

MIDD 2 FRAMEWORK Revised 8.10.16		
MIDD RESULT		
People living with, or at risk of behavioral health conditions, are healthy, have satisfying social relationships, and avoid criminal justice involvement.		
MIDD THEORY OF CHANGE		
When people who are living with or who are at risk of behavioral health conditions utilize culturally relevant prevention and early intervention, crisis diversion, community reentry, treatment, and recovery services, and have stable housing and income, they will experience wellness and recovery, improve their quality of life, and reduce involvement with crisis, criminal justice and hospital systems.		
OUTCOMES		
Population Indicators	MIDD and other King County and community initiatives contribute to the overall health and well-being of King County residents that is demonstrated by positive changes in population	<ul style="list-style-type: none"><li>Emotional health – rated by level of mental distress</li><li>Daily functioning - rated by limitations to due to physical, mental or emotional problems</li><li>Reduced or eliminated alcohol and substance use</li><li>Health rated as ‘very good’ or ‘excellent’</li><li>Housing stability</li><li>Representation of people with behavioral health conditions within jail, hospitals and emergency departments</li></ul>
MIDD 2 Strategy Areas	SAMPLE <sup>i</sup> MIDD 2 Performance Measures (to be refined after specific programs/services are selected)	
Prevention and Early Intervention	<p><b>How much? Service capacity measures</b></p> <ul style="list-style-type: none"><li>Increased number of people receiving substance abuse and suicide prevention services</li><li>Increased number of people receiving screening for health and behavioral health conditions within behavioral health and primary care settings</li></ul> <p><b>How well? Service quality measures</b></p> <ul style="list-style-type: none"><li>Increased treatment and trainings in non-traditional settings (day cares, schools, primary care)</li><li>Increased primary care providers serving individuals enrolled in Medicaid</li></ul> <p><b>Is anyone better off? Individual outcome measures</b></p> <ul style="list-style-type: none"><li>Increased use of preventive (outpatient) services</li><li>Reduced use of drugs and alcohol in youth &amp; adults</li><li>Increased employment and/or attainment of high school diploma and post-secondary credential</li><li>Reduced risk factors for behavioral health problems (e.g., social isolation, stress, etc.)</li></ul>	
Crisis Diversion	<p><b>How much? Service capacity measures</b></p> <ul style="list-style-type: none"><li>Increased capacity of community alternatives to hospitalization and incarceration (e.g., crisis triage, respite, LEAD, therapeutic courts, etc.)</li></ul> <p><b>How well? Service quality measures</b></p> <ul style="list-style-type: none"><li>Increased use of community alternatives to hospitalization and incarceration by first responders</li></ul> <p><b>Is anyone better off? Individual outcome measures</b></p> <ul style="list-style-type: none"><li>Reduced unnecessary hospitalization, emergency department use and incarceration</li><li>Decreased length and frequency of crisis events</li></ul>	
Recovery and Reentry	<p><b>How much? Service capacity measures</b></p> <ul style="list-style-type: none"><li>Increased in affordable, supported, and safe housing</li><li>Increased availability of community reentry services from jail and hospitals</li><li>Increased capacity of peer supports</li></ul> <p><b>How well? Service quality measures</b></p> <ul style="list-style-type: none"><li>Increased linkage to employment, vocational, and educational services</li><li>Increased linkage of individuals to community reentry services from jail or hospital</li><li>Increased housing stability</li></ul> <p><b>Is anyone better off? Individual outcome measures</b></p> <ul style="list-style-type: none"><li>Increased employment and attainment of high school diploma and post-secondary credential</li><li>Improved wellness self-management</li><li>Improved social relationships</li><li>Improved perception of health and behavioral health issues and disorders</li><li>Decreased use of hospitals and jails</li></ul>	

<div><div>System Improvements</div><div>Strengthen the behavioral health system to become more accessible and deliver on outcomes</div></div>	<div><div><b>How much? Service capacity measures</b></div><div><ul style="list-style-type: none"><li>Expanded workforce including increased provider retention</li><li>Decreased provider caseloads</li><li>Increased culturally diverse workforce</li><li>Increased capacity for outreach and engagement</li><li>Increased workforce cross-trained in both mental health and substance abuse treatment methods</li></ul></div></div> <div><div><b>How well? Service quality measures</b></div><div><ul style="list-style-type: none"><li>Increased accessibility of behavioral health treatment on demand</li><li>Increased accessibility of services via: hours, geographic locations, transportation, mobile services</li><li>Increased application of recovery, resiliency, and trauma-informed principles in services and outreach</li><li>Right sized treatment for the individual</li><li>Increased use of culturally appropriate evidence-based or promising behavioral health practices</li><li>Improved care coordination</li><li>MIDD is funder of last resort</li></ul></div></div> <div><div><b>Is anyone better off? Individual outcome measures</b></div><div><ul style="list-style-type: none"><li>Improved client experience of care</li></ul></div></div>
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Please note that this is a living document; the contents of this document are subject to change and modification.

**Adopted MIDD 1 Policy Goals:**

1. A reduction in the number of mentally ill and chemically dependent people using costly interventions, such as, jail, emergency rooms, and hospitals.

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

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

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

5. Explicit linkage with, and furthering the work of, other county efforts including, the Adult and Juvenile Justice Operational Master plans, the Plan to End Homelessness, the Veterans and Human Services Levy Service Improvement Plan and the County Recovery Plan.

These goals may be revised for the MIDD Service Period 2017-2025