A
CD-13	Family Intervention Restorative Services (FIRS)	No substantive changes.	N/A

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Initiative Number	Initiative Name	Substantive Change(s) Since Service Improvement Plan (SIP), if any	Reason(s)
CD-14	Involuntary Treatment Triage Pilot	Procurement timing and service start date adjusted to reflect second quarter 2017 start of services.	Reflects actual start date for this program.
CD-15	Wraparound for Youth	<ol style="list-style-type: none"> <li>1. Number of wraparound delivery teams changed from five to as many as six.</li> <li>2. RFP release adjusted to second quarter 2017.</li> <li>3. Performance target updated.</li> </ol>	<ol style="list-style-type: none"> <li>1. Possible increase in the number of teams to respond to state’s contracted targets for the WISe program. Also reflects catchment area reconfiguration as part of re-RFP process.</li> <li>2. RFP timed to allow new contracts to start with the beginning of the school year in September 2017.</li> <li>3. State WISe funding change led to performance target update.</li> </ol>
CD-16	Youth Behavioral Health Alternatives to Secure Detention	<ol style="list-style-type: none"> <li>1. Updates the scope and focus of the initiative.</li> <li>2. Coordinated approach &amp; services linking to CD-02. Youth and Young Adult Homelessness Services.</li> <li>3. Funding amounts for 2017 and 2018 adjusted. Overall biennial allocation unchanged.</li> <li>4. Performance target updated.</li> </ol>	<ol style="list-style-type: none"> <li>1. Updated scope developed in collaboration stakeholders.</li> <li>2. Coordination with CD-02 also reflects stakeholder input.</li> <li>3. Reflects expected implementation approach.</li> <li>4. Performance target to be determined based on service updates.</li> </ol>
CD-17	Young Adult Crisis Facility	<ol style="list-style-type: none"> <li>1. Updates the scope and focus of the initiative.</li> <li>2. Funding amounts for 2017 and 2018 adjusted. Overall biennial allocation unchanged.</li> <li>3. Performance target updated.</li> </ol>	<ol style="list-style-type: none"> <li>1. Updated and clarified scope of services developed in collaboration with young adult housing providers.</li> <li>2. Reflects expected implementation approach.</li> <li>3. Performance target to be determined based on service updates.</li> </ol>

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RR-01	Housing and Supportive Services	Performance target corrected.	SIP performance target inaccurate.
RR-02	Behavioral Modification Classes at CCAP	<ol style="list-style-type: none"> <li>1. Removed references to 60-day order.</li> <li>2. Made adjustments to reflect possible reprourement and broader CCAP changes.</li> </ol>	<ol style="list-style-type: none"> <li>1. This is no longer a condition for service participation.</li> <li>2. Overall CCAP service may be re-RFPd, potentially affecting contracting for this initiative.</li> </ol>
RR-03	Housing Capital and Rental	Housing capital RFP release adjusted to third quarter 2017.	Aligns with long-standing RFP timing for housing capital.
RR-04	Rapid Rehousing-Oxford House Model	RFQ process adjusted to third quarter 2017.	The County is in the contract development process with Oxford House and will continue to evaluate program capacity and the need for additional providers.
RR-05	Housing – Adult Drug Court	<ol style="list-style-type: none"> <li>1. Service components revised to remove financial assistance for move-in costs.</li> <li>2. Procurement updated to reflect that providers are already under contract and no RFP is needed.</li> </ol>	<ol style="list-style-type: none"> <li>1. Funding is not provided for this aspect of the program.</li> <li>2. Revised to more accurately reflect current contracting situation.</li> </ol>
RR-06	Jail Reentry System of Care	<ol style="list-style-type: none"> <li>1. Added references to CCAP learning center and DV education classes.</li> <li>2. Made adjustments to reflect ongoing quality improvement processes and CCAP changes.</li> </ol>	<ol style="list-style-type: none"> <li>1. These smaller programs are also funded under this initiative, but were inadvertently omitted from the SIP.</li> <li>2. Program improvements and CCAP changes may affect contracting.</li> </ol>
RR-07	Behavioral Health Risk Assessment Tool for Adult Detention	<ol style="list-style-type: none"> <li>1. Assessment tools clarified and target populations simplified.</li> <li>2. Added Jail Health Services staff (Public Health) as among those who provide the services.</li> <li>3. Service start date delayed by two quarters.</li> </ol>	<ol style="list-style-type: none"> <li>1. Reflects current planning related to which specific populations will benefit.</li> <li>2. Clarification.</li> <li>3. Reflects time needed for completion of data work by tool author.</li> </ol>

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RR-08	Hospital Reentry Respite Beds	No substantive changes.	N/A
RR-09	Recovery Café	Updated current status and anticipated future steps in site selection process.	Potential sites for a second Recovery Café are being evaluated.
RR-10	Behavioral Health Employment Services and Supported Employment	No substantive changes.	N/A
RR-11	Peer Bridgers and Peer Support Pilot	References to sobering center, needle exchange, and detoxification facilities removed from SUD peer support component.	More accurately describes program components expected to be implemented at current funding level.
RR-12	Jail-Based SUD Treatment	Procurement timing and service start date adjusted; RFP release in third quarter 2017.	Initiative implementation was delayed due to potential state budget impacts.
RR-13	Deputy Prosecuting Attorney for Familiar Faces	No substantive changes.	N/A
RR-14	Shelter Navigation Services	This initiative and its description are new with the Implementation Plan. It describes plans to support navigation services in enhanced shelter settings, and its title is adjusted accordingly.	This initiative was added by King County Council after transmission of the SIP. An initial initiative description was not included in the SIP.
SI-01	Community-Driven Behavioral Health Grants	<ol style="list-style-type: none"> <li>1. Grant tiers condensed into two levels, amounts adjusted, contracting requirements updated, and additional funding considerations added.</li> <li>2. Program launch timing adjusted to late 2017/early 2018.</li> </ol>	<ol style="list-style-type: none"> <li>1. Reflects changes to County procurement rules, and clarifies intent to support multiple smaller community projects via time-limited funding.</li> <li>2. Staged planning due to staffing availability.</li> </ol>

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SI-02	Behavioral Health Services in Rural King County	<ol style="list-style-type: none"> <li>1. Grant tiers condensed into two levels, amounts adjusted, contracting requirements updated, and additional funding considerations added.</li> <li>2. Program launch timing adjusted to late 2017/early 2018.</li> </ol>	<ol style="list-style-type: none"> <li>1. Reflects changes to County procurement rules, and clarifies intent to support multiple smaller community projects via time-limited funding.</li> <li>2. Staged planning due to staffing availability.</li> </ol>
SI-03	Workload Reduction	<ol style="list-style-type: none"> <li>1. Updates principles used to guide the review of allocation methodology for this initiative.</li> <li>2. Identifies that Medicaid actuarial rate changes at the state level means that Medicaid match is no longer expected to be available for this initiative.</li> <li>3. Clarifies contracting and provider engagement timelines.</li> <li>4. Performance measures to be determined based on allocation methodology.</li> </ol>	<ol style="list-style-type: none"> <li>1. Reflects prioritization of equity and social justice as principle for the development of the allocation methodology.</li> <li>2. Recognizes that future methodology may include funding activities in addition to staff positions.</li> <li>3. Reflects status of current planning.</li> <li>4. Reflects status of current planning.</li> </ol>
SI-04	Workforce Development	<ol style="list-style-type: none"> <li>1. Service components simplified, and procurement and start date information revised, to reflect ongoing redesign of this initiative.</li> <li>2. Clarified initiative goals to address workforce conditions and service quality.</li> <li>3. Performance target to be determined based on allocation methodology.</li> </ol>	<ol style="list-style-type: none"> <li>1. Reflects the status of the current planning process.</li> <li>2. Correction deletes language tied to MIDD 1 policy goals.</li> <li>3. Reflects status of current planning.</li> </ol>
TX-ADC	Adult Drug Court	Program goals and service description are updated.	More accurately reflects current goals and recovery-oriented services.
TX-FTC	Family Treatment Court	No substantive changes.	N/A
TX-JDC	Juvenile Drug Court	No substantive changes.	N/A

<sup>1</sup> Three types of changes to initiative descriptions are not shown in this table:

(a) The performance measures section of each initiative description has been restructured to reflect MIDD’s Results-Based Accountability (RBA) approach and other aspects of the MIDD Evaluation Plan. Among multiple RBA-related changes, this chart captures only changes to performance targets (primarily the number of individuals expected to be served).

(b) Information about community engagement efforts, added for the Implementation Plan in accordance with ordinance requirements, is not reflected here.

(c) This table also excludes technical and wording changes that did not materially impact program delivery, goals, or components.

<b>Initiative Number</b>	<b>Initiative Name</b>	<b>Substantive Change(s) Since Service Improvement Plan (SIP), if any</b>	<b>Reason(s)</b>
TX-RMHC	Regional Mental Health Court	Adjusted to reflect expanded eligibility criteria including individuals with substance use disorders.	Eligibility is now based on behavioral health conditions, not just mental illness.
TX-SMC	Seattle Mental Health Municipal Court	<ol style="list-style-type: none"> <li>1. Description of target population and body of work refined to reflect outreach/engagement focus.</li> <li>2. Possible plans to re-RFP this work are removed.</li> <li>3. Performance target corrected.</li> </ol>	<ol style="list-style-type: none"> <li>1. Reflects 2016 program adjustments.</li> <li>2. A quality improvement approach is being used instead.</li> <li>3. SIP performance target was inaccurate.</li> </ol>
TX-CCPL	Community Court Planning	<ol style="list-style-type: none"> <li>1. Flexibility added to potential Community Court implementation timing.</li> <li>2. Initiative goals and activities outlined.</li> <li>3. Consultant procurement adjusted to third quarter 2017.</li> </ol>	<ol style="list-style-type: none"> <li>1. 2018 launch may or may not be recommended or feasible.</li> <li>2. Initiative goals had not been determined at the time of the SIP.</li> <li>3. Reflects current project status.</li> </ol>
SP-01	Special Allocation: Consejo	This one-time funding allocation and its description are new to the Implementation Plan. It describes plans to support facility improvements to transitional housing facilities for survivors of domestic violence.	This allocation was added by King County Council after transmission of the SIP. An initial initiative description was not included in the SIP.

<sup>1</sup> Three types of changes to initiative descriptions are not shown in this table:

(a) The performance measures section of each initiative description has been restructured to reflect MIDD’s Results-Based Accountability (RBA) approach and other aspects of the MIDD Evaluation Plan. Among multiple RBA-related changes, this chart captures only changes to performance targets (primarily the number of individuals expected to be served).

(b) Information about community engagement efforts, added for the Implementation Plan in accordance with ordinance requirements, is not reflected here.

(c) This table also excludes technical and wording changes that did not materially impact program delivery, goals, or components.

**Mental Illness and Drug Dependency Fund Biennial Spending Plan 2017-2018**

MIDD 2 Number	MIDD 2 Initiative Title	2017	2018	2017-2018 Total by Initiative
PRI-01	Screening, Brief Intervention and Referral To Treatment-SBIRT	717,500	736,155	1,453,655
PRI-02	Juvenile Justice Youth Behavioral Health Assessments	584,250	599,441	1,183,691
PRI-03	Prevention and Early Intervention Behavioral Health for Adults Over 50	484,639	497,240	981,880
PRI-04	Older Adult Crisis Intervention/Geriatric Regional Assessment Team - GRAT	329,025	337,580	666,605
PRI-05	Collaborative School Based Behavioral Health Services: Middle and High School Students	1,579,652	1,607,552	3,187,204
PRI-06	Zero Suicide Initiative Pilot	400,000	410,400	810,400
PRI-07	Mental Health First Aid	300,000	307,800	607,800
PRI-08	Crisis Intervention Training - First Responders	820,000	841,320	1,661,320
PRI-09	Sexual Assault Behavioral Health Services	509,373	522,618	1,031,991
PRI-10	Domestic Violence and Behavioral Health Services & System Coordination	638,627	655,231	1,293,858
PRI-11	Community Behavioral Health Treatment	11,890,000	12,199,140	24,089,140
CD-01	Law Enforcement Assisted Diversion (LEAD)	1,537,500	2,052,000	3,589,500
CD-02	Youth and Young Adult Homelessness Services	300,000	307,800	607,800
CD-03	Outreach & In reach System of Care	410,000	420,660	830,660
CD-04	South County Crisis Diversion Services/Center	500,000	1,539,000	2,039,000
CD-05	High Utilizer Care Teams	256,250	262,913	519,163
CD-06	Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	5,125,000	5,208,569	10,333,569
CD-07	Multipronged Opioid Strategies	750,000	1,539,000	2,289,000
CD-08	Children's Domestic Violence Response Team	281,875	289,204	571,079
CD-09	Behavioral Health Urgent Care-Walk In Clinic Pilot	250,000	256,500	506,500
CD-10	Next Day Crisis Appointments	307,500	315,495	622,995
CD-11	Children's Crisis Outreach and Response System - CCORS	563,750	578,408	1,142,158
CD-12	Parent Partners Family Assistance	420,250	431,177	851,427
CD-13	Family Intervention Restorative Services - FIRS	1,087,688	1,115,967	2,203,655
CD-14	Involuntary Treatment Triage Pilot	150,000	153,900	303,900
CD-15	Wraparound Services for Youth	3,075,000	3,154,950	6,229,950
CD-16	Youth Behavioral Health Alternatives to Secure Detention	250,000	1,026,000	1,276,000
CD-17	Young Adult Crisis Facility	705,825	724,175	1,430,000
RR-01	Housing Supportive Services	2,050,000	2,096,712	4,146,712
RR-02	Behavior Modification Classes at CCAP	77,900	79,925	157,825
RR-03	Housing Capital and Rental	2,393,584	2,455,816	4,849,400
RR-04	Rapid Rehousing-Oxford House Model	500,000	513,000	1,013,000
RR-05	Housing Vouchers for Adult Drug Court	231,136	237,146	468,282
RR-06	Jail Reentry System of Care	435,625	446,951	882,576
RR-07	Behavioral Health Risk Assessment Tool for Adult Detention	470,900	483,143	954,043
RR-08	Hospital Re-Entry Respite Beds	928,650	952,795	1,881,445
RR-09	Recovery Café	348,717	357,783	706,500
RR-10	BH Employment Services & Supported Employment	973,750	999,068	1,972,818
RR-11	Peer Bridgers and Peer Support Pilot	768,750	788,738	1,557,488

**Appendix D**  
**MIDD 2 Implementation Plan**

<b>MIDD 2 Number</b>	<b>MIDD 2 Initiative Title</b>	<b>2017</b>	<b>2018</b>	<b>2017-2018 Total by Initiative</b>
RR-12	Jail-based SUD Treatment	444,225	455,775	900,000
RR-13	Deputy Prosecuting Attorney for Familiar Faces	47,091	146,932	194,023
RR-14	Shelter Navigation Services	500,000	500,000	1,000,000
SI-01	Community Driven Behavioral Health Grants	350,000	359,100	709,100
SI-02	Behavioral Health Services In Rural King County	350,000	359,100	709,100
SI-03	Workload Reduction	4,100,000	4,206,600	8,306,600
SI-04	Workforce Development	743,125	762,446	1,505,571
TX-ADC	Adult Drug Court	4,165,351	4,290,999	8,456,350
TX-FTC	Family Treatment Court	1,435,340	1,472,771	2,908,111
TX-JDC	Juvenile Drug Court	1,099,211	1,128,669	2,227,880
TX-RMHC	Regional Mental Health Court	3,865,746	3,974,271	7,840,017
TX-SMC	Seattle Mental Health Municipal Court	93,150	95,572	188,722
TX-CCPL	Community Court Planning	100,000	-	100,000
SP-01	Special Allocation-Consejo	50,000	-	50,000
ADM	Administration & Evaluation	3,979,911	3,928,388	7,908,300
<b>Totals by Initiative and Strategy</b>		<b>64,725,868</b>	<b>69,181,894</b>	<b>133,907,761</b>

2017-2018 Financial Plan March 2017 Report  
Mental Illness and Drug Dependency (MIDD) Fund / 000001135

Category	2015-2016 BTD Actuals <sup>1</sup>	2017-2018 Adopted Budget <sup>2</sup>	2017-2018 Current Budget <sup>3</sup>	2017 - 2018 Actuals <sup>4</sup>	2017-2018 Estimated	2019-2020 Projected <sup>5</sup>	2021-2022 Projected <sup>5</sup>
<b>Beginning Fund Balance</b>	<b>16,257,983</b>	<b>15,437,816</b>	<b>15,437,816</b>	<b>15,437,816</b>	<b>15,437,816</b>	<b>16,172,027</b>	<b>20,816,539</b>
<b>Revenues</b>							
Local	119,108,822	133,955,400	133,824,205	15,651,139	133,824,205	144,173,544	153,794,213
Other	403,322	117,953	117,953	147,701	117,953	124,794	132,532
<b>Total Revenues</b>	<b>119,512,144</b>	<b>134,073,353</b>	<b>133,942,158</b>	<b>15,798,840</b>	<b>133,942,158</b>	<b>144,298,338</b>	<b>153,926,745</b>
<b>Expenditures</b>							
Salaries, Wages & Benefits	(23,798,385)	(20,783,042)	(20,783,042)	(2,009,251)	(20,783,042)	(21,967,675)	(23,285,736)
Supplies and Other	(106,454)	(166,213)	(166,213)	(7,832)	(166,213)	(175,853)	(186,756)
Contracted Services	(91,107,502)	(86,845,403)	(86,845,403)	(6,196,840)	(86,145,403)	(89,748,557)	(95,312,967)
Intergovernmental Services	(5,316,192)	(5,355,312)	(5,355,312)	(378,670)	(5,355,312)	(5,799,803)	(6,344,984)
Interfund Transfers	(3,778)	(20,757,976)	(20,757,976)	(2,422,162)	(20,757,976)	(21,961,938)	(23,323,579)
<b>Total Expenditures</b>	<b>(120,332,311)</b>	<b>(133,907,946)</b>	<b>(133,907,946)</b>	<b>(11,014,754)</b>	<b>(133,207,946)</b>	<b>(139,653,827)</b>	<b>(148,454,022)</b>
<b>Estimated Under Expenditures</b>							
<b>Other Fund Transactions</b>							
<b>Total Other Fund Transactions</b>	-	-	-	-	-	-	-
<b>Ending Fund Balance</b>	<b>15,437,816</b>	<b>15,603,222</b>	<b>15,472,027</b>	<b>20,221,901</b>	<b>16,172,027</b>	<b>20,816,539</b>	<b>26,289,261</b>
<b>Reserves</b>							
Revenue Reserves <sup>6</sup>	(6,253,213)						
Services Stabilization Reserve <sup>7</sup>	(895,000)				-		
Emerging Issues Reserve <sup>8</sup>		(1,316,900)	(1,316,900)	(1,316,900)	(1,316,900)		
Reappropriation Reserve <sup>9</sup>	(2,455,000)	(2,455,000)	(2,455,000)	(2,455,000)	(2,455,000)		
Medicaid Reconciliation Reserve <sup>10</sup>			(300,000)	(300,000)	(300,000)		
Reserve for 2016 invoices <sup>11</sup>			(472,260)	(472,260)	(472,260)		
Reserve for Intensive Case Management <sup>12</sup>			(278,475)	(278,475)	(278,475)		
Rainy Day Reserve (60 days) <sup>13</sup>	(4,554,134)	(11,158,996)	(11,158,996)	(11,158,996)	(11,100,662)	(11,637,819)	(12,371,169)
<b>Total Reserves</b>	<b>(14,157,347)</b>	<b>(14,930,896)</b>	<b>(15,981,631)</b>	<b>(15,981,631)</b>	<b>(15,923,297)</b>	<b>(11,637,819)</b>	<b>(12,371,169)</b>
Reserve Shortfall		-	509,603		-		
<b>Ending Undesignated Fund Balance</b>	<b>1,280,468</b>	<b>672,327</b>	<b>-</b>	<b>4,240,271</b>	<b>248,730</b>	<b>9,178,720</b>	<b>13,918,093</b>

## Financial Plan Notes

<sup>1</sup> 2015-2016 Biennial-to-Date Actuals reflects actual revenues and expenditures as of 12/31/2016, using EBS report GL\_010.

<sup>2</sup> 2017-2018 Adopted Budget reflects the council approved budget per ordinance 18409.

<sup>3</sup> 2017-2018 Current Budget reflects the council Adopted Budget and any budget revisions.

<sup>4</sup> 2017-2018 Biennial-to-Date Actuals reflects actual revenues and expenditures as of 3/31/2017, using EBS report GL 010.

<sup>5</sup> Out year projections assume revenue growth per March 2017 OEFA forecasts and King County Office of Performance, Strategy and Budget planning assumptions.

<sup>6</sup> Revenue Reserve is equal to 5.25% of MIDD tax receipts. In 2017-2018 the fund will switch to a 60 day expenditure reserve (see footnote 13).

<sup>7</sup> The Services Stabilization Reserve is designated to fund MIDD 1 services during transition to MIDD 2 to avoid service disruptions for vulnerable populations.

<sup>8</sup> Funding in the Emerging Issues Reserve will be appropriated by Council on an as-needed basis through the supplemental process.

<sup>9</sup> The Reappropriation Reserve sets aside unspent dollars from council approved supplemental requests approved in 2016 to be fully expended in 2017. These requests were part of the first 2017-2018 omnibus supplemental request.

<sup>10</sup> A Medicaid Reconciliation Reserve has been created for initiatives with a lower Medicaid proportion than formally budgeted.

<sup>11</sup> Reserve for 2016 invoices received in 2017.

<sup>12</sup> Reserve for Intensive Case Management in 2018.

<sup>13</sup> The Rainy Day Reserve is to provide a 60 day expenditure reserve in case operations are reduced or close down.



King County

## Behavioral Health and Recovery Division King County Department of Community and Human Services

### Decision Model: Determining the Need For Requests for Proposals/Competitive Procurement

#### **Principles of Purchasing**

King County will apply principles that promote effectiveness, accountability, and social justice.

#### ***Ethical Behavior and Conduct***

The objectives of ethical behavior and conduct are to insure that in its procurement activities, the County will:

- Behave with impartiality, fairness, independence, openness, integrity and professionalism in its dealings with suppliers;
- Advance the interests of the County in all transactions with suppliers;

#### ***Open and effective competition***

The objectives of open and effective competition are:

- To instill confidence in the County and the public about the integrity and cost effectiveness of public sector procurement;
- To support the most effective and efficient outcomes for the County;
- To ensure that all suppliers wishing to conduct business with the County are given a reasonable opportunity to do so; and
- To ensure that bid documents and contracts reflect the requirements and desired outcome of the County and that all participants are subject to equivalent terms, conditions, and requirements.

Open and Effective Competition means:

- Procurement procedures and processes are visible to the County, suppliers, and the public;
- Suppliers have a real opportunity to do business with the County; and
- Competition is sought to provide value for money, to achieve the best possible return from County spend on goods and services;



## ***When is a Competitive Process to Secure a Contract Required?***

Purchases over \$9,999 for a single purchase of goods or services and/or purchases of over \$10,000 in a calendar year to a single vendor or provider require a contract. When the County initiates a contracting process, the default procurement stance is that a competitive process to identify the vendor/provider must occur. A competitive bid process shall be utilized when:

- A. The County has new funding to purchase services(e.g. new grants, new levies, new allocations from funders);
- B. A new program/service is to be implemented;
- C. There is a change in requirements or regulations related to services/programs currently under contract with the County requiring a substantial revision in the scope of services; or
- D. The funder of programs/services requires competitive procurement process for new funds and/or ongoing funds at a specified frequency.

The following categories of purchases are exempt from the requirement of a competitive bid process:

- A. Purchases that are covered by a blanket contract entered into by King County Purchasing.
- B. Purchases of services where an there is an existing contract within the Division/Department that purchases the same scope of work:
  - 1. The purchase adds capacity to the program (e.g. purchases more program slots, or bed days); or
  - 2. The purchase expands the population to be served (without changing the scope of work);
- C. Purchases where there is only one source that can provide the scope of work (A Sole Source Waiver must be sought and authorized from King County Purchasing):
  - 1. The County has been told by a funder to hire a particular (sub)contractor; or
  - 2. There is only one expert/specialty organization in the region that can deliver the scope of work.

## **Methods Utilized for Competitive Bid Processes**

The competitive bid processes below are solicited by the County. The responses to these solicitations are evaluated against the County's criteria/requirements for the service/program and awards are made for responses that best meet the County's needs/specifications.

- 1. Requests for Proposals – Prospective bidders complete a proposal to provide services that includes details about: a) their experience providing similar service; b) details on how the agency meets required qualifications; c) a proposal for how the needed/required services will be provided; and d) a detailed expenditure budget.

2. Requests for Qualifications/Applications – Prospective bidders complete a response detailing their qualifications to provide the needed/required services according to the County specifications and funding.
3. Letters of Intent – A response to a request for a letter of intent that describes the responder's interest, qualifications, and a description of their plan to provide services according to the County's specifications and funding.

### ***Special Purchasing Issues***

Divisions/Departments have been delegated the authority to competitively procure and purchase services that are designed to address the needs of the County's citizens (e.g. treatment, supportive services, prevention services, etc.). King County Purchasing may be utilized for the purchase of services if the Division/Department wishes to.

Goods and Consultant Services purchased for King County Divisions/Departments can be competitively procured by the Divisions/Departments if the total expenditure for the consultation will be less than \$50,000. For consultation purchase/contracts that exceed \$50,000, the competitive procurement process must be directed and run by King County Purchasing.

#### **Criteria for Using King County Procurement for the Competitive Bid Process**

King County Procurement buyers should be utilized when:

- There is a need for broad community distribution of the Request for Proposals;
- There will be a large number of potential bidders;
- Regions within King County may be competing with each other;
- The award will go to multiple recipients and will exceed \$500,000 each recipient.

#### **Criteria for the Department Running the Competitive Bid Process**

The Department may run the competitive bid process when:

- The competitive bid is being distributed to the Department's existing provider network;
- The project is similar to projects that are already in existence in the department;
- The awards are for discreet or small projects.

# Racial Equity Impact Assessment

## What are Racial Equity Impact Assessments?

A Racial Equity Impact Assessment (REIA) is a systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision. REIAs are used to minimize unanticipated adverse consequences in a variety of contexts, including the analysis of proposed policies, institutional practices, programs, plans and budgetary decisions. The REIA can be a vital tool for preventing institutional racism and for identifying new options to remedy long-standing inequities.

## Why are they needed?

REIAs are used to reduce, eliminate and prevent racial discrimination and inequities. The persistence of deep racial disparities and divisions across society is evidence of institutional racism--the routine, often invisible and unintentional, production of inequitable social opportunities and outcomes. When racial equity is not consciously addressed, racial inequality is often unconsciously replicated.

## When should it be conducted?

REIAs are best conducted during the decision-making process, prior to enacting new proposals. They are used to inform decisions, much like environmental impact statements, fiscal impact reports and workplace risk assessments.

## Where are they in use?

The use of REIAs in the U.S. is relatively new and still somewhat limited, but new interest and initiatives are on the rise. The United Kingdom has been using them with success for nearly a decade.

## EXAMPLES OF RACIAL JUSTICE EQUITY IMPACTS

### Equity and Social Justice Initiative

*King County, WA*

The county government is using an Equity Impact Review Tool to intentionally consider the promotion of equity in the development and implementation of key policies, programs and funding decisions.

### Race and Social Justice Initiative

*Seattle, WA*

City Departments are using a set of Racial Equity Analysis questions as filters for policy development and budget making.

### Minority Impact Statements

*Iowa and Connecticut*

Both states have passed legislation which requires the examination of the racial and ethnic impacts of all new sentencing laws prior to passage. Commissions have been created in Illinois and Wisconsin to consider adopting a similar review process. Related measures are being proposed in other states, based on a model developed by the Sentencing Project.

### Proposed Racial Equity Impact Policy

*St. Paul, MN*

If approved by the city council, a Racial Equity Impact Policy would require city staff and developers to compile a "Racial Equity Impact Report" for all development projects that receive a public subsidy of \$100,000 or more.

### Race Equality Impact Assessments

*United Kingdom*

Since 2000, all public authorities required to develop and publish race equality plans must assess proposed policies using a Race Equality Impact Assessment, a systematic process for analysis.

# Racial Equity Impact Assessment **GUIDE**

*Below are sample questions to use to anticipate, assess and prevent potential adverse consequences of proposed actions on different racial groups.*

## **1. IDENTIFYING STAKEHOLDERS**

Which racial/ethnic groups may be most affected by and concerned with the issues related to this proposal?

## **2. ENGAGING STAKEHOLDERS**

Have stakeholders from different racial/ethnic groups—especially those most adversely affected—been informed, meaningfully involved and authentically represented in the development of this proposal? Who’s missing and how can they be engaged?

## **3. IDENTIFYING AND DOCUMENTING RACIAL INEQUITIES**

Which racial/ethnic groups are currently most advantaged and most disadvantaged by the issues this proposal seeks to address? How are they affected differently? What quantitative and qualitative evidence of inequality exists? What evidence is missing or needed?

## **4. EXAMINING THE CAUSES**

What factors may be producing and perpetuating racial inequities associated with this issue? How did the inequities arise? Are they expanding or narrowing? Does the proposal address root causes? If not, how could it?

## **5. CLARIFYING THE PURPOSE**

What does the proposal seek to accomplish? Will it reduce disparities or discrimination

## **6. CONSIDERING ADVERSE IMPACTS**

What adverse impacts or unintended consequences could result from this policy? Which racial/ethnic groups could be negatively affected? How could adverse impacts be prevented or minimized?

## **7. ADVANCING EQUITABLE IMPACTS**

What positive impacts on equality and inclusion, if any, could result from this proposal? Which racial/ethnic groups could benefit? Are there further ways to maximize equitable opportunities and impacts?

## **8. EXAMINING ALTERNATIVES OR IMPROVEMENTS**

Are there better ways to reduce racial disparities and advance racial equity? What provisions could be changed or added to ensure positive impacts on racial equity and inclusion?

## **9. ENSURING VIABILITY AND SUSTAINABILITY**

Is the proposal realistic, adequately funded, with mechanisms to ensure successful implementation and enforcement. Are there provisions to ensure ongoing data collection, public reporting, stakeholder participation and public accountability?

## **10. IDENTIFYING SUCCESS INDICATORS**

What are the success indicators and progress benchmarks? How will impacts be documented and evaluated? How will the level, diversity and quality of ongoing stakeholder engagement be assessed?