

2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report

July 31, 2024



King County

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Executive Summary

Background

The behavioral health sales tax (known as MIDD, and also referred to as the Mental Illness and Drug Dependency fund) is a unique local funding source that improves access to behavioral health care for individuals and communities in King County through a countywide 0.1 percent sales tax.¹ The King County Department of Community and Human Services' (DCHS) Behavioral Health and Recovery Division (BHRD) manages King County's MIDD.

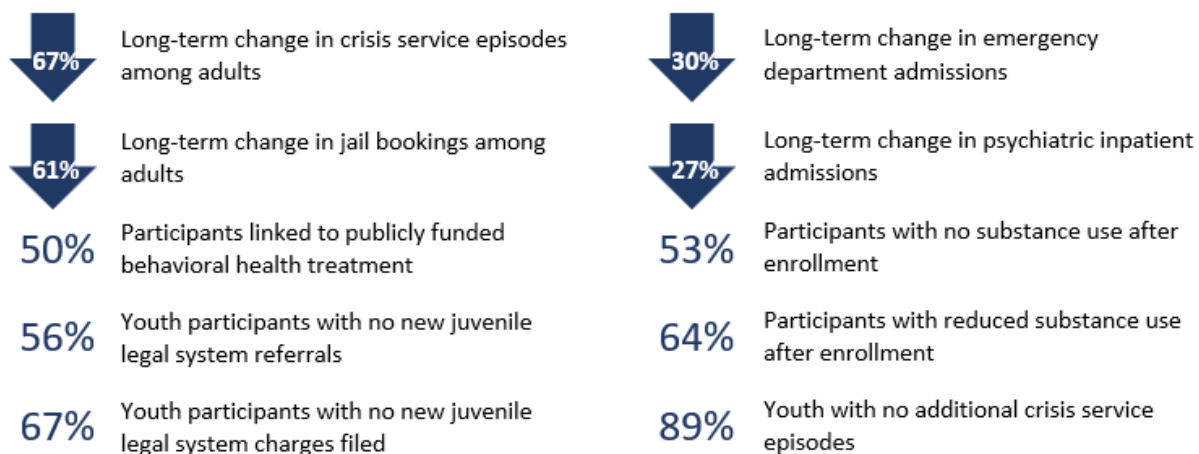
Over the past 16 years, MIDD investments have expanded services to address gaps in and complement the community behavioral health treatment and crisis response system King County administers. MIDD invests in programs that improve health and wellness, connection to community, and recovery, especially for people most affected by inequities related to race, income, and access to healthcare. Current MIDD investments include treatment for people not eligible for Medicaid, expanding access to behavioral health services in rural areas and within BIPOC communities, and providing behavioral health screenings in schools throughout King County.

Report Requirements

This annual summary report satisfies all reporting requirements called for by K.C.C. 4A.500.309.D.² It also includes links to the online [MIDD Dashboard](#) which provides a more in-depth review of MIDD 2023 accomplishments.

MIDD Implementation and Results in 2023

MIDD investments across a wide array of initiatives contribute toward King County's vision of ensuring quality behavioral health care. In 2023, MIDD served 24,342 people across 55 initiatives through 173 provider and community partners, an increase of 26 percent over the 19,231 reported in 2022. Of those served, individuals showed increased access to mental health and substance use care, fewer trips to jail or hospitals, and more connections to treatment and services in their communities.³



¹ King County Ordinance 18407, November 2016. [\[LINK\]](#)

² King County Code 4A.500.309.D. [\[LINK\]](#)

³ Participant outcome measures summarized in this report apply to MIDD initiatives that identify the measure as an intended outcome.

[2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report](#)

See also [MIDD Dashboard \[LINK\]](#).

Key areas of focused attention for MIDD in 2023 included:

- Growing and sustaining a diverse behavioral health workforce,
- Addressing fentanyl surge and eliminating barriers to lifesaving medications for opioid use,
- Reducing barriers and increasing access to care, and
- Increasing youth access to behavioral health treatment.

As required by Ordinance 19546, Section 71, Proviso P1, this report also highlights and evaluates the grant-based art therapy pilot project funded by Ordinance 19546, Section 71, Expenditure Restriction ER1.⁴

MIDD Participants

MIDD initiatives served a lower proportion of people identifying as white than are represented in the King County population at large (56 percent) and a greater proportion of people identifying as Black or African American than are represented in King County (6 percent).⁵ Most people served by MIDD initiatives identify as male, and most people served by MIDD initiatives are between age 25 years and 54 years.⁶

In 2023, MIDD generally served people living in ZIP Codes with a higher percentage of families living below the poverty line, indicating MIDD's intent to serve those most in need.

Evaluation and Continuous Improvement

The MIDD evaluation aligns with the five policy goals adopted by the King County Council. MIDD initiatives link to one or more of these goals for the purposes of performance measurement and evaluation. The County evaluates progress toward each of the five MIDD goals to identify systems-level improvement and impact.

As in previous years, MIDD made several improvements to program implementation based on opportunities identified by MIDD's partners or informed by data. Continuous improvement efforts included incorporating equity and social justice more fully into contract management, addressing disproportional access to services and increasing inclusivity within MIDD-funded services, expanding models of service provision, incorporating new treatment approaches, and building a workforce that reflects the diversity of MIDD participants.

In 2023, 22 of the 46 MIDD initiatives with established targets exceeded target numbers, and an additional five were within 20 percent of reaching the set target.

2023 Procurement Update

BHRD partners with community-based organizations through contracts to deliver responsive services. Procurement processes are in place to support and promote coordination across funding sources as well as to expand access. MIDD-funded initiatives released eight procurements in 2023. Focus areas included

⁴ King County Ordinance 19546, Section 71, Proviso P1.

⁵ U.S. Census Bureau (2024). American Community Survey, 5-Year Estimates (2018-2022), Detailed Tables: B03002 (Hispanic and Latino Origin by Race).

⁶ Demographic information is not available for MIDD initiatives that only collect aggregate data. Further, some race and ethnicity categories are underrepresented due to the availability of "multiracial" as a response option for some programs.

expanding summer programming for youth, launching the Emerging Issues initiative, and concluding the procurement for SI-01, Community Driven Behavioral Health Grants.

MIDD Fiscal Information

In 2023, the MIDD behavioral health sales tax revenue forecast and fund collections were relatively stable, a contrast to the COVID-19 pandemic's economic impact in recent years. Supplemental ordinances added more than \$25 million to MIDD's 2023 expenditure authority, a 12 percent increase to budgeted funds.⁷ After these additions, MIDD programs spent 80 percent of their budgeted funding for 2023.

Conclusion/Next Actions

The behavioral health needs of King County's communities are evolving. To ensure equitable access, MIDD investments must prioritize the region's biggest behavioral health challenges. Federal, state, and local investments must work together to create the cohesive and intentional system that King County needs.

Background

The behavioral health sales tax (known as MIDD) is a unique local funding source that improves access to behavioral health care for individuals and communities in King County through a countywide 0.1 percent sales tax. As required by the Revised Code of Washington (RCW)³, King County's MIDD supports work on crisis diversion, screening and referral services, and treatment for substance use and mental health conditions. King County's MIDD is managed and operated by the King County Department of Community and Human Services (DCHS) Behavioral Health and Recovery Division (BHRD).

Since 2008, MIDD investments have supported 55 programs and services, known as initiatives, to address mental health and substance use conditions for King County residents, especially for people most affected by inequities related to race, income, and access to healthcare. Collectively, MIDD initiatives improve participants' quality of life and help them thrive in recovery through prevention and early intervention, crisis diversion, community-based reentry, treatment, and recovery services.

Current MIDD investments include treatment for people not eligible for Medicaid, expanding access to behavioral health services in rural areas and within BIPOC communities, and providing school-wide screening in schools throughout King County. As the needs of King County communities evolve, the behavioral health sales tax provides critical resources to invest in sustainable change to modernize services and support a high-functioning and responsive behavioral health system. For example, in 2023, King County responded to the growing fentanyl overdose crisis by repurposing and reprioritizing investments to expand access to opioid use treatments and medicines.

MIDD Policy Goals

MIDD-funded programs are designed to achieve five policy goals, as directed by K.C.C. 4A.500.309.A.⁸

- Divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals.
- Reduce the number, length, and frequency of behavioral health crisis events.

⁷ Ordinance 19633 [\[LINK\]](#) and Ordinance 19546 [\[LINK\]](#).

⁸ King County Code 4A.500.309.A. [\[LINK\]](#)

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See also MIDD Dashboard [\[LINK\]](#).

- Increase culturally appropriate, trauma-informed behavioral health services.
- Improve health and wellness of individuals living with behavioral health conditions.
- Explicit linkage with, and furthering the work of, King County and community initiatives.

MIDD Strategy Areas

MIDD-funded programs and services are delivered across five strategy areas to support a countywide continuum of care, with goals of supporting recovery and care in community, focusing on prevention and reducing disparities.⁹

- **Prevention and Early Intervention** initiatives ensure that people get the support they need to stay healthy and keep concerns from escalating.
- **Crisis Diversion** initiatives work to ensure that people in crisis get the help they need to avoid hospitalization or incarceration.
- **Recovery and Reentry** initiatives help people become healthy and reintegrate into the community safely after an episode of treatment or incarceration.
- **System Improvement** initiatives strengthen access to the behavioral health system and equip providers to deliver on outcomes more effectively.
- **Therapeutic Courts** offer people experiencing behavioral health conditions an alternative to traditional criminal legal system proceedings and support them in achieving stability and avoiding further legal system involvement.

Department Overview

King County’s Department of Community and Human Services (DCHS) provides opportunities for people to be healthy, happy, and connected to community. DCHS envisions a welcoming community that is racially just, where the field of human services exists to undo and mitigate unjust structures that historically and currently allocate benefit and burden in ways that favor some people and disfavor others. The Department, along with a network of community providers and partners, plays a leading role in creating and coordinating the region’s human services infrastructure. DCHS stewards the revenue from the Veterans, Seniors, and Human Services Levy (VSHSL), Best Starts for Kids (BSK) Levy, MIDD, the Crisis Care Centers (CCC) Levy, the Health Through Housing initiative, and the Puget Sound Taxpayer Accountability Account (PSTAA), along with other state and federally-directed revenues.^{10,11,10, 13, 14, 15}

King County’s Behavioral Health and Recovery Division (BHRD), within DCHS, brings behavioral health services and treatment to people in crisis and low-income King County residents, including people enrolled in Medicaid. BHRD serves over 60,000 people annually, including those served by MIDD.¹⁶ It invests in more than 100 community behavioral health agencies, with services ranging from outpatient mental health and substance use disorder (SUD) treatment, detoxification (withdrawal management) services, specialty team-based care, residential treatment, medication for opioid use disorders (MOUD), inpatient care, crisis services, mobile crisis response, and involuntary commitment-related services and

⁹ MIDD 2 Implementation Plan, 2017. [\[LINK\]](#)

¹⁰ Veterans, Seniors, and Human Services Levy. [\[LINK\]](#)

¹¹ Best Starts for Kids Levy. [\[LINK\]](#)

¹² MIDD. [\[LINK\]](#)

¹³ Health Through Housing sales tax. [\[LINK\]](#)

¹⁴ Puget Sound Taxpayer Accountability Account. [\[LINK\]](#)

¹⁵ Crisis Care Centers (CCC) Levy. [\[LINK\]](#)

¹⁶ DCHS Dashboard: Explore the Data. [\[LINK\]](#)

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See also MIDD Dashboard [\[LINK\]](#).

supports.¹⁷ BHRD seeks to make health services available that meet people where they are and serve the whole person by integrating behavioral health, social services, and medical care to meet an individual's needs.

Key Current Conditions

King County's behavioral health sales tax investments over the past 18 years have addressed gaps in and expanded services that complement the overall behavioral health system. As the needs of King County communities change, the MIDD behavioral health sales tax provides critical resources to invest in modernizing services that support a high-functioning, responsive, and sustainable behavioral health system.

The rapid rise of synthetic drugs, such as fentanyl, that dominate the drug supply has accelerated and worsened people's substance use disorders, leading to unprecedented rates of overdose in 2023. Eighty-two percent of overdose deaths in 2023 involved fentanyl, illustrating the drug's danger and impact across the region.¹³ In 2023, there were 1,338 fatal overdoses in King County, a 155 percent increase since 2020, with 1,050 involving fentanyl.¹⁸

In addition, King County youth are struggling with behavioral health and need a cohesive continuum of services to support them. Trends from the King County 2024-25 Community Health Needs Assessment and the Healthy Youth Survey show that the prevalence of depressive feelings in King County youth has been increasing since 2016 across grade level, race, ethnicity, and region.¹⁹ Rates of emergency department visits for suicidal ideation among Black youth nearly doubled between 2020 and 2021, and among King County youth, mood disorders are the leading cause of hospitalization.²²

Current MIDD investments, described further in this report, include treatment for people not eligible for Medicaid, expanding access to behavioral health services in rural areas and within BIPOC communities, and providing school-wide screening in schools throughout King County. In 2023, King County also responded to the growing fentanyl overdose crisis by repurposing and reprioritizing investments to expand access to opioid use treatments and medicines.

MIDD's Historical and Current Legislative Context

- **2006:** King County Council began exploring the possibility of utilizing a local sales tax option under RCW 82.14.460 in response to shrinking county general fund collections due to the passage of Initiative 747 in 2001 and state investment in community-based behavioral health services and corresponding escalation in the use of jails and hospitals for people living with behavioral health conditions.²⁰
- **2007:** After significant work in partnership with communities, the King County Council and Executive authorized a 0.1 percent sales tax, with collection to begin in 2008 and extend through 2016.
- **2016:** King County Council voted unanimously to extend sales tax collection for behavioral health through 2025, and to update MIDD's policy goals.²¹

¹⁷ MIDD Service Providers. [\[LINK\]](#)

¹⁸ Public Health – Seattle & King County, Overdose data dashboards. [\[LINK\]](#)

¹⁹ King County Community Health Needs Assessment 2024/2025 [\[LINK\]](#); Washington State Department of Health 2023 Healthy Youth Survey. [\[LINK\]](#)

²⁰ RCW 82.14.460. [\[LINK\]](#)

²¹ Ordinance 18333. [\[LINK\]](#) Ordinance 18407. [\[LINK\]](#)

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See also MIDD Dashboard [\[LINK\]](#).

- **2017:** The King County Council approved the MIDD 2 Implementation Plan to guide MIDD programs and services through 2025.²²
- **2025:** The current MIDD behavioral health sales tax planning cycle will conclude at the end of 2025. The opportunity exists to renew the tax before its January 1, 2026 expiration.
- **2026:** If a renewed behavioral health sales tax is adopted, the current forecast indicates sales taxes will exceed \$200 million on a biennial basis.²³

Report Methodology

DCHS staff assembled this report with input from MIDD-funded community-based partners, County program managers for MIDD-funded programs, and the MIDD Advisory Committee. Data for this report are sourced from publicly funded behavioral health databases, provider data submissions, and records obtained through data sharing agreements with local institutions including emergency departments, correctional facilities, and psychiatric inpatient hospitals. More information on the data sources used in this report is available in the [MIDD Dashboard](#).

Report Requirements

This annual report summarizes the activities of the MIDD Behavioral Health Sales Tax Fund for 2023 and fulfills the reporting requirements of King County Code 4A.500.309.D.²⁴ This annual summary report satisfies all reporting requirements and includes links to the online [MIDD Dashboard](#), which provides a more in-depth review of MIDD 2023 accomplishments.

Additional Information Available in the MIDD Dashboard

Significant additional information about MIDD initiative is online in the [MIDD Dashboard](#) available at <https://kingcounty.gov/MIDDdashboard>. For example, the dashboard includes:

- additional data specific to each MIDD Initiative,
- additional context and discussion of initiative activities and performance in 2023,
- customizable views of MIDD data,
- greater background on participant demographics,
- more information about how MIDD and its partners are working to support the behavioral health of residents.

A. MIDD Implementation Plan and Results in 2023

MIDD investments across a wide array of initiatives contribute toward King County’s vision of ensuring quality behavioral health care. In 2023, MIDD served over 24,342 people across 55 initiatives through 173 provider and community partners, a 26 percent increase over the 19,281 participants served in

²² Motion 15093. [\[LINK\]](#)

²³ King County Office of Economic and Financial Analysis. [\[LINK\]](#)

²⁴ King County Code 4A.500.309.D. [\[LINK\]](#)

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2022.²⁵ Of those served, individuals had increased access to mental health and substance use care, fewer jail or hospital stays, and reduced legal system contact for youth and adults.²⁶

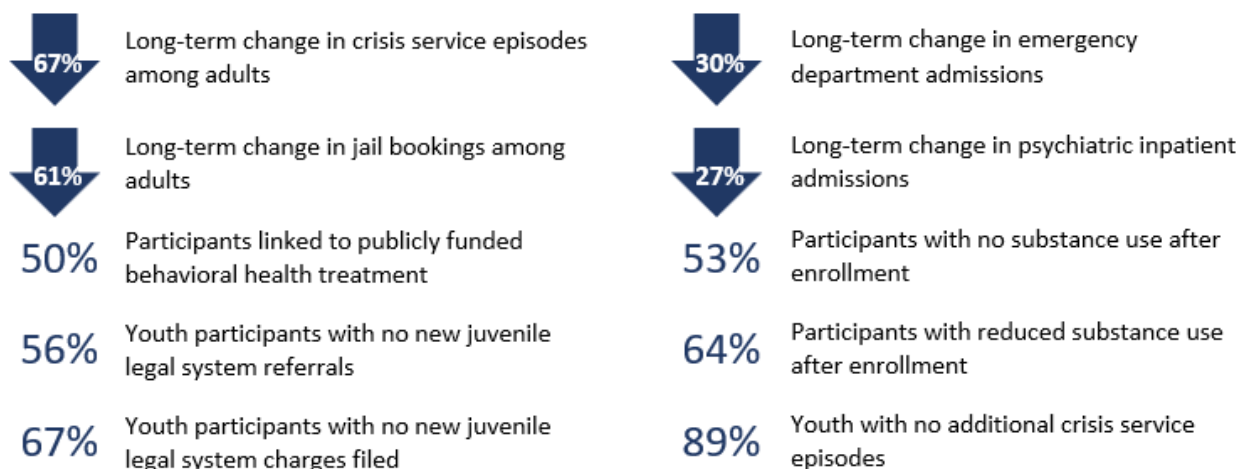
²⁵ MIDD Dashboard [\[LINK\]](#)

²⁶ These outcomes are consistent with MIDD’s adopted policy goals, as described in KCC 4A.500.309. [\[LINK\]](#)
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See also MIDD Dashboard [LINK].

Key MIDD Data Points 2023



Key MIDD Outcomes in 2023²⁷



Visit [MIDD's Interactive Data Dashboard](#) to fully explore MIDD's results.

Key Areas of Focus for MIDD in 2023

To better address the region's evolving behavioral health needs, MIDD areas of focus in 2023 included:²⁸

- Growing and sustaining a diverse behavioral health workforce,
- Addressing fentanyl surge and eliminating barriers to lifesaving medications for opioid use,
- Reducing barriers and increasing access to care, and
- Increasing youth access to behavioral health treatment

To effectively address the current conditions, King County BHRD adapted some MIDD initiatives, restored others, and launched new programming in 2023. This approach focused on where MIDD funding could adapt to prioritize the highest needs.

Growing and Sustaining a Diverse Behavioral Health Workforce

The United States is experiencing a mental health crisis with increased levels of unmet behavioral health needs among people of all ages.²⁹ In King County, the challenge is amplified by the high cost of living and

²⁷ Participant outcome measures summarized in this report apply to MIDD initiatives that identify the measure as an intended outcome.

²⁸ Evolving behavioral health needs in King County, especially since the COVID-19 pandemic, are discussed further in the Background section of this report.

²⁹ Health Resources & Services Administration (HRSA) Health Workforce Research, December 2023 [\[LINK\]](#)

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the need for a workforce that reflects our community's population. In 2023, 65 percent of MIDD programs reported challenges related to workforce, adequate staffing, or turnover, illustrating how developing a robust and sustainable workforce remains a major systemic issue.³⁰

Core MIDD Workforce Investments Restored

In 2023, DCHS prioritized restoration of MIDD's most significant systemwide workforce investment, the SI-04 Workforce Development initiative.³¹ This resulted in \$800,000 in investments to support training for mental health clinicians employed at provider partner organizations, effective in 2024.

Expanded MIDD Investments Catalyze New Approaches

In 2023, BHRD also prioritized additional innovations to support the behavioral health workforce, with the support and collaboration of the MIDD Advisory Committee. The launch of SI-05: Emerging Issues in Behavioral Health supported a \$1.3 million procurement to address unexpected and urgent behavioral health needs not addressed by existing programming.³² Two projects in 2023 worked to strengthen the behavioral health workforce:

- Support to the YMCA of Greater Seattle helped launch the Y+ Master's in Mental Health Counseling Program, a new partnership with Heritage University to address the continued challenges with recruitment and retention of qualified behavioral health staff. Through the program, staff within behavioral health programs can access higher education and become licensed mental health professionals without the barriers of student loan debt and unpaid internships. The first cohort of master's students enrolled in 2023, and the program is expected to produce around 60 graduates each year.
- A grant to the Tubman Center for Health and Freedom to address the behavioral health workforce shortage in Black communities. The Tubman Center's Community Practitioners, Community Solutions Project is working to develop a behavioral health workforce rooted in the Black community's experience. The project uses community-based research to identify the information, modes of access, culturally relevant programming, and wraparound support for community members to enter the field and provide services the community wants and needs.



*Master's students attend lecture with YMCA Y+ Master's in Mental Health Counseling Program, which receives funding through SI-05: Emerging Issues.
Source: YMCA of Greater Seattle*

³⁰ MIDD 2023 Annual Narrative Survey of Service Providers.

³¹ The initiative had been put on hold in 2021 due to anticipated volatility in sales tax revenue due to the COVID-19 pandemic.

³² The adopted MIDD 2 Service Improvement Plan contemplates the future use of MIDD funding for emerging issues. [\[LINK\]](#) The MIDD Advisory Committee endorsed the allocation of unspent revenue to address emerging issues at their April 28, 2022 meeting.

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See also MIDD Dashboard [\[LINK\]](#).

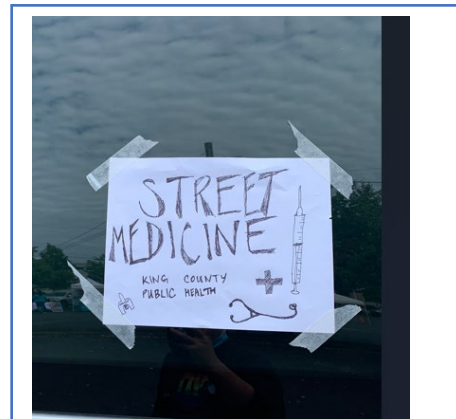
Addressing Fentanyl Surge and Eliminating Barriers to Lifesaving Medications for Opioid Use

In 2023, King County responded to the growing fentanyl and overdose health crisis by reprioritizing investments to meet the urgent need. As fentanyl use continues to surge, MIDD funding supports King County's multi-tiered strategic response to save lives, prevent overdoses, and clear paths to recovery.³³ This includes increased distribution of life-saving naloxone and outreach to homeless youth and adults to increase access to treatment for opioid use disorder that is not currently funded by other sources. This year, provider partners reported significant challenges, including a chronic lack of appointments, too few intake and assessment staff, and an insufficient number of inpatient beds available for people who express readiness to enter detox. In response to these challenges, BHRD continued to invest MIDD resources in treatment options to reduce overdose deaths and increase access to recovery.

Local Resources Expand Access to Services

MIDD investments are a key part of King County's treatment response to the rapid rise of synthetic drugs.

- 378 people received on-demand SUD care in partnership with five providers through CD-10: Next Day Crisis Appointments. Increasing access to treatment at the critical moment that someone is ready to accept it can improve outcomes, especially offering less restrictive options to decrease hospitalizations for those in crisis.³⁴ In its second year, the initiative continues to grow the number of people it serves with next day access to services and showed a trend of increasing provider and participant use.
- Seattle Public Schools initiated a district-wide opioid prevention and overdose response effort that is focused on teachers, students, and caregivers, funded by MIDD's SI-05: Emerging Issues in Behavioral Health initiative. 2023 accomplishments included providing training to more than 400 caregivers at three different locations, as well as providing classroom lessons on opioids and fentanyl to 5,429 students at 105 schools.
- A Train the Trainer Program, funded by initiative CD-07: Multipronged Opioid Strategies, trained five community-based organizations and behavioral health programs, on overdose prevention strategies, including the warning signs of an opioid overdose and how to respond, resulting in 40 people trained to then provide trainings to their communities.
- Talk Even If and SUD Anti-Stigma campaigns, implemented in partnership with Public Health-Seattle & King County and Rescue Agency with funding from CD-07: Multipronged Opioid



*DESC/Public Health-Seattle & King County Street Medicine Team receives funding through CD-07 for their mobile health van. Van signage is intentionally informal to foster a sense of approachability.
Source: DESC*

³³ King County DCHS Cultivating Connections, March 6, 2024. [\[LINK\]](#)

³⁴ SAMHSA Advisory: Low Barrier Models of Care for Substance Use Disorders, December 2023. [\[LINK\]](#)

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Strategies.^{35,36,37} All received increased website interactions with users, with a total of 37,245 web sessions occurring across all three platforms.

- Also through initiative CD-07: Multipronged Opioid Strategies funding, DCHS distributed 8,962 Naloxone kits to community-based organizations and providers across the region.³⁸

Reducing Barriers and Increasing Access to Care

King County continued to take action through MIDD investments in 2023 to respond to community needs and build a responsive system of care that reduces inequities in the behavioral health outcomes for the region’s Black, Indigenous, and people of color (BIPOC) communities.³⁹

For behavioral health care to be effective, it must be culturally relevant, trauma-informed, and accessible.⁴⁰ Black and Indigenous residents and refugee and immigrant communities approach behavioral health in ways that are unique to their cultures.⁴¹ Culturally responsive and trauma-informed services are critical to eliminate the clear racial-ethnic disparities in behavioral health access and outcomes.⁴²

In 2023, MIDD investments continued to expand outreach and access to services and treatment.

- More than 3,000 people received outpatient care, many of whom are immigrants or refugees that were not eligible for Medicaid, under PRI-11: Community-Based Behavioral Health Treatment.
- 13,000 individuals received outreach and assistance under SI-03: Quality Coordinated Outpatient Care to reconnect to outpatient behavioral health services.
- Over 35,000 people attended behavioral health-related trainings, classes, or community events made possible by MIDD in 2023. This includes crisis intervention training, Mental Health First Aid, and programs to support caregivers.



*Youth gather for an after-school skill-building activity, hosted by Diaspora Family Healing Network, with funding through PRI-11: Community-Based Behavioral Health Treatment.
Source: Diaspora Family Healing Network*

³⁵ Talk Even If. [\[LINK\]](#)

³⁶ Laced and Lethal. [\[LINK\]](#)

³⁷ Support Addiction Recovery. [\[LINK\]](#)

³⁸ MIDD 2023 Annual Narrative Survey of Service Providers.

³⁹ Kirmayer, L. J., & Jarvis, G. E. (2019). Culturally responsive services as a path to equity in mental healthcare. *HealthcarePapers*, 18(2), 11-23.

⁴⁰ DeAngelis, Tori. In search of cultural competence. *Monitor on Psychology*, March 2015. American Psychological Association.

⁴¹ Alemu REG, Osborn TL, Wasanga CM. The network approach: A path to decolonize mental health care. *Front Public Health*. 2023 Feb 13;11:1052077. doi: 10.3389/fpubh.2023.1052077. PMID: 36860394; PMCID: PMC9968956.

⁴² Office of the Surgeon General (US); Center for Mental Health Services (US); National Institute of Mental Health (US). *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2001 Aug. Chapter 1. Introduction. [\[LINK\]](#)

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[See also MIDD Dashboard \[LINK\].](#)

MIDD also expanded partnerships with small, community-embedded organizations to increase and diversify the options available to King County residents.

- As part of PRI-11 Community Based Behavioral Health Treatment, participating partners reported they engaged 6,602 participants in services and reached more than 3,000 at events held in the various communities, to increase awareness and access to culturally responsive treatment options.
- MIDD launched the Community Owned Behavioral Health Collaborative (COBHC) in April 2023 to build organizational and behavioral health capacity among BIPOC and marginalized communities, and to foster mutual education between participating organizations and the behavioral health system, with funding from initiative SI-01: Community-Driven Behavioral Health Grants and PRI-11: Community Behavioral Health Treatment. As of the end of 2023, the COBHC includes 22 partner agencies.
- Nine partners received SI-01: Community-Driven Behavioral Health grants. Eight grantees focused on culturally- linguistically- and trauma-informed services, and one partner focused on improving the well-being of participants through art projects. The awards advanced equity and social justice and countered systemic racism by reaching populations that typically face barriers. Community-Driven Behavioral Health grantees reported that 96 percent of participants felt more engaged in their community after participating in a MIDD-funded program.
- SI-05: MIDD Emerging Issues grants funded Lutheran Community Services Northwest to provide culturally responsive behavioral health services to recently arrived Afghan refugees.

Increasing Youth Access to Behavioral Health Treatment

MIDD investments are important to King County’s response to youth behavioral health needs. MIDD-funded programming intervenes early when King County youth face behavioral health challenges to avoid issues from escalating.

Over 2,500 youth participated in MIDD-funded services in 2023, ranging from crisis outreach to wraparound supports. School-Based Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs funded by MIDD screened an additional 13,000 youth in schools.

- Over 1,300 middle schoolers received referrals to needed services (via School-Based SBIRT). When the SBIRT assessment tool identified a potential safety concern, 81 percent received a brief intervention.
- School-Based SBIRT continued to expand to a record number of school sites, districts, and students. In 2023, the program partnered with 13 school districts and one private school to reach 40 middle- and 16 high schools,
- Data collected about languages spoken by students led to increased use of qualified translators and screenings are available in 22 languages.

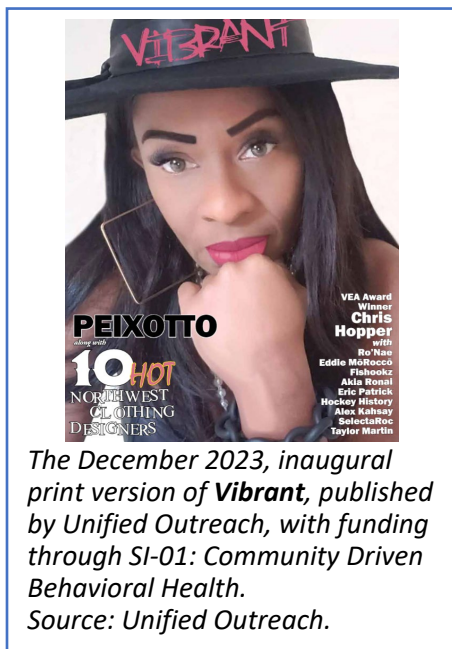


Encompass Northwest utilized funding from PRI-11 to provide home- and school-based enrichment therapy to children ages 0-8, and their families, living in the Snoqualmie Valley. Source: Encompass Northwest.

- 62 percent of youth participating in services provided under CD-15: Wraparound Services for Youth improved or sustained regular school attendance.
- MIDD’s SI-03: Quality Coordinated Outpatient Care initiative supported the launch of summer youth programming. Partner programs hosted youth engagement activities and camps to increase continuity of behavioral health care over the summer for youth who typically receive services in school settings.
- 88 percent of the youth served by the CD-11: Children’s Crisis Outreach and Response System or CD-15: Wraparound Services for Youth had no new crisis events in the 12 months following their engagement in either or both programs.

*School based SBIRT online tool “Check Yourself” is available in 22 languages.
Source: Northshore School District.*

Implementation of Grant-Based Art Therapy Program Pilot Project Highlight and Evaluation



Ordinance 19546, Section 71, expenditure restriction ER1 requires this report to highlight and evaluate the grant-based art therapy pilot project funded by the expenditure restriction.⁴³ For more information on the grant-based art therapy pilot program, please refer to the separate standalone report on the program directed by Ordinance 19546, Section 71, Proviso P1.⁴⁴

Unified Outreach received Council-directed grant-based art therapy pilot funding to engage at-risk youth to build self-esteem and confidence to help youth to succeed and make a positive contribution in society while giving them opportunities to express feelings through art projects and participation in behavioral health activities with peers and a therapist to improve their mental health and well-being. Unified Outreach partnered with and served students from Southwest Youth and Family Services, Denny Middle School, and Southwest Boys and Girls Club. The program released the first print copy of *Vibrant*, a magazine featuring students’ works, in December 2023.

In 2023, Unified Outreach served a total of 62 participants ranging from 11 to 19 years old. Ninety-seven percent of participants identified as a person of color. The program reported a 77 percent completion rate, and individuals that completed the program attended an average of 13 group art therapy sessions. Additionally, the program reached out to 24 other community partners to recruit and enroll youth in art-based therapy services.

⁴³ King County Ordinance 19546, Section 71, Proviso P1.

⁴⁴ King County Ordinance 19546, Section 71, Proviso P1.

The program administered an end-of-year survey among participants. Ninety-six percent of program participants self-reported improved skill in externalizing emotions and ideas constructively through artistic mediums. Furthermore, 83 percent reported increases in their sense of community belonging, through participation in group art projects, engaging in healing circle dialogue, and providing peer reviews to other artists in the program.

B. MIDD Participants

King County supports the health and well-being of residents throughout King County by investing MIDD resources in programs that deliver services across the behavioral health continuum, including prevention and early intervention, crisis diversion, treatment, community reentry, and recovery services. Services funded by MIDD reached a total of 24,342 people in 2023.

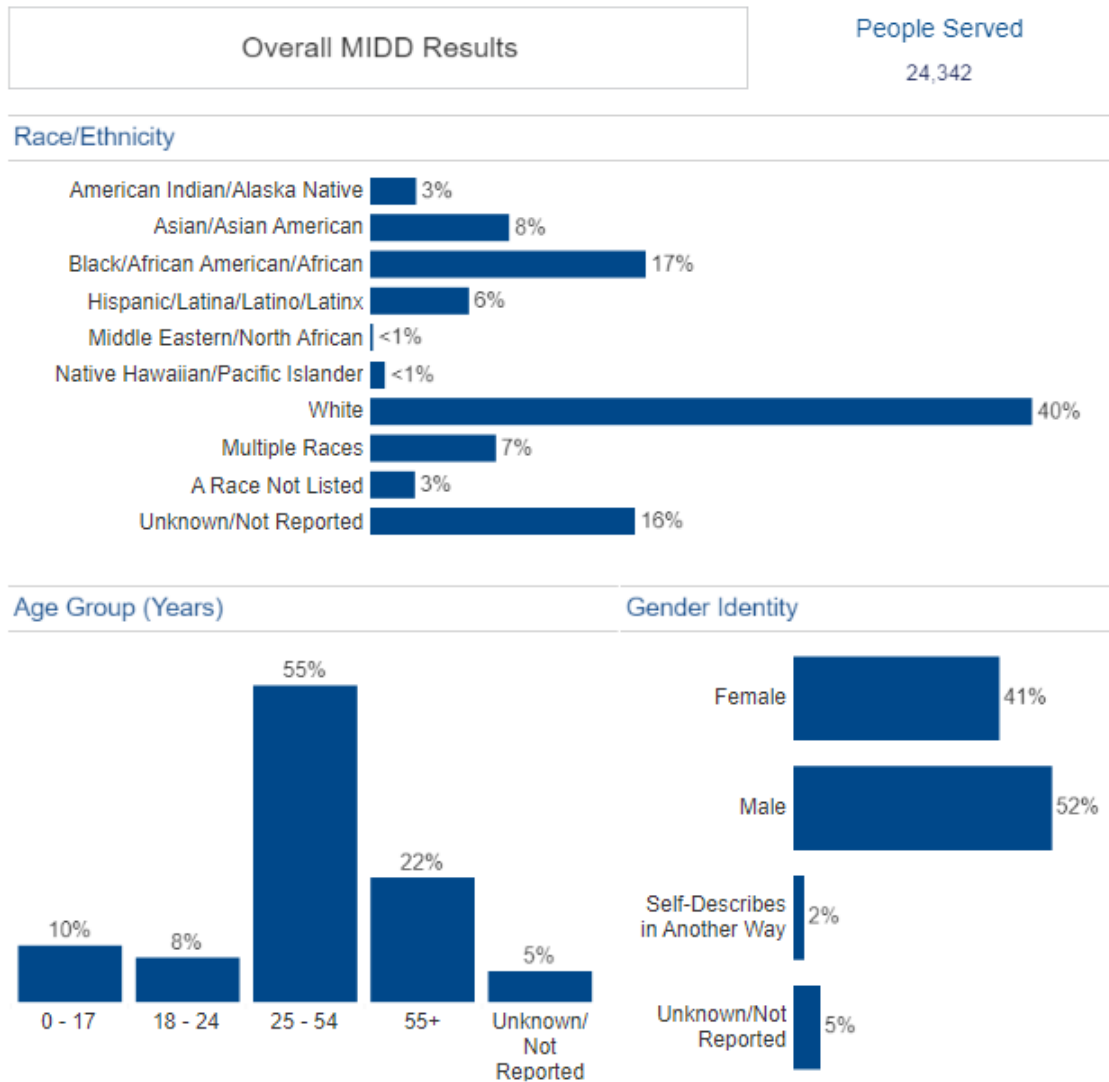
Who MIDD Initiatives Serve

Figure 1 displays the demographic information of people served by MIDD initiatives in 2023. MIDD initiatives served a lower proportion of people identifying as white than are represented in the King County population at large (56 percent) and a greater proportion of people identifying as Black or African American than are represented in King County (six percent).⁴⁵ Over half of people served by MIDD initiatives identify as male, and over half of people served by MIDD initiatives are between age 25 years and 54 years.⁴⁶

⁴⁵ U.S. Census Bureau (2024). American Community Survey, 5-Year Estimates (2018-2022), Detailed Tables: B03002 (Hispanic and Latino Origin by Race). [\[\]](#)

⁴⁶ Demographic information is not available for MIDD initiatives that only collect aggregate data. Further, some race and ethnicity categories are underrepresented due to the availability of "multiracial" as a response option for some programs.

Figure 1: Demographic Characteristics of People Served Through MIDD in 2023 ⁴⁷



More detailed information on the people served by MIDD initiatives can be found on the MIDD data dashboard (<https://kingcounty.gov/MIDDdashboard>), including demographic information disaggregated by MIDD initiative.

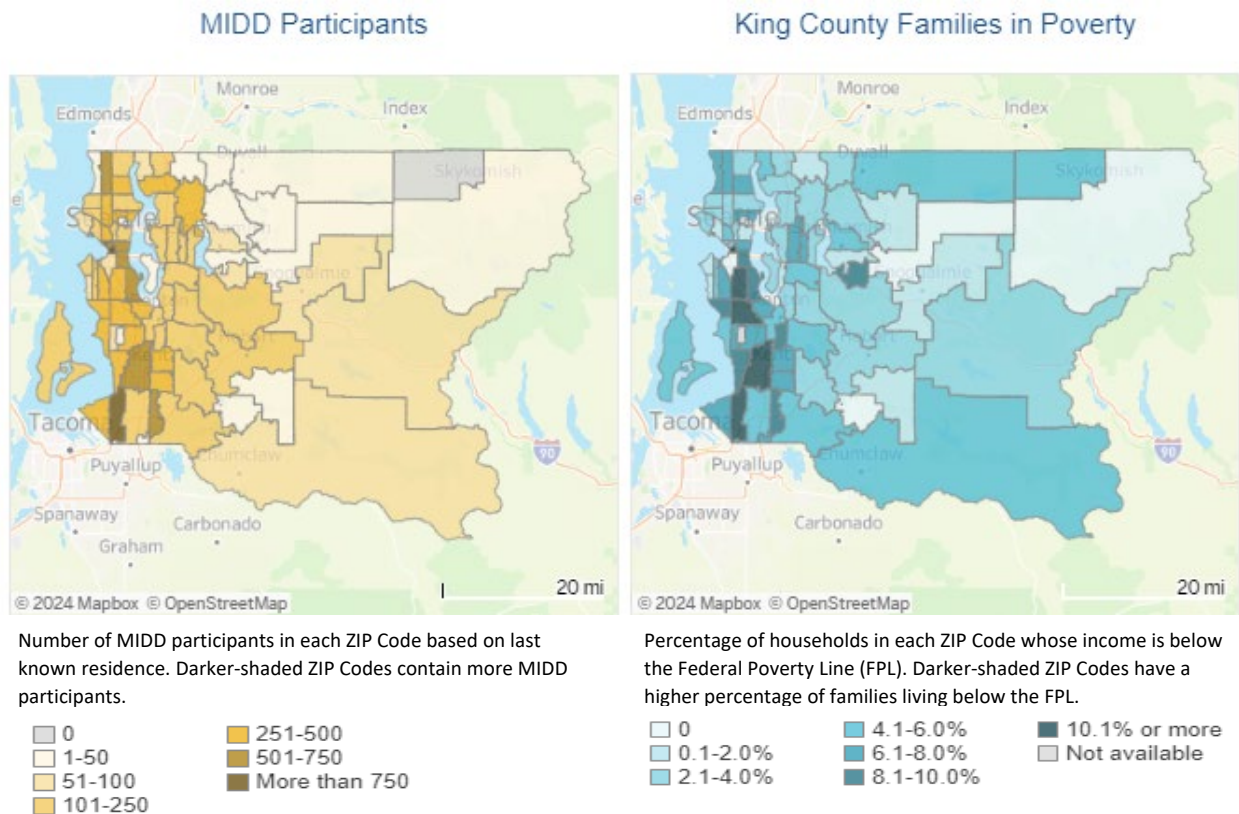
Where Participants Live

The maps displayed in Figure 2 show the number of people served by MIDD initiatives in 2023 and the percent of families whose household income is below the federal poverty line (FPL) in each King County ZIP Code. As demonstrated in Figure 2, in 2023, MIDD initiatives generally served more people in ZIP

⁴⁷ Only a fraction of MIDD initiatives currently provide Middle Eastern/North African as a reporting option. MIDD is continually working to incorporate this response option into all demographic reporting. Further, some people or communities may be reluctant to share personal information with service providers or public entities due to systemic or structural racism.

Codes with a higher percentage of families living below the poverty line, consistent with reaching underserved populations throughout the county.

Figure 2: Residential ZIP Code of People Served Through MIDD in 2023 Compared to the Percent of Families Whose Household Income is Below the Federal Poverty Line by ZIP Code ⁴⁸



More detailed information on where people served by MIDD initiatives live can be found on the MIDD data dashboard (<https://kingcounty.gov/MIDDdashboard>), including geographic information disaggregated by MIDD initiative.

C. Evaluation and Continuous Improvement

The evaluation of MIDD-funded programs aligns with the five policy goals adopted by the King County Council. MIDD initiatives link to one or more of these goals for the purposes of performance measurement and evaluation. The County evaluates progress toward each of the five MIDD goals to identify systems-level improvement and impact. The MIDD evaluation uses a Results-Based Accountability (RBA) framework. The RBA framework asks questions about the quantity, quality, and impact of services:

- How much did we do?
- How well did we do it?
- Is anyone better off?

⁴⁸ Geographic information based on zip code of residence is not available for MIDD initiatives and programs that only collect aggregate data or initiatives that fund systemwide investments.

This section summarizes MIDD’s data-informed implementation adjustments and updates to performance measure targets during 2023, consistent with KCC 4A.500.309.D requirements.⁴⁹

2023 Continuous Improvement and Data Informed Implementation Adjustments

As in previous years, MIDD made several improvements to program implementation based on opportunities identified by MIDD’s partners or informed by data. Continuous improvement efforts included incorporating equity and social justice more fully into contract management, addressing disproportional access to services and increasing inclusivity within MIDD-funded services, expanding models of service provision, incorporating new treatment approaches, and building a workforce that reflects the diversity of MIDD participants.

BHRD uses data from MIDD initiatives to inform program and process adjustments. Highlights from 2023 include:

- Multiple programs reviewed participant data and subsequently expanded the availability of materials and workshops in alternate languages.
- Programs tracked trends in appointment requests and no-show rates to fine tune staffing patterns to better meet demand.
- Programs identified and partnered with community resources, such as food pantries, to meet participant-identified needs.
- Multiple programs supported training, recruitment, and retention of staff who are more representative of participants to meet the workforce crisis in behavioral health services.

Additional detail on these adjustments is available at the online [MIDD Dashboard](#).

Updates to Performance Measure Targets

The implementation and evaluation of MIDD-funded programs requires occasional modifications as new information becomes available. Performance measure targets should be considered in the context of system challenges, including workforce shortages. Targets are not typically adjusted from year to year to account for external system challenges but are maintained as a measure of initiative performance. However, BHRD may adjust performance targets when clear evidence exists that the original target was an over- or under-estimation of feasible service delivery. In 2023, targets were adjusted for three initiatives.⁵⁰

In 2023, 22 of the 46 MIDD initiatives with established targets exceeded target numbers, and an additional five were within 20 percent of reaching the set target. Initiatives that did not meet their target number served for the year cited several difficulties, including staffing challenges, limited availability of openings in continuing services to discharge MIDD participants safely, lower referral rates into MIDD programming, loss of inpatient bed availability, increased availability of fentanyl and methamphetamine, limited access to program participants in jail, and lack of affordable housing options. Additional detail on program performance relative to targets and updates to performance measurement targets in 2023 is available at the [MIDD Dashboard](#).

⁴⁹ KCC 4A.500.309. [\[LINK\]](#)

⁵⁰ Performance measurement targets were adjusted for these MIDD initiatives in 2023: CD-05: High Utilizer Care Teams, RR-10: Behavioral Health Employment Services & Supported Employment, and TX-RMHC: Regional Mental Health and Veterans Court. Additional detail on target adjustments is available on the [MIDD Dashboard](#).

[2023 MIDD Behavioral Health Sales Tax Fund Annual Summary Report](#)

See also MIDD Dashboard [\[LINK\]](#).

D. 2023 Procurement Update

BHRD contracts with community-based organizations to deliver culturally responsive services, promote coordination across funding sources, and expand access to behavioral health services among underserved populations. BHRD released five MIDD-funded procurements in 2023. Focus areas included expanding summer programming for youth, launching the Emerging Issues initiative, Behavioral Health Services in Rural King County, and Community-Driven Behavioral Health Grants. Additional detail on procurements is available at the [MIDD Dashboard](#).

E. MIDD Fiscal Information

In 2023, the MIDD behavioral health sales tax revenue forecast and fund collections were relatively stable, a contrast to COVID-19's economic impact in recent years. Supplemental budget ordinances added more than \$25 million to MIDD's 2023 expenditure authority, a 12 percent increase to budgeted funds.⁵¹

As shown in Figure 3, after these additions, MIDD spent 80 percent of budgeted funding for 2023. Many MIDD programs received funding from multiple revenue sources. In some instances, spending of MIDD funds was intentionally deferred to ensure other time-limited funds (such as federal COVID-19 funds) were exhausted first. Also in 2023, \$15.6 million in unspent funds from the prior year were designated on a one-time basis for capital improvements of existing behavioral health facilities and the relocation of the Sobering Center to a permanent site, with unanimous support of the MIDD Advisory Committee.⁵² While the budget for these investments were appropriated entirely in the current fiscal year, spending on these long-term projects will extend beyond 2023. Additionally in 2023, \$5 million of unspent funding was directed to respond to the opioid crisis in 2024 and 2025.⁵³

⁵¹ Ordinance 19633 and Ordinance 19546.

⁵² MIDD Advisory Committee meeting, July 27, 2023.

⁵³ County Executive 2023-2024 second omnibus transmittal letter, October 10, 2023, Ordinance 19546.

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See also MIDD Dashboard [\[LINK\]](#).

Figure 3: 2023 MIDD Fiscal Information

STRATEGY AREA	2023 Budget	2023 Actuals	% Spent
Prevention and Early Intervention ^{54, 55}	\$25,240,021	\$19,650,534	78%
Crisis Diversion ^{38,39}	\$29,642,043	\$24,836,087	84%
Recovery and Reentry ⁵⁶	\$13,696,398	\$13,591,333	99%
System Improvement ³⁹	\$6,877,048	\$2,865,203	42%
Therapeutic Courts	\$13,339,637	\$12,112,460	91%
Special Projects ⁵⁷	\$12,050,500	\$8,293,306	69%
Administration and Evaluation	\$ 5,336,015	\$3,554,033	67%
Total	\$106,181,662	\$84,902,956	80%

F. Additional Information Available on MIDD Webpages

MIDD Dashboard

The [MIDD Dashboard \(https://kingcounty.gov/MIDDdashboard\)](https://kingcounty.gov/MIDDdashboard) is the primary source of detailed data and information on MIDD initiative performance and outcomes. The dashboard contains eight tabs which, respectively, provide information on:

- 2023 highlights,
- who MIDD serves,
- where MIDD participants live,
- measures of MIDD performance,
- MIDD long-term outcomes,
- how MIDD is improving,
- what MIDD invests in, and
- how MIDD is evaluated.

While this report contains summary information about the MIDD investments in 2023, the dashboard contains additional demographic information, geographic data, performance measures, long-term outcomes, data-informed implementation adjustments, 2023 procurements, changes to targets, performance relative to targets, and expenditures by initiative.

⁵⁴ This MIDD strategy area contains many initiatives with braided funds. In such cases, the use of MIDD funds may be deferred to ensure that other term limited funds, such as American Rescue Plan Act funding, are expended first.

⁵⁵ This MIDD strategy area had lower actual expenditures than originally budgeted, due to timing of startup, staffing challenges, rollout of programming components, and/or procurement of services.

⁵⁶ This MIDD strategy area contains many initiatives where MIDD is the primary funder. This has the effect of normalizing spend across the biennium and contract period.

⁵⁷ Special Projects Strategy contains initiatives committing funds to long term projects such as capital projects. While MIDD appropriation authority is for the current biennial budget, MIDD's commitment to these projects are expected to extend budget periods until completion, through reappropriation as needed.

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See also [MIDD Dashboard \[LINK\]](#).

[MIDD Advisory Committee](#)

The MIDD Advisory Committee is an advisory body to the King County Executive and King County Council that seeks to ensure that the implementation and evaluation of MIDD is transparent, accountable, collaborative, equity-focused, and effective. The MIDD Advisory Committee reviewed and endorsed this report on June 6, 2024.

In 2023, the MIDD Advisory Committee continued an ongoing focus on centering equity in the work.

A list of MIDD Advisory Committee Members and the agencies and subject matter expertise they bring to the Advisory Committee is available on the MIDD webpage.⁵⁸

[MIDD Partners](#)

MIDD services are carried out in partnership with 173 contractors and provider agencies through over 300 contracts. Explore the online MIDD Service Provider Inventory to learn more about providers and to see which geographic areas they serve.⁵⁹

G. Conclusion/Next Actions

In 2023, MIDD funding continued to address gaps and expand services that extend the impact of the community behavioral health system through complementary and community-designed services. MIDD supported new projects to respond to unexpected and urgent behavioral health needs, screened over 13,000 youth in schools for behavioral health needs, invested in treatment options to reduce overdose deaths and increase access to recovery, and made it possible for more than 3,000 people to receive outpatient care, many of whom are immigrants or refugees who were not eligible for Medicaid.

As the needs of King County communities evolve, MIDD provides critical investments to modernize services and support a high-functioning and responsive behavioral health system. To best provide equitable access, targeting MIDD investments strategically to meet the region's biggest behavioral health challenges will be essential. Behavioral health needs are different today than they were in 2008 when MIDD began and even compared to 2016 when it was last renewed. Looking ahead, innovative actions will be required to bring services to community members where they need them, to address the urgent opioid crisis, and to meet the need for substantially more behavioral health care workers, among other priorities. Federal, state, and local investments must work together to create the cohesive and intentional system that King County needs.

⁵⁸ MIDD Advisory Committee. [\[LINK\]](#)

⁵⁹ MIDD Service Providers. [\[LINK\]](#)

Appendix A: Reporting Elements Table and MIDD Online Reporting Guide

Reporting Element Language	Source	See Section(s) of This Report	See Also MIDD Online Dashboard Tab(s) ⁶⁰
King County Code 4A.500.309.D.1			
Performance measurement statistics	K.C.C. 4A.500.309.D.1.a	Report Requirements Subsection A: MIDD Implementation and Results in 2023, Key MIDD Outcomes, Page 8.	“Measuring MIDD Performance” tab
Program utilization statistics	K.C.C. 4A.500.309.D.1.b	Report Requirements Subsection A: MIDD Implementation and Results in 2023, Who MIDD Initiatives Serve, Pages 15-16.	<ul style="list-style-type: none"> • “Who MIDD serves” tab • “Where MIDD participants live” tab • “Measuring MIDD performance” tab
Request for proposal and expenditure status updates	K.C.C. 4A.500.309.D.1.c	Report Requirements Subsection D: 2023 Procurement Update, Page 19.	“What MIDD invests in” tab
Progress reports on evaluation implementation	K.C.C. 4A.500.309.D.1.d	Report Requirements Subsection C: Evaluation and Continuous Improvement, Page 17.	<ul style="list-style-type: none"> • “Measuring MIDD performance” tab • “How MIDD is evaluated” tab
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	K.C.C. 4A.500.309.D.1.e	Report Requirements Subsection B: MIDD Participants, Who MIDD Serves, Page 16.	<ul style="list-style-type: none"> • “Who MIDD Serves” tab • “Where MIDD participants live” tab
Updated performance measure targets for the following year of the mental illness and drug dependency initiatives, programs and services	K.C.C. 4A.500.309.D.1.f	Report Requirements Subsection C: Updates to Performance Measurement Requirements, Page 18.	“How MIDD is improving” tab

⁶⁰ MIDD Dashboard. [\[LINK\]](#)

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See also MIDD Dashboard [\[LINK\]](#).

Reporting Element Language	Source	See Section(s) of This Report	See Also MIDD Online Dashboard Tab(s) ⁶⁰
Recommendations on either program changes or process changes, or both, to the funded programs based on the measurement and evaluation data	K.C.C. 4A.500.309.D.1.g	Report Requirements Subsection C: Continuous Improvement and Data Informed Adjustments, Page 18.	“How MIDD is improving” tab
Summary of cumulative calendar year data	K.C.C. 4A.500.309.D.1.h	<ul style="list-style-type: none"> • Report Requirements Subsection A: Accomplishments and Effectiveness in 2023, Pages 8-15. • Report Requirements Subsection B: MIDD Participants, Pages 15-17. 	“Measuring MIDD performance” tab
Ordinance 19546			
The [grant-based art therapy] pilot project funded through this appropriation must be highlighted and evaluated in the 2023 and 2024 annual mental illness and drug dependency evaluation summary report.	Ordinance 19546, Section 71, ER1	Report Requirements Subsection A: Grant-Based Art Therapy Program Pilot Project Highlight and Evaluation, Page 14.	
Human Services and Geographic Equity Plan, 2019			
By late 2020, DCHS anticipates being able to make available maps and/or data summaries showing the distribution of BSK, MIDD, and VSHSL human services by service participant ZIP Code, with high-level summaries included in the initiatives’ annual reports.	Human Services Geographic Equity Plan December 2019, p. 57	Report Requirements Subsection A: MIDD Implementation and Results in 2023, Figure 2: Residential ZIP Codes of People Served Through MIDD, Page 17.	“Where MIDD participants live” tab

Appendix B: MIDD Investments in 2023

Appendix B provides a table of MIDD initiatives sorted by result area, showing each initiative’s code that maps to the 2017 MIDD Implementation or subsequent initiative numbering changes made when names were changed, or programs were added via budgets or Advisory Committee actions.

Prevention and Early Intervention (PRI)	
<p>PRI initiatives help people stay healthy and keep behavioral health concerns from escalating. Programs include early assessment and brief therapies, as well as expanded access to outpatient care for those without Medicaid coverage. Programs equip clinicians, first responders, and community members with tools and resources to identify people who are at risk of behavioral health conditions and to respond in a culturally responsive way to those who need support for substance use or mental health concerns. Collectively, these programs reduce potential for harm and connect individuals with resources and services.</p>	
Initiative Code	MIDD Initiatives in 2023
PRI-01: Screening, Brief Intervention and Referral to Treatment (SBIRT)	Screening, Brief Intervention, and Referral to Treatment (SBIRT) provides people with individualized feedback about their alcohol and drug use. Alongside doctors and nurses in two local emergency departments, SBIRT clinicians enhance a person’s motivation to change their alcohol and drug use while respecting their individual goals, values, and culture. Clinicians work with people to reduce harm from substance use, consider options for alcohol and drug treatment and recovery, and connect people to other needed services such as mental health treatment, vocational services, and housing.
PRI-02: Juvenile Justice Youth Behavioral Health Assessments	Juvenile Justice Youth Behavioral Health Assessments (JJYBHA) addresses the behavioral health needs of individuals who are involved with the juvenile legal system. The initiative relies on a team approach to screening, assessment, and referral with the goal of diverting youth with behavioral health needs from initial or continued legal involvement. JJYBHA teams help families connect to behavioral health and other support services, resulting in a warm hand-off between the legal and behavioral health systems.
PRI-03: Prevention and Early Intervention Behavioral Health for Adults Over 50	Prevention and Early Intervention Behavioral Health for Adults Over 50 ensures that integrated behavioral health services are available in primary care settings for older adults. The goal is to enable providers to prevent acute illnesses, high-risk behaviors and substance use and to address mental and emotional disorders. MIDD funding is blended with funding from the Veterans, Seniors, and Human Services Levy to expand the initiative’s reach in specific target populations.
PRI-04: Older Adult Crisis Intervention / Geriatric Regional Assessment Team (GRAT)	Older Adult Crisis Intervention/Geriatric Regional Assessment Team supports a home visiting team of intervention experts to provide engagement, clinical assessment, and early intervention to isolated older adults who might be at risk for a crisis. With a focus on communities of color and communities who face barriers to accessing mainstream health care services, this program seeks to prevent inappropriate or avoidable institutionalization and/or harm to selves or others. MIDD funding is blended with funding from the Veterans, Seniors, and Human Services Levy.

Prevention and Early Intervention (PRI)	
PRI-05: School-Based Screening, Brief Intervention and Referral To Service / Treatment (School-Based SBIRT)	School-Based SBIRT provides a structured approach to promoting social and emotional health and strives to prevent substance use among middle and high school students. School staff and counselors offer screening, brief interventions, referrals, case management and behavioral health support groups. These enhanced behavioral health prevention services reached a total of 60 middle and high schools across 13 different school districts and one private school in King County. School-Based SBIRT uses a secure and teen-friendly digital screener that is tailored to include cultural considerations and designed to provide instant, personalized feedback. The screener is translated into 21 different languages other than English. MIDD funding is blended with funding from the Best Starts for Kids Levy.
PRI-06: Zero Suicide Initiative Pilot	The Zero Suicide Initiative Pilot Program provides training and support services for youth-serving medical and behavioral healthcare provider organizations, with the goal to prevent all client and patient suicide through increased and supported organizational system implementation of the evidence-based, Zero Suicide (ZS) program model in the King County region. This initiative launched in 2022.
PRI-07: Mental Health First Aid	Mental Health First Aid (MHFA) prepares people and communities to assist individuals experiencing mental health issues or crises and reduces the stigma associated with behavioral health issues by training community-based organizations, professionals, and the general public. MHFA addresses risk factors and warning signs for mental health and substance use issues and provides guidance on listening, offering support and identifying appropriate professional help.
PRI-08: Crisis Intervention Training - First Responders	Crisis Intervention Training (CIT) for First Responders trains police, fire, and emergency medical services personnel and other first responders across King County to safely de-escalate difficult situations, improving responses to individuals experiencing behavioral health crises. CIT prepares first responders to intervene effectively in crisis situations and to coordinate with behavioral health providers, connecting affected individuals with the services they need.
PRI-09: Sexual Assault Behavioral Health Services	Sexual Assault Behavioral Health Services provides brief, early, evidence-based and trauma-specific interventions and advocacy to survivors of sexual assault. By providing intensive treatment and supports, the initiative seeks to reduce the impact of trauma, assist survivors in building healthy coping skills, and decrease the need for longer-term behavioral health treatment.
PRI-10: Domestic Violence and Behavioral Health Services & System Coordination	Domestic Violence Behavioral Health Services and System Coordination supports co-location of mental health professionals within community-based domestic violence advocacy programs throughout King County. Mental health professionals provide treatment interventions and supports to assist survivors in addressing the impact of trauma and build healthy coping skills. The initiative also supports domestic violence, sexual assault, and behavioral health organizations in building and strengthening bridges between disciplines through training, relationship building and consultation so that survivors experience more holistic and responsive services.

Prevention and Early Intervention (PRI)	
PRI-11: Community Behavioral Health Treatment	Community Behavioral Health Treatment Mental Health provides outpatient mental health and substance use treatment services for people who have low incomes but are not eligible for Medicaid. This includes immigrants and refugees, people on Medicare, and people who are pending Medicaid coverage, so that they can access a similar level of services available to Medicaid recipients. A subset of programs support culturally specific and responsive models that provide behavioral health programming with a therapeutic intent to individuals and/or communities that are not typically well served by the mainstream system. Therapeutic intervention is defined as: providing intervention or services that intentionally supports people getting to a normative place by addressing underlying behavioral health issues so that participants can live their best lives.

Crisis Diversion (CD)	
CD initiatives help people in crisis avoid unnecessary hospitalization or incarceration. Programs help people stabilize and get connected with community services, including expedited access to outpatient care, multidisciplinary community-based outreach teams, crisis facilities, and alternatives to incarceration.	
Strategy Code	MIDD Initiatives in 2023
CD-01: Law Enforcement Assisted Diversion (LEAD)	Through Law Enforcement Assisted Diversion (LEAD), law enforcement officers divert adults engaged in low-level drug involvement or sex work away from the criminal legal system and toward intensive, flexible, community-based services. A collaborative community safety effort, the program includes intensive case management that promotes well-being and independence and helps participants to address behavioral health needs and connect them to stabilizing services such as housing and employment through a low-barrier, harm reduction approach.
CD-02: Youth Detention Prevention Behavioral Health Engagement	The Youth Detention Prevention services is part of King County’s coordinated and expanded approach to supporting young people experiencing behavioral health concerns who are either involved with and/or at risk of involvement with the juvenile legal system. MIDD funding supports peer-based and professionally staffed programs providing short-term, community-based behavioral health support and system navigation to young people and their families.
CD-03: Outreach & In-Reach System of Care	Outreach and In-Reach System of Care delivers community-based outreach and engagement services to individuals with behavioral health conditions in downtown Seattle and south and east King County. The initiative works with contracted agencies to provide integrated physical and behavioral health care to reduce participants’ reliance on crisis services, emergency departments, crisis facilities and psychiatric hospitals and their engagement with the criminal legal system.
CD-04: South County Crisis Diversion Services	South County Crisis Diversion Services/Center works with CD-06: Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team to expand access to and availability of in-community crisis responses for south King County first responders who engage with individuals experiencing a behavioral health crisis. The initiative supports one Mobile Crisis Team (MCT).

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 See also MIDD Dashboard [\[LINK\]](#).

Crisis Diversion (CD)	
CD-05: High Utilizer Care Teams	High Utilizer Care Teams offer flexible and individualized services in emergency departments to individuals who have complex needs, including those who have physical disabilities, mental health conditions and/or are experiencing homelessness. Teams provide intensive support in times of crisis and follow up to connect individuals to appropriate and supportive community resources. The program prioritizes people who have frequent emergency department or psychiatric emergency visits.
CD-06: Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	The Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team provides King County’s first responders with alternatives to jail or hospitals when engaging with adults in behavioral health crisis. Known as the Crisis Solutions Center, the initiative has three program components: the Mobile Crisis Team, the Crisis Diversion Facility, and Crisis Diversion Interim Services. The initiative stabilizes and supports people in the least restrictive settings possible while linking them to community-based services.
CD-07: Multipronged Opioid Strategies	Multi-Pronged Opioid Strategies implements recommendations made by a regional task force on opioid use disorder, with a focus on user health. Services include primary prevention, treatment service expansion, outreach to unhoused individuals in shelters and encampments, and overdose prevention. This collaboration between King County, advocates, and community providers leverages MIDD funds to support treatment programs that provide low-barrier buprenorphine and medication for opioid use disorders (MOUD).
CD-08: Children's Domestic Violence Response Team	Children’s Domestic Violence Response Team (CDVRT) provides behavioral health treatment, linkages to resources and advocacy for children, families, and caregivers who have experienced domestic violence. Through intensive cross-system collaboration and supports, the program helps children and families navigate multiple, often complex systems, including legal, housing, and school.
CD-10: Next Day Crisis Appointments	Next-Day Crisis Appointments (NDAs) divert people experiencing behavioral health crises from psychiatric hospitalization or jail by providing crisis response within 24 hours. Services include crisis intervention and stabilization, psychiatric evaluation and medication management, benefits counseling and enrollment, and linkages for ongoing behavioral health care.
CD-11: Children's Crisis Outreach and Response System (CCORS)	Children’s Crisis Outreach Response System (CCORS) provides countywide crisis response to children, youth, and families who are affected by adverse events or acute emotional or behavioral concerns, and whose living situations may be at imminent risk of disruption as a result. CCORS teams respond in a time sensitive manner to homes, schools, and community settings and can provide short-term intensive interventions to stabilize crises and coordinate care services across systems.

Crisis Diversion (CD)	
CD-12: Parent Partners Family Assistance	Using a peer-based approach, Parent Partners Family Assistance helps youth who are experiencing behavioral health challenges — and their caregivers and community members — obtain services, navigate complex health and service systems, and meet basic needs required to maintain well-being and resilience. This initiative also supports social events, advocacy opportunities, skill building, and individualized support to youth and caregivers.
CD-13: Family Intervention Restorative Services (FIRS)	Family Intervention and Restorative Services (FIRS) offers a community-based, non-secure alternative to court involvement and secure detention for youth who have been violent toward a family member. Specialized juvenile probation counselors and social workers guide youth through a risk and needs assessment and help them develop a family safety plan. FIRS staff offer de-escalation counseling to safely reunite youth with their families. Families are offered in-home family counseling, mental health services, drug and alcohol services, and the Step-Up Program, which specifically addresses adolescent family violence.
CD-14: Involuntary Treatment Triage	Involuntary Treatment Triage provides initial assessments for individuals with severe and persistent mental health conditions who have been incarcerated for serious misdemeanor offenses, who have been found not competent to assist in their own defense, and who cannot be restored to competency to stand trial. Behavioral health professionals evaluate participants to determine whether they meet the criteria for involuntary civil commitment and refer them to services to address their behavioral health needs. This approach decreases the need for emergency departments and crisis responders to carry out assessments and significantly expedites evaluations.
CD-15: Wraparound Services for Youth	Wraparound Services for Youth engages children, youth, and their families in a team process that builds on family and community strengths and cultures to support youth to succeed in their homes, schools, and communities. MIDD funding provides wraparound services to children and families who are not eligible for Medicaid.
CD-17: Young Adult Crisis Stabilization	Young Adult Crisis Stabilization provides community-based behavioral health supports to housing providers for young adults (ages 18 to 24 years), including those experiencing their first psychotic break. Mobile response teams serve young adults in transitional housing, rapid rehousing, permanent housing, and shelters, working to meet the unique needs of young adults and supporting shelter staff in preventing crisis events.
CD-18a: Regional Crisis Response System	Regional Crisis Response (RCR) Agency is a behavioral health co-response model in which mental health professional Crisis Responders deploy through the 911/public safety system to provide de-escalation and connect individuals experiencing behavioral health crisis to the appropriate services. RCR seeks to decrease police response to people in behavioral health crisis, reduce inappropriate use of emergency services, and improve outcomes for people in crisis.

Crisis Diversion (CD)	
CD-18b: Co-Responder Model – King County Sherriff’s Office	The Therapeutic Response Unit (TRU), operated by the King County Sheriff’s Office, partners sheriff deputies with mental health professionals (MHPs) to respond to calls for service involving mental health, substance use, social service deficits, behavioral health triage, de-escalation, and service referrals that intersect with public safety. TRU MHPs and their co-response units will support communities, dispatch, and deputies by providing de-escalation, behavioral health triage and referral, and community engagement/education.

Recovery and Reentry (RR)	
RR initiatives help people become healthy and reintegrate into the community safely after a crisis. Services focus on the needs of the whole person to support recovery and sustain positive change. Programming includes providing stable housing, services for people experiencing homelessness, employment support services, peer-based recovery supports, and community reentry services after incarceration.	
Strategy Code	MIDD Initiatives in 2023
RR-01: Housing Supportive Services	Housing Supportive Services braids MIDD resources with other King County investments, and funding from federal, state, and local sources, including housing authorities, to serve adults who are experiencing homelessness or at risk of homelessness, and who may benefit from additional support maintaining housing due to ongoing behavioral health challenges.
RR-02: Behavioral Health Services at Community Center for Alternative Programs (CCAP)	Community Center for Alternative Programs provides mental health services for non-Medicaid-enrolled participants with co-occurring mental health and substance use disorders and criminal legal system involvement.
RR-03: Housing Capital and Rental	Housing Capital and Rental invests in the construction and preservation of housing units for individuals with behavioral health conditions and very low incomes (at or below 30 percent of the Area Median Income).
RR-04: Rapid Rehousing-Oxford House Model	The Rapid Rehousing Oxford House Model voucher program offers affordable clean-and-sober housing for people in early recovery who are either experiencing homelessness or at risk of becoming homeless. By pairing a proven housing program with rapid access to housing, this initiative aims to prevent and decrease homelessness through improved self-reliance.
RR-05: Housing Vouchers for Adult Drug Court	Housing Vouchers for Adult Drug Court (ADC) seeks to disrupt the cycle of homelessness and substance use by supporting recovery-oriented transitional housing units and case management services. On-site case management focuses on long-term stability and helps participants establish a positive rental history, engage in treatment, and obtain employment and next-step housing when they complete ADC.

Recovery and Reentry (RR)	
RR-06A: Jail Reentry System of Care	Jail Reentry System of Care funds reentry case management services, linkages to behavioral health treatment and public benefits and access to basic needs for adults transitioning out of municipal jails and back into the community.
RR-06B: Jail Coordinated Discharge	Coordinated Jail Discharge provides timely, complex release planning and coordination of community services for people with moderate to high needs to ensure lifesaving continuity of care at release. The program serves those with any behavioral health condition, young adults (18-24), and people living homeless. Releasing individuals receive a supply of medications, culturally appropriate linkages to care, next day appointments for OUD treatment, and re-entry items (ID, phone, clothing, hygiene kits, transportation, Medicaid, etc.). Participant follow-up, transportation, and incentives are provided for attending up to five SUD treatment visits post-release.
RR-07: Behavioral Health Risk Assessment Tool for Adult Detention	Behavioral Health Risk Assessment Tool for Adult Detention addresses the behavioral health needs of incarcerated individuals. Individuals help create a personalized treatment plan based on a comprehensive assessment of risks and needs. The tool is intended to decrease their likelihood of further legal system involvement through an evidence-based approach to reentry.
RR-08: Hospital Re-entry Respite Beds	Hospital Reentry Respite Beds, part of a hospital-based medical respite program, offers recuperative physical and behavioral healthcare to individuals currently experiencing homelessness who need additional healthcare services to support their stability when they are discharged from the hospital.
RR-09: Recovery Café	Recovery Café is a community space where people can access support, resources, and a community of care to help stabilize their physical and behavioral health; receive assistance with housing, relationship and/or employment support, and participate in opportunities for volunteer service.
RR-10: Behavioral Health Employment Services & Supported Employment	Behavioral Health Employment Services and Supported Employment provides evidence-based and intensive supported employment services for people living with mental health conditions and/or those living with both mental health and substance use conditions. The program helps people find, obtain, and maintain competitive, integrated employment throughout King County.
RR-11A: Peer Bridger Programs	Peer Bridger Programs offer transition assistance to adults being discharged from King County psychiatric hospitals. Peer Bridgers bring their lived experience and skills, collaborating with inpatient treatment teams to identify people who need support as they exit psychiatric inpatient care.
RR-11B: Substance Use Disorder Peer Support	Substance Use Disorder Peer Support connects people with substance use disorders to peer specialists whose lived experiences and skills support participants' ability to maintain recovery. Peers are deployed to recovery organizations to help participants engage with ongoing treatment services and other supports, strengthening efforts to divert them from criminal legal entanglement and emergency medical settings.

Recovery and Reentry (RR)	
RR-12: Jail-based Substance Use Disorder Treatment	Jail-Based Substance Use Disorder Treatment provides substance use disorder treatment services to adult men at the Maleng Regional Justice Center. The initiative also provides comprehensive release planning and connections to appropriate community-based services for participants re-entering the community.
RR-13: Deputy Prosecuting Attorney for Familiar Faces	Deputy Prosecuting Attorney for Familiar Faces funds prosecutorial resources to help track and, when possible, resolve outstanding warrants and criminal cases for individuals who have high utilization of the King County Correctional Facility. With this support, participants can remain in the community and connect with therapeutic interventions and other resources, such as permanent supportive housing. This integrated, community-based approach to serving people at the intersection of behavioral health and the criminal legal system promotes recovery and public safety and reduces harm.
RR-15: South County Pretrial Services	The PALS program provides corrections oversight and behavioral health services to non-Medicaid enrolled pretrial individuals whose criminal cases are assigned to the Norm Maleng Regional Justice Center and the Federal Way Municipal Court. Individualized, culturally responsive and trauma-informed services include brief intervention, crisis intervention, mental health and/or substance use disorder assessments, outpatient treatment and linkages to other community-based services. MIDD and King County general funds support this work.

System Improvements (SI)	
<p>SI initiatives strengthen access to the behavioral health system and equip providers to be more effective. Programs build the behavioral health workforce, improve the quality and availability of core services, and support community-initiated behavioral health projects. SI initiatives strengthen King County’s behavioral health system through several channels: community-designed, culturally and linguistically appropriate services; greater reach into rural unincorporated communities; implementation of quality improvement programming; and workforce development to support behavioral health countywide. Together, these initiatives improve the quality and availability of behavioral health services for all King County residents.</p>	
Strategy Code	MIDD Initiatives in 2023
SI-01: Community-Driven Behavioral Health Grants	Community-Driven Behavioral Health Grants increase access to culturally and linguistically appropriate behavioral health services. This initiative directly funds community organizations to design and implement service approaches that meet their needs and overcome barriers to behavioral health service participation and recovery programming experienced by Black, Indigenous, and people of color (BIPOC) and other marginalized communities in King County.
SI-02: Rural Behavioral Health Grants	Behavioral Health Services in Rural King County funds programming that improves the health and wellness of residents by promoting access to services and community self-determination in rural areas of King County that face barriers to accessing behavioral health care.

System Improvements (SI)	
SI-03: Quality Coordinated Outpatient Care	Quality Coordinated Outpatient Care promotes integration of behavioral and physical health services across King County, with the goal of improving access to treatment and recovery support. This initiative funds strategic investments in King County’s outpatient community behavioral health continuum to provide for broader access, better treatment services, and reaching beyond treatment to provide recovery support services.
SI-04: Workforce Development	This initiative funds the annual umbrella license for substance use disorder (SUD) youth treatment providers to implement the evidence-based program, Seven Challenges. It also supports Seven Challenges national trainers to work with the agencies by facilitating quarterly meetings and an annual fidelity meeting. In 2023 funding leveraged COVID-19 resources to establish a series of trainings and broad-scale curriculum offering free CEU’s to King County Mental Health Professionals.
SI-05: Emerging Issues in Behavioral Health	This initiative supports new or evolving behavioral health needs in King County that are not addressed by other funding sources. MIDD funds are deployed in a targeted way to address unexpected and urgent needs and funds organizations to design and implement programming to meet needs not currently addressed by MIDD’s portfolio of initiatives.

Therapeutic Courts (TX)	
TX initiatives serve people with behavioral health conditions involved with the legal system. Programs offer an alternative to traditional proceedings and support participants to achieve stability and avoid further legal system involvement.	
Strategy Code	MIDD Initiatives in 2023
TX-ADC: Adult Drug Court	Adult Drug Court (ADC) offers structured court supervision and access to services for eligible individuals charged with felony drug and property crimes. Services offered include comprehensive behavioral health treatment and housing services, employment and education support and peer services. The program is designed to foster a stronger connection between drug court participants and the community and to support participants’ increased ownership of their recovery.
TX-CC: Community Court	Community Court offers an alternative approach for individuals who come into the criminal legal system with significant needs but are at low risk for violent offense. Community Resource Centers, a component of the program and open to the community at large, provide information and navigation assistance for housing, financial, education, employment, and behavioral health services.
TX-FTC: Family Treatment Court	Family Treatment Court (FTC) is a recovery-based child welfare court intervention. FTC focuses on children’s welfare and families’ recovery from substance use through evidence-based practices to improve child well-being, family functioning and parenting skills. Strong agency partnerships enable FTC to maintain maximum capacity to serve children in north and south King County.

Therapeutic Courts (TX)	
TX-JTRAC-BHR: Juvenile Therapeutic Response and Accountability Court-	Juvenile Therapeutic Response and Accountability Court-Behavioral Health Response provides an incentive-driven program to help youth struggling with substance use who have criminal offenses reduce the likelihood of continued legal system involvement. The initiative’s holistic continuum of care model takes a culturally targeted approach and supports completion by accelerating progress through each phase and toward graduation.
TX-RMHC: Regional Mental Health and Veterans Court	The Regional Mental Health and Veterans Court serves people with behavioral health conditions during their involvement with the criminal legal system. This initiative provides a therapeutic response that helps defendants recover, while addressing the underlying issues that can contribute to criminal legal issues. The programs use a collaborative, team-based approach, supplemented by judicial monitoring.
TX-SMC: Seattle Municipal Mental Health Court	Seattle Municipal Mental Health Court provides referrals to services for individuals who are booked into jail on misdemeanor charges and at risk of, or have a history of, having their competency to stand trial questioned. By integrating court-based staff into a community-based diversion program, the initiative enables close coordination between behavioral health, housing, and other social services, increasing the number of people with behavioral health conditions who are routed to treatment and out of criminal legal entanglements.