Attachment A

2024 MIDD Behavioral Health Sales Tax Fund
Annual Summary Report

August 1, 2025

King County

Table of Contents

Executive Summary 3

Background 6

Report Requirements 10

A. MIDD Implementation and Results in 2024 10

B. MIDD Participants 17

C. Evaluation and Continuous Improvement 19

D. 2024 Procurement Update 21

E. MIDD Fiscal Information 21

F. MIDD Dashboard 23

G. Conclusion/Next Actions 23

Appendix A: Reporting Elements Table and MIDD Online Reporting Guide 25

Appendix B: MIDD Investments in 2024 27

Executive Summary

Background

The 0.1 percent behavioral health sales tax, known in King County as MIDD (also referred to as the Mental Illness and Drug Dependency fund), is a unique local funding source authorized under RCW 82.14.460 and KCC 400.5A.300 that improves access to mental health and substance use treatment, recovery and prevention services.[1,2] The King County Department of Community and Human Services' (DCHS) Behavioral Health and Recovery Division (BHRD) manages King County's MIDD.[3]

King County's behavioral health sales tax investments have long served to augment years of underinvestment in behavioral health care and treatment at the state and federal level, and support community behavioral health providers. These local resources have allowed King County to respond to changing community needs across the behavioral health continuum.

In 2024, MIDD served 28,113 people, supported 181 community behavioral health providers, and increased access to health stability, recovery, and connection with community care. These are critical contributions to King County's efforts to address the region's behavioral health needs and challenges, demonstrating the importance of locally-driven investments at a time of uncertainty for state and federal funding.

MIDD invests in behavioral health services that cannot be billed to Medicaid and services for people who are ineligible for Medicaid. Unlike Medicaid and many other funding sources, MIDD is not limited by restrictions on the specific populations it can serve or the types of behavioral health services it can provide. In 2023 and 2024, more than 6,000 people who were ineligible for Medicaid received behavioral health care through MIDD. This makes it a powerful tool in service of DCHS' goal of providing equitable opportunities for people to be healthy, happy, and connected to community.

As the region's behavioral health needs evolve, MIDD remains an indispensable resource in creating a healthier and more equitable King County. MIDD focuses on prevention and early intervention, crisis diversion, recovery and reentry, system improvement, and therapeutic courts. Since MIDD was last renewed in 2016, the most pressing behavioral health needs have shifted, including the rise of synthetic opioids like fentanyl and associated overdoses, a youth mental health crisis exacerbated by the COVID-19 pandemic, and the continued erosion of the behavioral health workforce. In 2024, MIDD investments expanded services to address gaps in care and complement the rest of the community behavioral health treatment and crisis response system King County administers. As a result, MIDD participants in relevant initiatives experience fewer engagements with crisis programs, emergency department visits, bookings into jail and involuntary psychiatric hospitalizations, demonstrating the transformative power of sustained local investments.

Report Requirements

This annual summary report satisfies all reporting requirements called for by KCC 4A.500.309.D.[4] It also includes links to the online MIDD Dashboard (https://kingcounty.gov/MIDDdashboard) which provides an in-depth review of MIDD 2024 accomplishments.

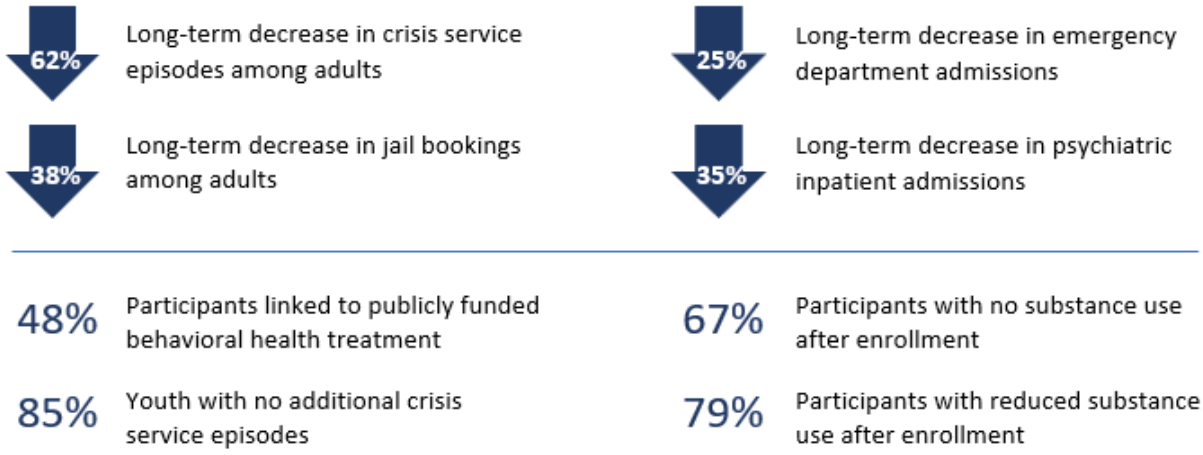
---

[1] RCW 82.14.460, 2005. [LINK]
[2] King County Ordinance 18407, November 2016. [LINK]
[3] Behavioral health is a term that encompasses both mental health and substance use conditions.
[4] King County Code 4A.500.309.D. [LINK]

MIDD Implementation and Results in 2024

MIDD investments across a wide array of initiatives contribute toward King County's vision of ensuring effective, equitable, and accessible behavioral health care. These investments serve to augment years of underinvestment in behavioral health care and treatment at the state and federal level, bolstering community behavioral health providers. In 2024, MIDD served 28,113 people across 54 initiatives through 181 provider and community partners, an increase of 15 percent over the 24,342 reported in 2023.[5] The figure below displays key short- and long-term outcomes (measured in 2024) among MIDD participants. For many outcomes, measurement year 2024 represents the year following MIDD program enrollment; for long-term outcomes, however, measurement year 2024 represents the third year following MIDD program enrollment.[6] Of those served by MIDD programs, 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.

Key MIDD Outcomes in 2024



MIDD investments in 2024 were guided by the MIDD 2 Implementation Plan and responded to emerging community needs to the degree possible through currently funded initiatives. Key areas of focus featured in this report included:

- Reducing barriers and increasing equitable access to care;
- Improving transitions between care settings to keep people engaged in treatment and services;
- Addressing opioid use disorder and overdose, reducing barriers to lifesaving medications for opioid use, and increasing mobile care responses;
- Increasing youth access to behavioral health treatment; and
- Growing and sustaining a diverse behavioral health workforce.

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.[7]

[5] MIDD Dashboard. [LINK]

[6] Participant outcome measures summarized in this report apply to MIDD initiatives that identify the measure as an intended outcome. Here, and throughout this report, "long-term" changes refer to the third year following baseline measurement.

[7] King County Ordinance 19546, Section 71, Expenditure Restriction ER1 and Proviso P1. [LINK]

MIDD Participants

While MIDD served residents across all of King County in 2024, service recipients were more often concentrated in ZIP codes with a higher percentage of families living below the poverty line, aligning with MIDD's goal to serve those most in need. While certain populations of MIDD participants, such as Black (or African American or African) individuals, are overrepresented when compared to the general population of King County, this same population is underrepresented as compared to King County's low-income population. Half of people served by MIDD initiatives identify as male, and over half (53 percent) of people served by MIDD initiatives are between 25 and 54 years old.[8]

Evaluation and Continuous Improvement

The MIDD evaluation aligns with the five policy goals described in KCC 4A.500.309, and each MIDD initiative links to one or more of these goals for the purposes of performance measurement and evaluation. Beyond linkage to one or more policy goals, the County also evaluates each MIDD initiative using more proximal measures that reflect specific program activities and their impact. Thus, this evaluation framework recognizes the unique, direct impact each initiative has on participants receiving services, as well as the collective impact MIDD programming has across multiple initiatives and participants, for example the combined impact of more than 20 initiatives on overall jail bookings across thousands of MIDD participants.

In 2024, MIDD used program data to identify trends in participants' needs and barriers to services and, subsequently, made improvements to program implementation guided by this data. Continuous improvement efforts included strategies to better integrate equity and social justice more fully into contract management, address disproportional access to services, expand models of service provision, incorporate new treatment approaches, and build a workforce that reflects the diversity of MIDD participants.

In 2024, 25 of the 45 MIDD initiatives with established targets exceeded target numbers, and an additional seven were within 20 percent of reaching their set target.[9]

2024 Procurement Update

BHRD partners with community-based organizations to deliver services. BHRD released four MIDD-funded procurements in 2024. These procurements resulted in contracts for capital investments in permanent supportive housing buildings, capital improvements in behavioral health facilities, crisis services for people experiencing behavioral health crises, and health-related service provision for individuals experiencing homelessness.

[8] 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.

[9] Targets are established after an initiative has completed its baseline implementation through a collaborative process with provider agencies and King County staff. Some MIDD initiatives, for example Systems Improvement initiatives, vary in scope year-over-year and do not have target numbers of individuals served.

MIDD Fiscal Information

MIDD revenue projections were volatile during the 2023-2024 biennium, resulting in unique challenges in budgeting and financial management.

The response to the COVID-19 pandemic brought unanticipated funding to the region, available on a one-time basis. These new funds alongside volatile MIDD revenues and strained community-based capacity to accept these funds due to workforce shortages resulted in $25 million (or 12 percent) in revenues being transferred from the 2021-22 biennium to MIDD's expenditure authority for the 2023-24 biennium. This included more than $15 million to support one-time behavioral health facility capital investments.

For the 2023-2024 biennium, MIDD expended $198.6 million of its budgeted $234.3 million, or 85 percent of planned expenditures. This 2023-24 biennial spending total of $198.6 million is slightly higher than the amount of revenue collected under the MIDD tax during that same period.

While current MIDD funding obligations could outpace projected revenues in future years, the renewal of MIDD and development of a new Implementation Plan present an opportunity to realign programming and planned expenditures to anticipated revenue.

Conclusion and Next Actions

The behavioral health needs of King County's communities continue to evolve, and MIDD continues to adapt its response to the extent possible under the MIDD 2 Implementation Plan. To ensure equitable access to necessary health care and responsiveness to critical system priorities, MIDD investments should prioritize the region's biggest behavioral health challenges as they change over time. To address longstanding inequities in behavioral health risks and outcomes, local investments must be coordinated to complement and amplify federal and state funding, and work toward the accessible and effective care that King County residents need.

With the current implementation of MIDD scheduled to end in 2025, the Executive is preparing a proposal for the sales tax's renewal at the time of this report's drafting. In addition, DCHS is engaging with community experts to inform development of plans for the future of behavioral health sales tax-funded programming.

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 authorized under RCW 82.14.460 and KCC 400.5A.300.[10,11] King County's MIDD supports work on crisis diversion, screening and referral services, and treatment for substance use and mental health conditions. 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 initiatives to address mental health and substance use conditions for King County residents, especially for people most affected by inequities related to race,

[10] RCW 82.14.460, 2005. [LINK]

[11] King County Ordinance 18407, November 2016. [LINK]

income, and access to healthcare. Collectively, MIDD initiatives improve participants' quality of life and help them thrive in recovery by supporting programs and services that support MIDD's strategy areas and policy goals. As the needs of King County communities evolve, the behavioral health sales tax remains a critical resource to invest in sustainable and modern services to better support people in need of behavioral health care.

MIDD Policy Goals

MIDD-funded programs in 2024 were designed to achieve five policy goals, as directed by KCC 4A.500.309.A.[12]

- 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.
- 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 in 2024 were delivered across five strategy areas to support a countywide continuum of care, with goals of supporting recovery and care in community, and a focus on prevention and reducing disparities.[13]

- **Prevention and Early Intervention** initiatives ensure that people get the support they need to stay healthy and prevent their behavioral health 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, support them in achieving stability, and avoid further legal system involvement.

Department Overview

King County's Department of Community and Human Services (DCHS) provides equitable opportunities for residents 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 (Best Starts) Levy, MIDD, the Crisis Care Centers (CCC) Levy, the Health Through Housing initiative, and the Puget

[12] King County Code 4A.500.309.A. [LINK]
[13] MIDD 2 Implementation Plan, 2017. [LINK]

Sound Taxpayer Accountability Account (PSTAA), along with other local, state and federally-directed revenues.[14,15,16,17,18]

The 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.[19] 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 supports. 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

Over the past 18 years, King County's behavioral health sales tax investments have helped fill critical gaps and expanded services. Where possible within the MIDD 2 Implementation Plan, the flexibility of these local resources has allowed the County to adapt to changing community needs and has been essential to strengthening the region's response to these needs. However, since MIDD was last renewed in 2016, the most pressing behavioral health needs have shifted, including the rise of synthetic opioids like fentanyl and associated overdoses, a youth mental health crisis exacerbated by the COVID-19 pandemic, and the continued erosion of the behavioral health workforce. Within available resources, in 2024, MIDD investments have expanded services to address gaps and complement the community behavioral health treatment and crisis response system King County administers.

The fentanyl crisis has exacerbated substance use disorders across the county, requiring an agile response. A recent analysis of service utilization among over 1,000 people who died from overdose in King County found that a significant number of these individuals had engaged with a variety of public services in King County (jails, emergency departments, homeless services, and other behavioral health care) in the year before their death. However, fewer than half had been receiving publicly funded SUD services, which may have reduced their risk of overdose and death.[20] MIDD funding has been essential to expanding access to life-saving naloxone, distributing MOUD through low-barrier programs, and deploying mobile response teams to connect individuals to recovery services. These investments have saved lives and reduced overdoses, highlighting the necessity of local funding in addressing this urgent situation.[21]

There continues to be a need to increase investments in the behavioral health workforce in King County, as the mental health crisis leads to increased levels of unmet behavioral health need in this region and

[14] Veterans, Seniors, and Human Services Levy. [LINK]
[15] Best Starts for Kids Levy. [LINK]
[16] Health Through Housing sales tax. [LINK]
[17] Puget Sound Taxpayer Accountability Account. [LINK]
[18] Crisis Care Centers Levy. [LINK]
[19] DCHS Dashboard: Explore the Data. [LINK]
[20] DCHS Data Insights Series: Integrating Data to Better Understand Fatal Overdoses and Service System Engagement. King County Department of Community and Human Services, Performance Measurement and Evaluation Unit, 2022. [LINK]
[21] Public Health-Seattle & King County, King County Fatal Overdose Dashboard, May 2025. [LINK]

nationally.[22] To begin to address this need, MIDD allocated $2.4 million to strengthen the workforce and contribute to the professional development of members of the King County Integrated Care Network (KCICN). The complexity of this large-scale investment resulted in an underspent budget in 2024, with plans for full implementation in 2025.

Additionally, youth in King County are facing mounting behavioral health needs. Approximately one in three children, youth, and young adults enrolled in Washington State's Apple Health program who needed mental health services did not receive them, and approximately three in four who needed substance use disorder services did not receive them.[23] MIDD funds several youth-focused initiatives, including school-based interventions, peer supports, and youth-focused crisis stabilization services, which provide early intervention services and respond when mental health challenges escalate.

MIDD investments are vital for individuals not eligible for Medicaid, particularly in rural areas and for Black, Indigenous and People of Color (BIPOC) communities. Unlike Medicaid and many other funding sources, MIDD is not limited by federal or state restrictions on the specific populations it can serve or the types of behavioral health services it can provide. In 2023 and 2024, more than 6,000 people who were ineligible for Medicaid received behavioral health care through MIDD. By expanding outreach, culturally tailored programming, and equitable access to care, MIDD programs aim to address inequities in behavioral health outcomes and decrease stigma across King County communities.

MIDD's Legislative Context

King County implements the MIDD sales tax consistent with state and local legislation.

- **2005**: Washington State Legislature approved RCW 82.14.460, authorizing local governments to collect a 0.1 percent sales tax to support chemical dependency, mental health treatment services, or therapeutic courts.
- **2006:** King County Council began exploring the possibility of utilizing a local sales tax option in response to shrinking County general fund collections due to the passage of Initiative 747 in 2001, lower state investments in community-based behavioral health services, and corresponding escalation in the use of jails and hospitals for people living with behavioral health conditions.[24]
- **2007:** After significant work in partnership with communities, the King County Council and Executive authorized a 0.1 percent sales tax, with collection to occur between 2008 and 2016.
- **2016:** King County Council voted unanimously to extend sales tax collection for behavioral health through 2025, and to update MIDD's policy goals.[25]
- **2017:** The King County Council approved the MIDD 2 Implementation Plan to guide MIDD programs and services through 2025.[26]
- **2025:** The current MIDD behavioral health sales tax is scheduled to expire at the end of 2025, unless extended before October 18, 2025.[27]

---

[22] Centers for Disease Control, Protecting the Nation's Mental Health, August 2024. [LINK]
[23] Washington State Health Care Authority Report to the Legislature, Access to behavioral health services for children, youth, and young adults, December 2023. [LINK]
[24] RCW 82.14.460. [LINK]
[25] Ordinance 18333. [LINK] Ordinance 18407. [LINK]
[26] Motion 15093. [LINK]
[27] RCW 82.14.055. [LINK]

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 2024 and fulfills the reporting requirements of KCC 4A.500.309.D.[28] This annual summary report also includes links to the online MIDD Dashboard, which provides a more in-depth review of MIDD 2024 accomplishments and other outcomes.

Additional Information Available in the MIDD Dashboard

Significant additional information about MIDD initiatives 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 2024,
- 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 and Results in 2024

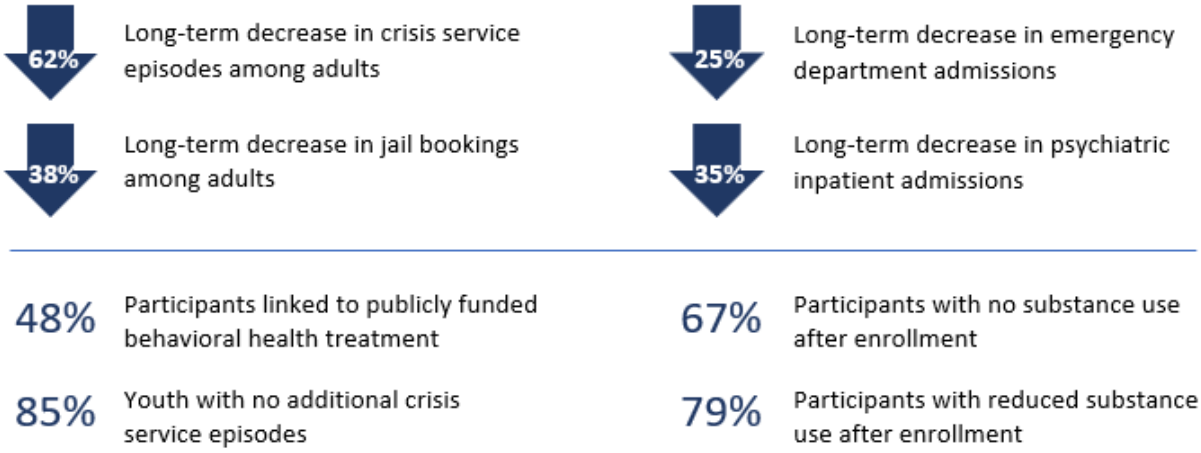
MIDD-funded programs demonstrate the clear value and importance of local funds to address community behavioral health needs. In 2024, MIDD served over 28,113 people across 54 initiatives through 181 provider and community partners, a 15 percent increase over 24,342 participants served in 2023.[29] The increase was driven by improved client level data reporting by community grant programs, as well as more staffing capacity and service utilization in several initiatives. Individuals served had increased access to mental health and substance use care, fewer jail or hospital stays, and reduced legal system contact for youth and adults.

[28] King County Code 4A.500.309.D. [LINK]
[29] MIDD Dashboard. [LINK]

Key MIDD Data Points 2024



Key MIDD Outcomes in 2024[30]



Visit MIDD's Interactive Data Dashboard to fully explore MIDD's results, including outcomes for individual MIDD programs.

Key Areas of Focus

MIDD investments in 2024 were guided by the MIDD 2 Implementation Plan and responded to emerging community needs to the degree possible within currently funded initiatives. Key areas of focus featured in this report included:[31]

- Reducing barriers and increasing equitable access to care;
- Improving transitions between care settings to keep people engaged in treatment and services;
- Addressing opioid use disorder and overdose, reducing barriers to lifesaving medications for opioid use, and increasing mobile care responses;
- Increasing youth access to behavioral health treatment; and
- Growing and sustaining a diverse behavioral health workforce.

[30] Participant outcome measures summarized in this report apply to MIDD initiatives that identify the measure as an intended outcome. Here, and throughout this report, "long-term" changes refer to the third year following baseline measurement.

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

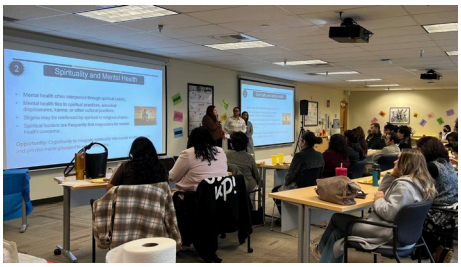
To effectively address the current conditions, and consistent with the County's enacted 2023-24 budget, BHRD adapted some MIDD initiatives, restored others, and launched new programming in 2024. This approach sought to focus MIDD funding to prioritize the highest needs within the constraints of the MIDD 2 Implementation Plan.

In 2024, MIDD was pivotal to King County's efforts to meet the region's growing and evolving behavioral health challenges, providing direct service to 28,113 residents. This highest-ever number of MIDD participants reflected increased staffing capacity in some initiatives and improved data collection practices of several community-based providers. As detailed below, MIDD's efforts to reduce barriers to care, improve transitions of care, respond to the opioid crisis, target interventions to address substance use disorder, expand youth services, and cultivate a sustainable workforce underscores the critical importance of continued local sales tax funding.

Reducing Barriers and Increasing Equitable Access to Care

Equitable access to behavioral health services is vital so that all residents can achieve wellness, regardless of barriers they may face. King County continued to take action through MIDD investments in 2024 to respond to community needs by improving care access:

- Under **PRI-11: Community-Based Behavioral Health Treatment,** more than 3,400 people received outpatient care, many of whom are immigrants or refugees who were not eligible for Medicaid. Increasing access to treatment through this initiative contributed to long-term reductions in emergency department visits (29 percent decrease) and psychiatric inpatient hospitalizations (61 percent decrease) among participants. Additionally, this initiative funded Community-Based Therapeutic Intervention & Capacity Building, which seeks to reach culturally focused and rural communities often underserved by Medicaid-funded programming and reached more than 1,700 individuals. This program was complemented by community events that collectively impacted thousands**.**
- Through **SI-03: Quality Coordinated Outpatient Care** 13,850 individuals received outreach and assistance to reconnect individuals to outpatient behavioral health services.
- **RR-01: Behavioral Health in Housing Supports** demonstrated the value of integrated care in supportive housing environments. This program served over 1,400 individuals, with more than half connecting to behavioral health treatment. This contributed to long-term reductions in jail bookings (64 percent decrease), emergency department visits (57 percent decrease), and crisis service episodes (51 percent decrease).
- In 2024, MIDD programs sought out insights from community listening sessions to better understand gaps in service and inform improvements. These sessions revealed key lessons that can shape initiatives targeting historically underserved populations. **SI-01: Community Driven Behavioral Health Grants** completed the Be Heard Listening Session project in partnership with 14 culturally centered community organizations that held listening sessions and conducted interviews about mental health within their communities. Together, partners completed 106 listening sessions and interviewed 543 individuals. Ten key themes emerged, including the



Presentation of findings from the Be Heard Listening Sessions: Community Voices on Mental Health and Wellness, funded through SI-01: Community Driven Behavioral Health Grants. Photo source: King County

importance of understanding the cultural context when considering how best to deliver responsive services, a strong desire by community participants for inter-generational healing, and the need for more culturally responsive programming and education led by the communities themselves. This initiative also provided grants to nine organizations that enhanced engagement by providing culturally relevant services, including healing circles, talking circles, and yoga. Additionally, programs like the Korean Mental Health Support Line and the Eritrean Association of Greater Seattle's community outreach efforts expanded mental health resources and increased culturally responsive services throughout King County.

- **SI-02 Behavioral Health Services and Rural King County and PRI-11 Community Based Therapeutic Intervention and Capacity Building** funded behavioral health vans, multilingual telehealth platforms, and culturally tailored interventions to further break down barriers.

Improving Transitions Between Care Settings to Keep People Engaged in Treatment and Services

MIDD programming that focuses on improving transitions of care has been crucial in addressing the risk of individuals from losing contact with services and supports as they navigate complex systems. By fostering partnerships and implementing innovative programs, MIDD has improved continuity of care for vulnerable residents:

- **RR-11A: Peer Bridgers** had one of the highest rates of linkage to publicly funded behavioral health treatment among MIDD initiatives, connecting over two-thirds of its participants to critical services. By facilitating these connections to care, this initiative contributed to long-term reductions in emergency department visits (48 percent decrease) and psychiatric inpatient hospitalizations (70 percent decrease) among participants.
- **RR-04: Oxford House** achieved substantial reductions in jail and emergency department utilization, with nearly three-quarters of participants reporting reduced substance use and two-thirds reporting abstinence.
- **CD-14: Involuntary Treatment Triage** reduced reliance on designated crisis responders for involuntary commitment assessments and reduced participants' emergency department visits by 52 percent over the long-term.
- **RR-08: Hospital Re-Entry Respite Beds** maintained a 96 percent occupancy rate, and successfully referred over 90 percent of its 370 participants to needed services.



Staff with RR-08 Hospital Re-Entry Respite Beds coordinate follow-up for patients exiting the hospital.

Photo source: Public Health - Seattle & King County

- **CD-06: Crisis Diversion Services** transitioned the Mobile Crisis Teams to a new and expanded model, called Mobile Rapid Response Crisis Teams (MRRCT), which launched in 2024.[32] By year's end, in partnership with state and local (CCC Levy) resources, 27 Mobile Crisis Teams were fully staffed by mental health professionals and individuals with lived experience. Teams conducted 2,576 outreaches to calm and stabilize people experiencing a behavioral health crisis and connect them with immediate and after-care supports. This initiative contributed to long-term reductions in jail bookings (30 percent decrease) and crisis service episodes (64 percent decrease) among participants. MIDD funding covers operational costs across this crisis diversion strategy to support the program operations.



Mobile Crisis Teams are trained mental health workers and peer specialists with lived experience of mental health or substance use and recovery. Teams travel to help people in a crisis where they are. Calls come in through 988, Crisis Connections, and referrals from local police departments, first responders and community behavioral health providers. Photo source: King County

Addressing Opioid Use Disorder and Overdose, Reducing Barriers to Lifesaving Medications for Opioids, and Increasing Mobile Care Responses

The opioid epidemic remains a pressing issue. MIDD funding was critical to King County's expanded efforts to combat overdose deaths and connect individuals to recovery. In partnership with the Executive's Office and Public Health – Seattle & King County, DCHS is leading the regional response to the opioid overdose crisis. In 2024, this partnership announced 13 Actions to Help Stop Opioid Overdoses, expanding access to live-saving medicine like Buprenorphine and Naloxone, adding more mobile crisis teams, residential treatment beds, new sobering and post-recovery centers, and 100 apprenticeships.[33] These initiatives collectively addressed urgent needs, saving lives and laying the foundation for long-term recovery:

- **RR-09: Recovery Café and RR-11B: SUD Peer Support** implemented multiple program improvements. Recovery Cafe partnered with a mobile clinic that provides medication assisted treatment, behavioral health counseling services, and transportation assistance, to help individuals get to and from treatment. An additional partnership brought a nurse onsite three days a week and linked participants to more intensive medical care. These partnerships led to higher levels of enrollment in Recovery Cafe, with over 65 percent of participants linked to publicly funded behavioral health treatment. Further, participants in SUD Peer Support experienced long-term reductions in jail bookings (46 percent decrease).
- **CD-07: Multipronged Opioid Strategies'** low-barrier Buprenorphine program expanded care coordination and outreach, providing over 1,300 individuals with MOUD. Over half (58 percent) of people who received low-barrier buprenorphine were linked to publicly funded behavioral

[32] In 2024, MRRCT expansion was made possible by new funding from the Crisis Care Centers levy. MRRCT is also funded by MIDD, the Washington State Health Care Authority, City of Seattle, Federal block grants, Medicaid, and other funding sources.

[33] King County DCHS, Cultivating Connections, 13 Actions to Help Stop Opioid Overdoses, May 25, 2024. [LINK]

health treatment. The initiative also launched an intensive communications campaign to increase awareness of the dangers of fentanyl, reduce stigma, and connect people who use substances to harm reduction supports. Additionally, this initiative funded Public Health – Seattle & King County to distribute 119,960 naloxone kits and 123,858 fentanyl test strips in partnership with behavioral health clinics and community-based organizations who are members of their harm reduction clearinghouse. Combined, these multipronged opioid strategies contributed to long-term reductions in jail bookings (42 percent decrease), emergency department visits (27 percent decrease), psychiatric inpatient hospitalizations (53 percent decrease), and crisis service episodes (33 percent decrease) among service recipients.

- **RR-12: Jail-Based SUD Treatment** served a record number of participants, improving access to SUD care within correctional facilities.
- Through the five **CD-10: Next Day Crisis Appointments** (NDAs) providers, 477 people received on-demand SUD care in 2024. Over half (52 percent) of people who received NDAs for SUD care were linked to publicly funded behavioral health treatment.
- Over 1,700 people who called 911 in a crisis received a response by a mental health professional Crisis Responder through **CD-18A: Regional Crisis Response System**. Responders provided immediate de-escalation, assessment, and referral to care. These efforts contributed to long-term reductions in jail bookings (51 percent decrease) and crisis service episodes (67 percent decrease) among service recipients.

Increasing Youth Access to Behavioral Health Treatment

Youth access to behavioral health services is a cornerstone of healthy communities. Intervening early to respond to youth behavioral health needs is critical to keep issues from escalating into more serious conditions.[34]

In 2024, MIDD programs responded to this need through innovative partnerships and proven models of care. MIDD worked to increase access for youth to these critical resources in several ways:

- **CD-11: Children's Crisis Outreach Response System** (CCORS) provided crisis outreach and stabilization services to over 800 youth, with 90 percent maintaining stable housing and 85 percent avoiding new crises in the year following participation. Youth receiving these services also experienced long-term reductions in emergency department visits (35 percent decrease). This initiative expanded in 2024 to allow access to crisis behavioral health services for all youth regardless of insurance status.[35]
- **SI-01: Community Driven Behavioral Health Grants** expanded outreach to youth through initiatives like Second Chance Outreach, supporting teens by providing alternatives to gang affiliation, and Friends of Youth, which provided youth therapy and parent-group sessions.

School-based counseling programs also continued to grow helping to connect more youth to supports, earlier:

- Through **SI-05: Emerging Issues in Behavioral Health** Seattle Public Schools created a substance use reduction workgroup, launched virtual parent education sessions, standardized training evaluations, and developed tools to support classroom education implementation.

[34] 2024/2025 Community Health Needs Assessment, Public Health – Seattle & King County. [LINK]
[35] In 2024, CCORS expansion was made possible by new funding from the Crisis Care Centers levy. CCORS is also funded by MIDD, the Washington State Health Care Authority, Federal block grants, Medicaid, and other funding sources.

- **PRI-05: School-Based Screening, Brief Intervention and Referral to Treatment/Service (SBIRT)** screened 14,400 youth in schools. MIDD partners continued to improve School-Based SBIRT onboarding practices across the 13 participating school districts. By year's end, 160 school staff attested to completing the training.

Growing and Sustaining a Diverse Behavioral Health Workforce

A sustainable, diverse behavioral health workforce is essential to meeting the needs of a large urban region, like King County. MIDD provided investments to build up the workforce in 2024 and identified opportunities for further investment.

- **SI-05: Emerging Issues** expanded workforce development through partnerships with the Tubman Center and YMCA programs, nurturing the next generation of behavioral health professionals.
    - The Y+ Master's in Mental Health Counseling Program, a partnership with Heritage University to increase recruitment and retention of qualified behavioral health staff, helps staff within behavioral health programs access higher education and become licensed mental health professionals without the barriers of student loan debt and unpaid internships. The program recruited a diverse cohort (approximately 80 percent BIPOC, LGBTQ+, and people with a disability) and integrated cultural competence into all curricula.
    - The Tubman Center for Health & Freedom engaged with a broad range of community members to design models of culturally congruent behavioral healthcare tailored to the experience of Black individuals. The project included a focus on aligning workforce development opportunities with the needs of King County's Black residents with the intention of "centering whole community and whole community health."[36]

- **SI-04: Workforce Development** expanded opportunities for professional development and continuing education units (CEUs) for behavioral health professionals within the KCICN to support workers to develop evidence-based competencies to integrate into their practice to improve client outcomes. Expansion efforts included:
    - Free professional development training and CEUs for all types of behavioral health professionals within the KCICN;
    - Free training and certification in two high-demand best practice therapies, Dialectical Behavior Therapy (DBT) and Cognitive Behavioral Therapy for Psychosis (CBTp);
    - Reimbursement for staff training time, typically a non-billable activity under Medicaid;
    - Social media marketing to promote community behavioral health as a career pathway, and information about university and community college programs; and
    - Identifying, developing, and promoting culturally responsive recruitment and retention strategies.[37]

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

Ordinance 19546, Section 71, Expenditure Restriction ER1, requires this MIDD annual report to highlight and evaluate the grant-based art therapy pilot project funded by the expenditure restriction, operated

[36] Tubman Center for Health & Freedom, Community Practitioners, Community Solutions: Community-Designed Models for Mental Wellness, Final Report to King County DCHS, January 2025.
[37] Psychology Today, Bridging Gaps through Culturally Congruent Care, August 2024. [LINK]

by Unified Outreach.[38] The standalone report on the program directed by Ordinance 19546, Section 71, Proviso P1, and submitted to the Council in 2024 provides more background.[39,40]

Unified Outreach received Council-directed grant funding in 2023-2024 to pilot an art therapy program aimed at engaging at-risk youth through creative expression and behavioral health activities. Partnering with Southwest Youth and Family Services, Denny Middle School, and Southwest Boys and Girls Club, the program provided students with a safe space to build self-esteem, confidence, and positive social connections. Students participated in art-infused behavioral health exercises, healing circles, and mentorship from BIPOC instructors and therapists, addressing challenges such as peer pressure, youth violence, and racism.

In 2024, Unified Outreach served a total of 102 students through arts-based behavioral health activities. The program primarily served 12- and 13-year-old people of color, with two-thirds of participants identifying as Black/African American. Over 84 percent of youth who enrolled saw the program through to completion. Among those who completed the program, 97 percent reported improved skills in externalizing emotions and ideas constructively through artistic mediums, and 95 percent reported an increased sense of belonging in their community.

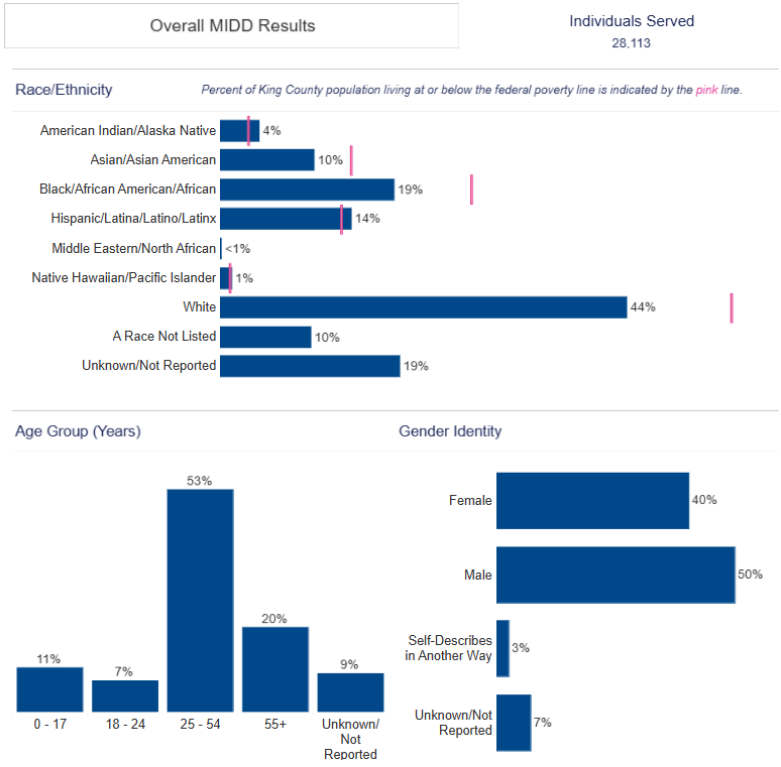
B. MIDD Participants

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 28,113 people in 2024.

Figure 1 below displays the demographic information of people served by MIDD initiatives in 2024. While certain populations of MIDD participants, such as Black (or African-American or African) individuals, are overrepresented when compared to the general population of King County, this same population is underrepresented as compared to King County's low-income population.[41] Inequitable outcomes among King County residents, such as fatal overdose rates or rates of depression among youth, continue to demonstrate an urgent need for further investment in historically under-resourced populations.[42,43] Half of people served by MIDD initiatives identify as male, and over half (53 percent) of people served by MIDD initiatives are between 25 and 54 years old.[44]

[38] Ordinance 19546, Section 71, Expenditure Restriction ER1. [LINK]
[39] Ordinance 19546, Section 71, Proviso P1. [LINK]
[40] Art Therapy Program Report. [LINK]
[41] IPUMS USA 2025: Version 16.0, 2023 American Community Survey. [LINK]
[42] King County Medical Examiner's Office. (2024). Overdose deaths in King County. [LINK]
[43] Public Health – Seattle & King County. (2024). Healthy Youth Survey. [LINK]
[44] 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 2024[45]

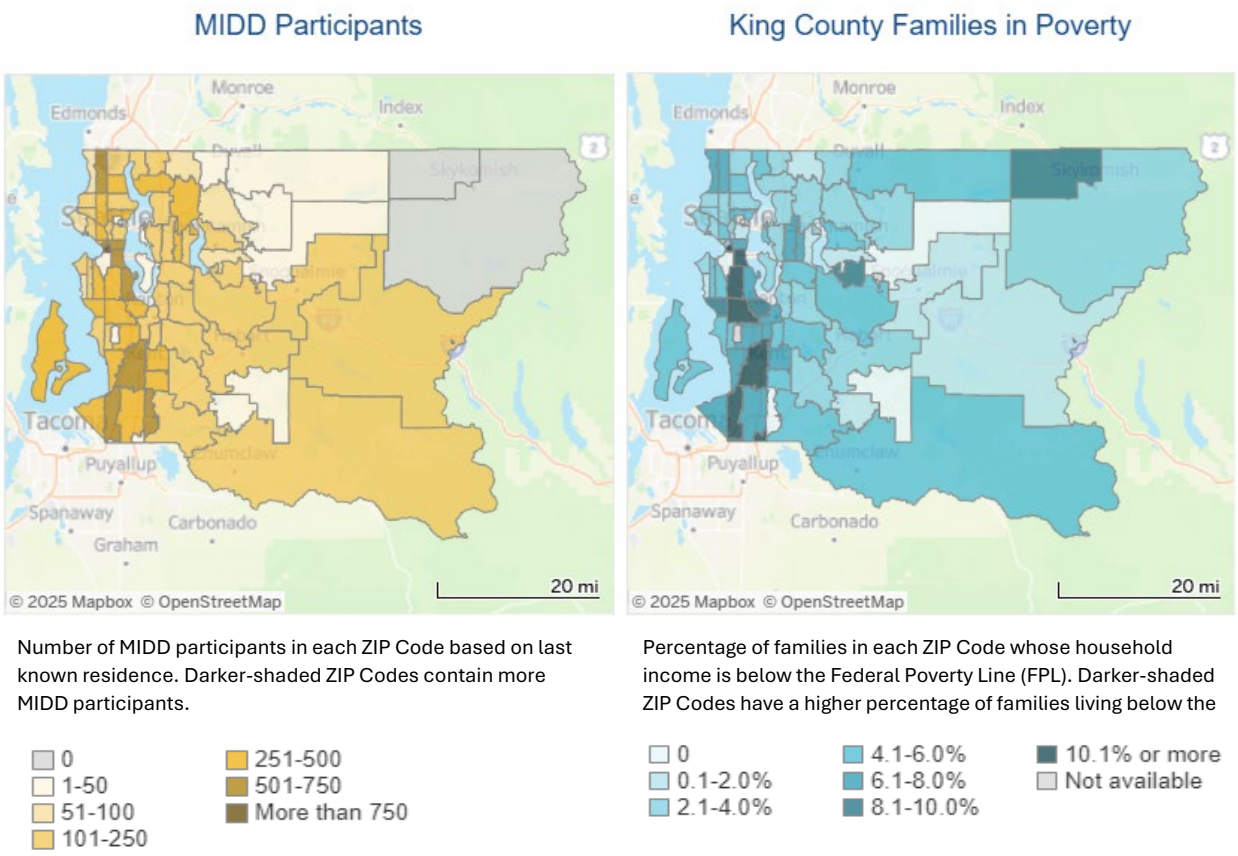


More detailed information on the people served by MIDD initiatives can be found on the MIDD data dashboard (https://kingcounty.gov/MIDDdashboard), including demographic information disaggregated by MIDD initiative.

The maps displayed in Figure 2 show the number of people served by MIDD initiatives in 2024 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 2024, service recipients of MIDD initiatives more often resided in ZIP codes with a higher percentage of families living below the poverty line, consistent with MIDD's intention of reaching underserved populations throughout the county.

[45] 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.

Figure 2: Residential ZIP Code of People Served Through MIDD in 2024 Compared to the Percent of Families Whose Household Income is Below the Federal Poverty Line by ZIP Code[46]



More detailed information on where people served by MIDD initiatives live can be found on the MIDD data dashboard, including geographic information disaggregated by MIDD initiative.

C. Evaluation and Continuous Improvement

The evaluation of MIDD-funded programs in 2024 aligned with the five policy goals described in KCC 4A.500.309.[47] MIDD initiatives link to one or more of these goals for the purposes of performance measurement and evaluation. The County evaluated 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?

[46] 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.
[47] KCC 4A.500.309. [LINK]

This section summarizes MIDD's data-informed implementation adjustments and updates to performance measure targets during 2024, consistent with KCC 4A.500.309.D requirements.[48]

2024 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 from 2024 include:

- Strategically leveraging partnerships to maximize program impact, such as **RR-09: Recovery Café,** which partnered with community health organizations to provide on-site MOUD and medical services;
- Better matching program participants to appropriate services, such as **RR-05: Housing Vouchers for Adult Drug Court,** which expanded housing screenings to include trauma history and prison history to better match participants with a housing provider that will best fit their needs;
- Meeting participants' needs through best practices and strategic development, such as **TX-CC: Community Court,** which implemented several recommendations from the national Trauma-Informed Treatment Court Learning Collaborative to help participants be more comfortable when engaging with Community Court; and
- Responding to program participants' feedback, such as **CD-03: Outreach and In-Reach System of Care,** which expanded their patient experience survey into clinics to regularly obtain and share patients' comments with internal teams.

BHRD uses data from MIDD initiatives to inform program implementation and process adjustments. Highlights from 2024 include:

- **CD-01: Law Enforcement Assisted Diversion** and **PRI-09: Sexual Assault Behavioral Health Services** focused staffing and outreach where they identified higher needs and service utilization with the goal of making the largest positive community impact with limited resources.
- **CD-15: Wraparound Services for Youth** and **CD-17: Young Adult Crisis Stabilization** used data to balance workloads and staff schedules, adjust hours of operation, and match program participants with staff that have relevant experience and skills.
- **CD-02A: Youth Detention Prevention Behavioral Health Engagement** and **SI-01: Community Driven Behavioral Health Grants** used participant feedback on emergent issues like housing, food insecurity, or social isolation to identify where additional support services were needed.
- **TX-ADC: Adult Drug Court** drew upon national research to implement procedures that reduce disparities in drug court graduation rates.

Additional detail on continuous improvement activities and data informed adjustments is available online on the 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

[48] KCC 4A.500.309. [LINK]

an over- or under-estimation of feasible service delivery. In 2024, no MIDD initiatives adjusted their targets.

In 2024, 25 of the 45 MIDD initiatives with established targets (56 percent) exceeded target numbers, and an additional seven 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, lack of housing and placement options, lack of available resources in the community, and increased availability of synthetic substances such as fentanyl. As described in the Continuous Improvement section above, MIDD initiatives are revisiting program operations and processes, and leveraging partnerships and external resources, to address these challenges. Additional detail on program performance relative to targets and updates to performance measurement targets in 2024 is available at the MIDD Dashboard.

D. 2024 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 under-served populations. BHRD released four MIDD-funded procurements in 2024 for the following investments:

- **CD-03: Outreach and In-Reach System of Care** to support medical, behavioral health, and supportive services for people experiencing homelessness;
- **CD-06**: **Crisis Diversion Services** to expand the number of partners providing crisis diversion services and incorporate emerging best practices;
- **RR-03: Housing Capital and Rental** to fund permanent supportive housing for individuals with behavioral health needs. Additionally, this initiative supported a procurement for behavioral health facility improvements.



Ryther was one of 14 agencies awarded capital funds for behavioral health facilities improvements in 2024. Photo source: Ryther.

Additional detail on procurements is available at the MIDD Dashboard.

E. MIDD Fiscal Information

MIDD revenue projections were volatile during the 2023-2024 biennium, resulting in unique challenges in budgeting and financial management.

During the COVID-19 years, revenue projections were initially reduced, resulting in corresponding programmatic budget reductions. However, sales tax was more resilient than anticipated, leading to a subsequent restoration of funds. King County was able to re-allocate those funds; however, spending remained a challenge primarily due to workforce shortages, resulting in increased underspend and fund balance.

Early in the COVID-19 pandemic, revenues were initially projected to decrease, and commensurate programmatic reductions were implemented to align the MIDD budget with revenue projections. However, COVID-related revenue reductions did not occur as initially projected, resulting in

unanticipated funding available on a one-time basis. Carrying forward previously budgeted funds through supplemental budget ordinances in 2023 added more than $25 million (or 12 percent) to MIDD's expenditure authority for the biennium. This included more than $15 million to support one-time behavioral health facility capital investments.

For the 2023-2024 biennium, MIDD expended $198.6 million of its budgeted $234.3 million, or 85 percent of planned expenditures. The 2023-24 biennial spending total of $198.6 million is slightly higher than the amount of revenue collected under the MIDD tax during that same period. Therefore, DCHS is not taking further action to encourage higher expenditure rates at this time.

While sales tax revenue was lower than forecasted in 2024, MIDD did receive interest earnings of approximately $4.6 million, which was above forecasted levels due to its remaining fund balance as well as increasing interest rates. These additional funds offset the negative impact from revenue collections in 2024 that were lower than previously forecasted.

Figure 3 below includes a breakdown of biennial actuals to budget for the biennium.

Figure 3: 2023-2024 MIDD Fiscal Information

STRATEGY AREA	2023-2024 Budget	2023-2024 Actuals	Percent Spent
Prevention & Early Intervention[49,50]	$51,245,320	$43,787,640	85%
Crisis Diversion[50,51]	$65,520,595	$59,308,695	91%
Recovery & Reentry[51]	$45,452,920	$31,839,255	70%
System Improvement[51]	$14,143,362	$12,052,970	85%
Therapeutic Courts	$27,393,829	$25,544,138	93%
Special Projects[51]	$20,779,000	$17,020,695	82%
Administration & Evaluation	$9,758,763	$9,004,322	92%
Total	**$234,293,789**	**$198,557,715**	**85%**

[49] This MIDD Strategy contains many initiatives that receive braided funds. "Braiding" funds involves the combination of MIDD with other fund sources, which can include local, State, or Federal funding. For these strategies, charges to MIDD may be deferred in favor of other term limited funds.
[50] This MIDD Strategy had lower actual expenditures than originally budgeted due to timing of startup, staffing challenges, rollout of programming components, and/or procurement of services.
[51] Special Projects Strategy contains initiatives committing funds to long term projects. While MIDD appropriation authority is limited to the current biennium, we expect the appropriation of these funds to follow these projects until completion.

F. MIDD Dashboard

The MIDD Dashboard is the primary source of detailed data and information on MIDD initiative performance and outcomes. The dashboard contains nine tabs which, respectively, provide information on:

- 2024 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 2024, the dashboard contains additional demographic information, geographic data, performance measures, long-term outcomes, data-informed implementation adjustments, 2024 procurements, changes to targets, performance relative to targets, and expenditures by initiative.

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 Annual Report at their June, 2025 meeting.

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.[52]

G. Conclusion/Next Actions

MIDD funding is essential to the health of King County residents most in need of behavioral health supports.

In 2024, MIDD initiatives strengthened the community behavioral health system, expanding access to care for thousands of individuals. Programs prioritized culturally responsive and integrated support, including for immigrants, refugees, and those in underserved communities, ensuring more than 3,400 people from these communities received outpatient treatment and thousands more benefited from therapeutic interventions. Coordinated outreach efforts reconnected nearly 14,000 individuals to essential services, while behavioral health and housing programs improved long-term outcomes—reducing reliance on emergency departments, crisis services, and jail bookings.

MIDD supported the launch of Mobile Rapid Response Crisis Teams, with 27 fully staffed teams conducting over 2,500 outreaches. Additionally, 1,723 people in crisis received direct responses from mental health professionals through the Regional Crisis Response System, contributing to sustained

[52] MIDD Advisory Committee. [LINK]

improvements in stability and engagement in care. Through these collective efforts, MIDD funding helped drive new approaches, accessibility, and programming across King County's behavioral health landscape.

The behavioral health needs of King County's communities continue to evolve, and MIDD continues to adapt by tracking these changes and directing investments toward the greatest needs to the extent possible under the current MIDD 2 Implementation Plan. To ensure equitable access to necessary health care and responsiveness to critical system priorities, MIDD investments must prioritize the region's biggest behavioral health challenges. For example, increased MIDD investment in responsive, on-demand SUD services that align with where and how people want to receive these services is an opportunity that can benefit the health of King County residents. Further, local investments overall must be coordinated to complement and amplify federal and state funding to address longstanding inequities in behavioral health risks and outcomes, and work toward the accessible and effective system that King County is currently building.

With the current implementation of MIDD scheduled to end in 2025, the Executive was preparing a proposal for the sales tax's renewal at the time of this report's drafting. In addition, DCHS was engaging with community to inform development of plans for future behavioral health sales tax-funded programming.

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)[53]
King County Code 4A.500.309.D.1			
Performance measurement statistics	KCC 4A.500.309.D.1.a	Report Requirements Subsection A: MIDD Implementation and Results in 2024, Key MIDD Outcomes, Page 10.	"Measuring MIDD Performance" tab
Program utilization statistics	KCC 4A.500.309.D.1.b	Report Requirements Subsection A: • MIDD Implementation and Results in 2024, Pages 10-17. • Report Requirements Subsection B: MIDD Participants, Pages 17-19.	• "Who MIDD serves" tab • "Where MIDD participants live" tab • "Measuring MIDD performance" tab
Request for proposal and expenditure status updates	KCC 4A.500.309.D.1.c	Report Requirements Subsection D: 2024 Procurement Update, Page 21.	"What MIDD invests in" tab
Progress reports on evaluation implementation	KCC 4A.500.309.D.1.d	Report Requirements Subsection C: Evaluation and Continuous Improvement, Page 19-21.	• "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	KCC4A.500.309.D.1.e	Report Requirements Subsection B: Page 17-19.	• "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	KCC 4A.500.309.D.1.f	Report Requirements Subsection C: Updates to Performance Measurement Requirements, Page 20-21.	"How MIDD is improving" tab

[53] MIDD Dashboard. [LINK]

Reporting Element Language	Source	See Section(s) of This Report	See Also MIDD Online Dashboard Tab(s)[53]
1Recommendations on either program changes or process changes, or both, to the funded programs based on the measurement and evaluation data	KCC4A.500.309.D.1.g	Report Requirements Subsection C: Continuous Improvement and Data Informed Adjustments, Page 20.	"How MIDD is improving" tab
Summary of cumulative calendar year data	KCC 4A.500.309.D.1.h	• Report Requirements Subsection A: Accomplishments and Effectiveness in 2024, Pages 10-17. • Report Requirements Subsection B: MIDD Participants, Pages 17-19.	"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, Pages 16-17.	
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 Best Starts, 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 2024, • Report Requirements Subsection B: Figure 2: Residential ZIP codes of People Served Through MIDD, Page 19.	"Where MIDD participants live" tab

Appendix B: MIDD Investments in 2024

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)	
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.	
Initiative Code	**MIDD Initiatives in 2024**
PRI-01: **Screening, Brief Intervention and Referral to Treatment (SBIRT)**	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 (JJYBHA)**	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/GRAT 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.
PRI-05: **School-Based Screening,**	School-Based SBIRT provides a structured approach to promoting social and emotional health and strives to prevent substance use among middle and high

Brief Intervention and Referral to Service / Treatment (School-Based SBIRT)	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 (MHFA)**	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 (CIT)- First Responders**	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 and 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.
PRI-11 Community Based 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. Additionally, this initiative supports culturally specific and responsive organizations to provide

	behavioral health programming with a therapeutic intent to individuals and/or communities that are not well served by the mainstream system.

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 2024**
CD-01: **Law Enforcement Assisted Diversion (LEAD)**	Through 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 connect participants to stabilizing services such as housing and employment through a low-barrier, harm reduction approach.
CD-02A: Youth Connection Services	The Youth Connection Services program is part of King County's coordinated and expanded approach to supporting young people who are experiencing behavioral health concerns and are involved with, or at risk of involvement with, the juvenile legal system. MIDD funding supports a program director, two parent partners, and two youth peers to provide short-term, community-based behavioral health support and system navigation to young people and their families.
CD-02B: Family Court Services (FCS) Behavioral Health Program	The FCS Behavioral Health program is part of King County's coordinated and expanding approach to preventing young people from becoming involved with, or becoming at risk of prolonged involvement with, the juvenile legal system as result of a BECCA petition filing. FCS partners with the Institute for Family Development (IFD) to provide short-term, community-based behavioral health supports 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 experiencing homelessness with behavioral health conditions in downtown Seattle and south and east King County. The initiative works with contracted agencies to remove barriers to care and provide integrated physical and behavioral health care to reduce participants' reliance on crisis services, emergency departments, crisis facilities, and psychiatric hospitals, as well as their engagement with the criminal legal system.
CD-04: **South County Crisis Diversion Services**	In March 2024 the MIDD Advisory Committee approved 1) merging CD-04: South County Crisis Diversion Services with CD-06, and 2) renaming CD-06 from **Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team** to **Crisis Diversion Services** in anticipation of the release of a competitive Request for Proposals to expand the number of partners providing crisis diversion services and incorporate emerging best practices.
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: **Crisis Diversion Services**	Crisis Diversion Services provide voluntary community-based interventions to adults who are experiencing an emotional or behavioral health crisis. This initiative includes three program components: the Crisis Diversion Facility, Crisis Diversion Interim Services (collectively called Crisis Diversion Beds), and the Mobile Rapid Response Crisis Teams (MRRCTs). The goal of MRRCTs is to reduce dependency on and involvement of emergency responders and to decrease the likelihood of involuntary processes, including detaining individuals under the Washington State Involuntary Treatment Act (ITA). *In March 2024 the MIDD Advisory Committee approved 1) merging CD-04: South County Crisis Diversion Services with CD-06, and 2) renaming CD-06 from **Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team** to **Crisis Diversion Services** in anticipation of the release of a competitive Request for Proposal to expand the number of partners providing crisis diversion services and incorporate emerging best practices.
CD-07: **Multipronged Opioid Strategies**	Multipronged 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 MOUD.
CD-08: **Children's Domestic Violence Response Team (CDVR)**	CDVRT provides behavioral health treatment, linkage 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 complex systems, including the legal, housing, and school system.
CD-10: **Next Day Crisis Appointments (NDAs)**	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)**	CCORS provides countywide crisis response to children, youth, and their families who are affected by interpersonal conflict or severe emotional or behavioral concerns, and whose living situations may be at imminent risk of disruption. 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 services across systems.
CD-12: **Parent Partners Family Assistance**	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)**	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, 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 Facility (CORS-YA)**	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 responding to crisis events.
CD-18A: **Regional Crisis Response System (RCR)**	RCR is a behavioral health first response model in which crisis responders, who are mental health professionals, deploy through the 911/public safety system to provide de-escalation and connect individuals experiencing behavioral health crises to 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.
CD-18B: Therapeutic Response Unit (TRU)	TRU, operated by the King County Sheriff's Office, partners sheriff deputies with mental health professionals (MHPs) to co-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.

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 2024**

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 chronic homelessness and who have been unsuccessful in maintaining housing due to ongoing behavioral health challenges.
RR-02: **Behavioral Health Services at Community Center for Alternative Programs**	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 area median income). This initiative also invests in the improvement, repair, renovation, and expansion of behavioral health facilities.
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 (ADC)**	Housing Vouchers for 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.
RR-06A: **Jail Reentry System of Care**	Jail Reentry System of Care funds reentry case management services providing linkages to behavioral health treatment, public benefits, and access to basic needs for unstably housed adults not enrolled in other services. It provides these services to those who are transitioning out of municipal jails in south and east King County, the Maleng Regional Justice Center and other partner programs, and are reentering back into the community.
RR-06B: Jail Coordinated Discharge	Jail Coordinated 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 experiencing homelessness. Upon release, individuals receive a supply of medications, culturally appropriate linkages to care, next day appointments for substance use disorder (SUD) treatment, and re-entry items (identification, phone, clothing, hygiene kits, transportation, Medicaid enrollment, 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 criminal legal system involvement through an evidence-based approach to reentry.
RR-08: **Hospital Re-entry Respite Beds**	Hospital Re-entry 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 employment support; and participate in opportunities for volunteer service.
RR-10: **Behavioral Health Employment Services and 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 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 use their lived experience and skills to collaborate with inpatient treatment teams, assist in discharge planning and transition, and partner with program participants post-discharge to ensure connections are made to outpatient behavioral health care, primary care, and other natural supports.
RR-11B: **Substance Use Disorder (SUD) Peer Support**	SUD 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.
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, public safety, and reduces harm.
RR-15: **Pretrial Assessment and Linkage Services (PALS)**	The PALS program provides substance use disorder assessments and outpatient behavioral health services to non-Medicaid-enrolled pretrial individuals whose criminal cases are assigned to the Maleng Regional Justice Center and the Federal Way Municipal Court. Individualized, culturally responsive, trauma-informed services include substance use disorder assessments, outpatient treatment, and linkages to other community-based services.

System Improvements (SI)	
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.	
Strategy Code	**MIDD Initiatives in 2024**
SI-01: Community-Driven Behavioral Health Grants	Community Driven Behavioral Health Grants increase access to culturally and linguistically appropriate behavioral health services. By directly funding community based organizations to design and implement service approaches that meet their needs, this initiative seeks to overcome barriers to behavioral health service participation and recovery programming experienced by Black, Indigenous, and People of Color (BIPOC) in King County and other marginalized communities.
SI-02: **Behavioral Health Services in Rural King County**	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.
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 broader access to treatment, better treatment services, and recovery support services.
SI-04: Workforce Development	Workforce Development supports providers to receive specialized training in clinical skills, such as Dialectical Behavior Therapy. This initiative also funds the annual umbrella license for 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.
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.

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 2024**
TX-ADC: **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 (FTC)**	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.
TX-JTRAC-BHR: **Juvenile Therapeutic Response and Accountability Court-Behavioral Health Response**	Juvenile Therapeutic Response and Accountability Court-Behavioral Health Response provides an incentive-driven program to help youth involved in the criminal legal system who are struggling with substance use, and who have criminal offenses, reduce the likelihood of continued legal system involvement. The initiative's holistic continuum of care model takes a culturally responsive approach and supports completion.
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 are based on 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.