



"Research & Training to Improve Clinical Care"



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GA-U Mental Health Pilot Project Implementation Status Report Executive Summary

Background

In Spring, 2007, the Washington State Legislature allocated \$3.4 million over the subsequent biennium to add mental health services to an existing pilot project administered by Community Health Plan in King and Pierce Counties for the General Assistance-Unemployable (GA-U) segment of the Medicaid population. This mental health pilot is based on a model of collaborative care developed and tested at the University of Washington (UW) Department of Psychiatry and Behavioral Sciences. It is based on a stepped-care model where all GA-U clients are assessed by primary care clinic-based care coordinators. Care coordinators support clients' primary care providers in caring for clients' mental health needs; they do this in consultation with a consulting psychiatrist. This is referred to as "Level 1" care. Clients who are clinically too complex to be cared for in primary care (Level 1) are referred for additional care to a community mental health center ("Level 2").

Level 1 clients are those who do not require or who do not wish to use specialty mental health services but who are eligible to receive treatment for their mental health needs in primary care. As described above, Level 1 care is based on a team approach that involves a care coordinator, the client's regular primary care provider, primary care-based mental health staff (at some sites), and a consulting psychiatrist.

Level 2 clients are those who qualify for and are referred to specialized mental health services provided by community mental health centers. Clients referred to Level 2 continue to have a "medical home" in the primary care clinics to address medical needs. The first clients began receiving mental health benefits through this program in January, 2008.

Client description

Clients are, on average, 43 years old and range in age from 19 to 65 years. 56% of clients are male and 44% are female. Among Level 1 clients, depression is the most common diagnosis (66%) followed by anxiety (32%), and alcohol/substance abuse (15%). Among Level 2 clients, the most common diagnoses are bipolar disorder (17%), major depression (15%), and post traumatic stress disorder (11%). Levels of depression and anxiety are in the severe to high moderate range. When asked about barriers to self care, approximately 22% of clients report being concerned about housing, 10% about finding someone who could help them (support), and 75% about having dependable transportation.

Findings

The UW Center for Healthcare Improvement for Addictions, Mental Illness and Medically Vulnerable Populations (CHAMMP) is responsible for tracking progress of program implementation. A summary of findings is presented below, with graphic and tabular summaries in the pages that follow. Findings are reported for the period January through May, 2008. All findings are taken from the project's Mental Health Integrated Tracking System (MHITS) database which may contain an under-reporting of actual project activities due to incomplete data entry.

How is client enrollment progressing?

- In the first five months of the project, **916 clients were identified to be screened for eligibility in the GA-U Mental Health Pilot Project.**
- **Of the 916 identified for screening, 791 (86%) were found eligible for mental health services.** It was originally expected that about 45% of the GA-U population would have mental health needs. The 86% identification rate suggests that, up to this point in time, screening has occurred for a selective subset of the population who exhibit more obvious mental health problems.
- **Of the 916 identified, 710 were enrolled (i.e., "open") in May, representing 40% of the originally projected maximum enrollment for any one point in time.**
- The number of open cases has increased each month with 710 Level 1 cases in May 2008, of whom 235 were referred to Level 2. **The Level 2 cases open in May are using approximately 66% of the allocated slots.**

To what extent are GA-U clients screened for mental health problems?

- Over the first five months of the pilot, **almost 77% of enrolled clients were given at least one of three required screening instruments** as part of their initial clinical assessment. **This is noteworthy progress as, before the pilot, very few clients were getting screened for the presence of mental health or substance abuse problems.**
- Almost 76% of clients screened were given the Patient Health Questionnaire-9 (PHQ-9), an instrument that measures depression--the most common clinical problem encountered in this population.
- Although required, less than a third of enrolled clients were given the Generalized Anxiety Disorder-7 (GAD-7) screening instrument or the Global Appraisal of Individual Needs Short Screener (GAIN-SS) for substance abuse problems.

To what extent are GA-U clients referred to GA-X, CD, and DVR services?

- During the first five months of the project, 16 Level 1 clients were referred to General Assistance-Expedited (GA-X), with 9 actually completing the referral (56%). Among Level 2 clients, 39 were referred to GA-X, with 13 actually completing the referral (33%).
- 18 Level 1 clients were referred to chemical dependency treatment, with 5 actually completing the referral (28%). Among Level 2 clients, 16 were referred, with 14 actually completing the referral (88%).
- 8 Level 1 clients were referred to the Division of Vocational Rehabilitation (DVR) Services, with 4 actually completing the referral (50%). Among Level 2 clients, 33 were referred, with 10 actually completing the referral (30%).

What percent of GA-U clients are seen in follow-up visits?

- Over the first five months of the pilot, approximately 38% of Level 1 clients had at least one follow up visit within four weeks of their clinical assessment.
- Approximately 57% of Level 2 clients had at least one follow up visit within four weeks of their clinical assessment.

Are GA-U clients improving clinically?

- **Caution:** In general, it takes a minimum of 10 to 12 weeks to see substantial clinical improvement in clients such as those being served in the GA-U Mental Health Pilot Project. At the end of May, very few clients had been enrolled in the pilot for this length of time. Thus, **the reader is advised to interpret findings regarding clinical improvement with caution as they are very preliminary.**
- Among Level 1 clients, **approximately 26% of clients who have been in treatment for 10 weeks or longer had a 50% improvement in their depression symptoms**—50% improvement is regarded as clinically meaningful.
- Similarly, **approximately 23% of Level 1 clients had a 50% improvement in their anxiety symptoms.**
- There were too few Level 2 clients enrolled in the pilot for 10 weeks or more to assess clinical improvement at this time.

Summary and recommendations for the future

Considering that the GA-U Mental Health Pilot Project has been underway for less than six months, **its progress has been impressive.** In particular, enrollment has been steady and screenings, especially for depression, are being implemented at a high rate. It is important to remember that prior to January, 2008, few, if any, GA-U clients were screened for mental health or substance abuse problems in a systematic way and, further, relatively few received mental health services.

As the project progresses, **it will be important to monitor the percent of Level 1 clients enrolled in relation to the projected maximum enrollment for any one point in time.** At the end of May, 2008, it was at 40% but, as time goes on, will be expected to rise. **For Level 2, it will be important to monitor the percent of allocated slots used.** It was 66% in May, 2008 but, as in Level 1, this will be expected to rise.

As the implementation continues, **it will be important to track the extent to which clients are given all three of the required screens.** Although screening for depression is being carried out at a high level, screening for anxiety and substance abuse is not. **We may be missing important opportunities for identifying anxiety and substance abuse problems—as well as for the ability to treat or refer clients to appropriate services.** This is especially true for chemical dependency services where treatment is readily available for clients with GA-U status at the present time.

The GA-U pilot offers an important opportunity to refer clients to GA-X, chemical dependency treatment, and vocational rehabilitation services. **As the pilot continues, this is another area where it will be important to track progress.** Referrals from GA-U to GA-X have been ongoing for a number of years in all counties throughout the state. As such, it is a system that is well established and known to most professionals who work with the GA-U population. The links to chemical dependency treatment and vocational services, however, are less well-established and, as such, will require more effort to develop cross-system collaboration. Nonetheless, it appears that referrals to both chemical dependency treatment and vocational rehabilitation are well underway, despite the relative newness of these collaborations.

Another area for quality improvement is the rate and frequency of follow-up and the continuity of care provided for both Level 1 and Level 2 clients. Improvement in currently observed follow-up rates will be an important element in the project's ability to demonstrate significant clinical gains in the majority of program participants.

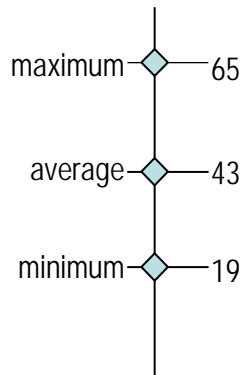
Since the pilot has only been underway since January, 2008, **there is relatively little information about the proportion of clients with follow-up after their initial assessment and even less information about their clinical outcomes. For this reason, we ask the reader to interpret these preliminary data with caution.** It is critically important to continue tracking this information as time goes on as these are both are central to the purpose of the project.

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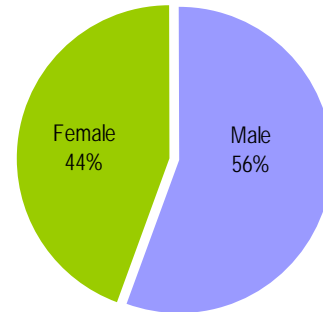
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Client Description

Age at Enrollment (as of 6/13/08)¹

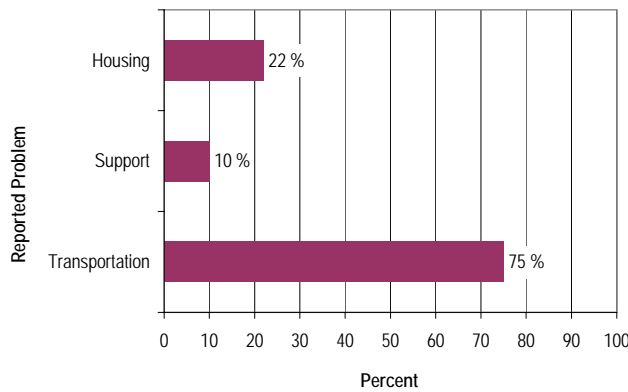


Gender



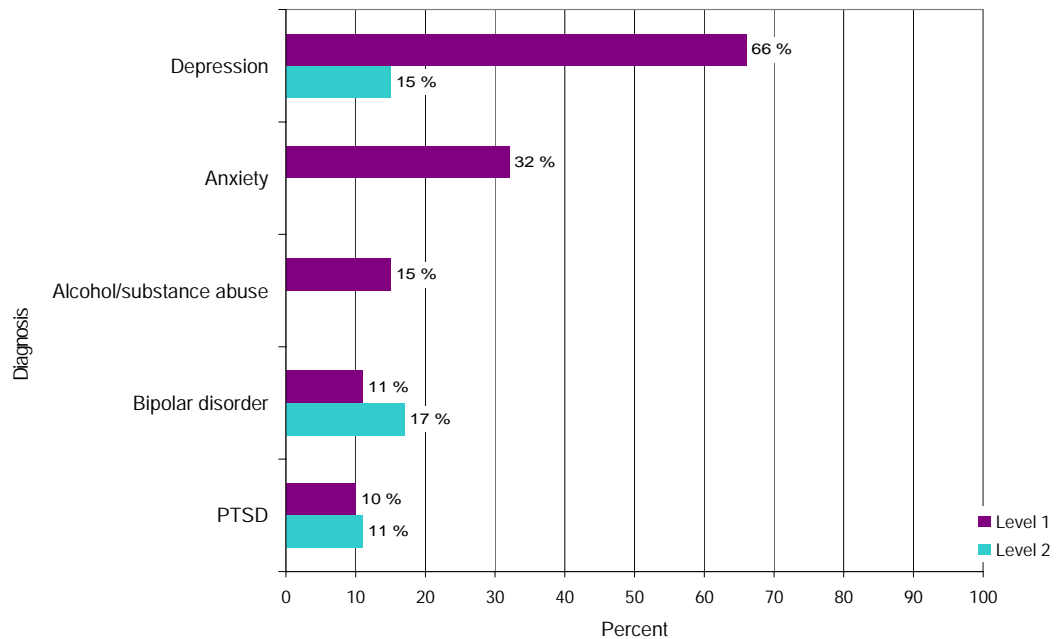
¹ All demographic data were recorded as of 6/13/08.

Reported Problem²



² The graph shows percent of clients who, when asked about barriers to self-care, are concerned about their housing situation, having someone who can help them (support), and having dependable transportation.

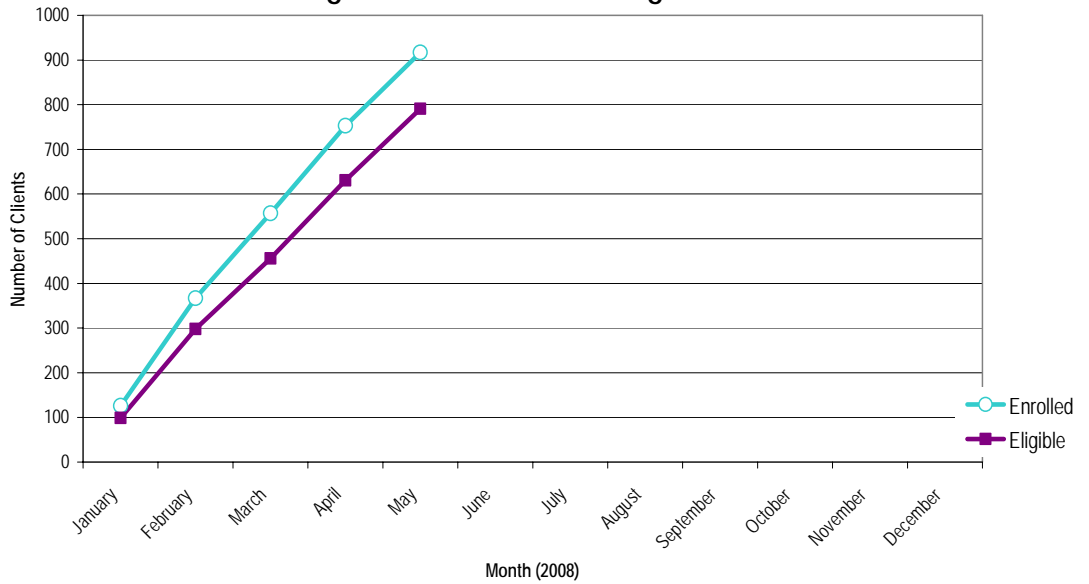
Diagnosis³



³ These diagnoses were recorded by care managers and coordinators; they were not made on the basis of a structured interview. For Level 1, diagnoses were recorded at the initiation of clinical assessment. For Level 2, diagnoses were recorded at the most recent contact. Percents refer to any diagnosis that was made for a client, and clients could have more than one diagnosis.

Enrollment and Eligibility

Cumulative Number of GA-U Clients Identified for Screening and Number Found Eligible Over Time¹



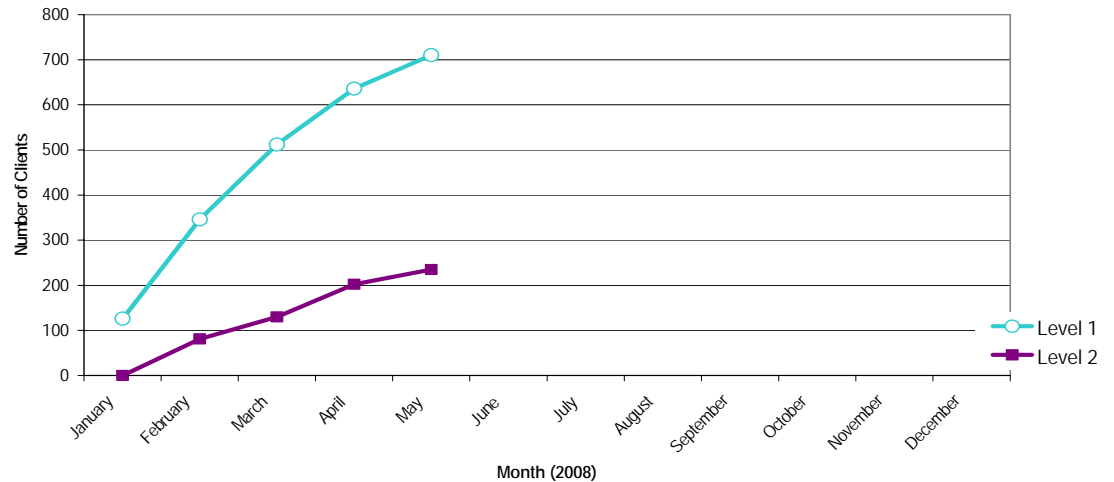
¹ "Identified for screening" includes clients currently enrolled as well as those discharged for the following reasons: did not qualify, treatment completed, other reasons. "Eligible" includes clients currently enrolled as defined above with the exclusion of clients who did not qualify.

Cumulative Number of GA-U Clients Identified for Screening and Found Eligible by Month and Site (as of May 2008)

Site	<u>Cumulative Number Identified for Screening</u>					<u>Cumulative Number Eligible</u>				
	Jan	Feb	Mar	Apr	May	Jan	Feb	Mar	Apr	May
<u>LEVEL 1</u>										
CHC of King County	67	188	283	355	412	41	128	193	247	302
Community Health Care	4	61	87	121	155	4	53	77	110	143
Country Doctor CHC	5	21	28	38	45	5	21	28	39	46
Harborview Medical Center	8	16	33	49	74	8	16	33	49	74
International CHS	12	17	21	28	32	12	17	21	28	32
Puget Sound NHC	26	55	81	119	147	25	54	79	116	143
SeaMar CHC	4	9	25	42	51	4	9	25	42	51
TOTAL	126	367	558	752	916	99	298	456	631	791

Clients in Open Status

Number of Open¹ GA-U Clients in Level 1 and Level 2 by Month



¹ For Level 1, "open" refers to clients who have been enrolled and not discharged, including: unassigned, assigned to Level 1 and assigned to Level 2. For Level 2, "open" refers to clients who have been referred to Level 2 and have not been discharged.

Number of Open GA-U Clients by Month and Site

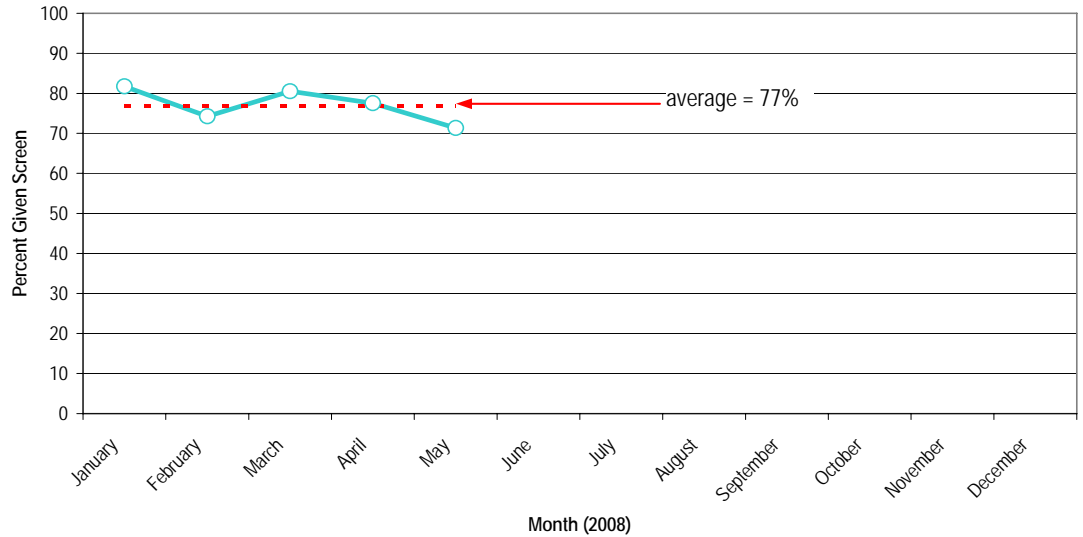
Site	Projected maximum enrollment (PME) ²	January (% of PME)	February (% of PME)	March (% of PME)	April (% of PME)	May (% of PME)
LEVEL 1						
CHC of King County	450	67 (15%)	171 (38%)	244 (54%)	261 (58%)	267 (59%)
Community Health Care	300	4 (1%)	60 (20%)	85 (28%)	108 (36%)	122 (41%)
Country Doctor CHC	150	5 (3%)	21 (14%)	28 (19%)	39 (26%)	44 (29%)
Harborview Medical Center	300	8 (3%)	16 (5%)	33 (11%)	49 (16%)	70 (23%)
International CHS	75	12 (16%)	17 (23%)	21 (28%)	28 (37%)	31 (41%)
Puget Sound NHC	300	26 (9%)	52 (17%)	76 (25%)	110 (37%)	130 (43%)
SeaMar CHC	150	4 (3%)	9 (6%)	25 (17%)	41 (27%)	46 (31%)
TOTAL	1770	126 (7%)	346 (20%)	512 (29%)	636 (36%)	710 (40%)
	Allocated slots (AS)³	(% of AS)	(% of AS)	(% of AS)	(% of AS)	(% of AS)
LEVEL 2						
Community Psychiatric Clinic	25	0 (0%)	7 (28%)	7 (28%)	18 (72%)	26 (104%)
Consejo Counseling & Referral Services	10	0 (0%)	1 (10%)	3 (30%)	4 (4%)	5 (50%)
Downtown Emergency Service Center	25	0 (0%)	0 (0%)	0 (0%)	6 (24%)	8 (32%)
Greater Lakes Mental Health Care	80	0 (0%)	29 (36%)	44 (55%)	61 (76%)	64 (80%)
Harborview Mental Health Services	45	0 (0%)	8 (18%)	13 (29%)	25 (56%)	35 (78%)
Highline-West Seattle Mental Health Center	45	0 (0%)	16 (36%)	21 (47%)	34 (76%)	40 (89%)
SeaMar Community Health Centers - Seattle	20	0 (0%)	0 (0%)	0 (0%)	0 (0%)	3 (15%)
SeaMar Community Health Centers - Tacoma	27	0 (0%)	0 (0%)	1 (4%)	5 (19%)	6 (22%)
Sound Mental Health	25	0 (0%)	15 (60%)	31 (124%)	35 (140%)	28 (112%)
Therapeutic Health Services	10	0 (0%)	0 (0%)	1 (10%)	1 (10%)	1 (10%)
Valley Cities Counseling & Consultation	45	0 (0%)	5 (11%)	9 (20%)	13 (29%)	19 (42%)
TOTAL	357	0 (0%)	81 (23%)	130 (36%)	202 (57%)	235 (66%)

² Established in a 2006 concept paper. Subject to revision per public evaluation.

³ "Slots" refers to the number of clients who can be accommodated in Level 2 at any given point in time. These numbers were established in a 2006 concept paper, and they are subject to revision per public evaluation.

Percent of Clients Screened

Percent of Enrolled GA-U Clients Given At Least 1 of 3 Required Screening Instruments¹ during Initial Clinical Assessment by Month of Enrollment



¹ Patient Health Questionnaire-9 (PHQ-9) (depression scale), Generalized Anxiety Disorder-7 (GAD-7) (anxiety scale), or Global Appraisal of Individual Needs – Short Screener (GAIN SS) (substance abuse scale).

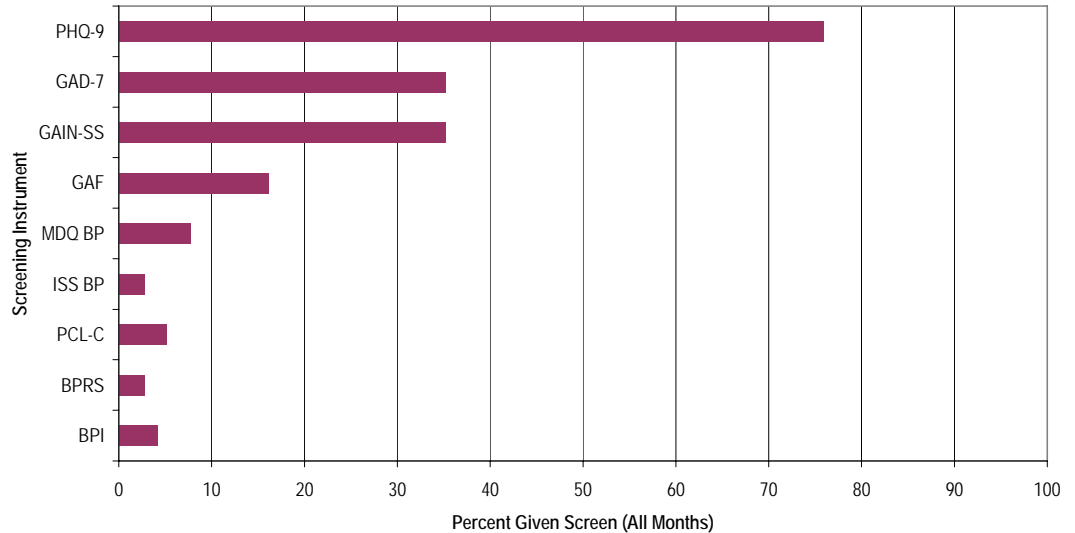
Number and Percent of Enrolled GA-U Clients Given At Least 1 of 3 Required Screening Instruments during Initial Clinical Assessment by Month of Enrollment and Site

Site	January Number (%)	February Number (%)	March Number (%)	April Number (%)	May Number (%)
LEVEL 1					
CHC of King County	65 (97%)	118 (98%)	93 (98%)	71 (99%)	53 (93%)
Community Health Care	4 (100%)	25 (44%)	9 (36%)	9 (26%)	14 (41%)
Country Doctor CHC	5 (100%)	11 (69%)	7 (100%)	11 (100%)	7 (100%)
Harborview Medical Center	6 (75%)	7 (87%)	13 (76%)	14 (87%)	15 (60%)
International CHS	12 (100%)	5 (100%)	4 (100%)	7 (100%)	4 (100%)
Puget Sound NHC	7 (27%)	8 (28%)	11 (42%)	27 (69%)	20 (71%)
SeaMar CHC	4 (100%)	5 (100%)	16 (100%)	13 (76%)	4 (44%)
TOTAL	103 (82%)	179 (74%)	153 (80%)	152 (78%)	117 (71%)

Percent of Clients Screened

Percent of Enrolled GA-U Clients Given Each Screening Instrument¹ during Initial Clinical Assessment

¹ PHQ-9 = Patient Health Questionnaire-9 (depression scale), GAD-7 = Generalized Anxiety Disorder-7 (anxiety scale), GAIN SS = Global Appraisal of Individual Needs – Short Screener (substance abuse scale), GAF = Global Assessment of Functioning Scale, MDQ BP = Mood Disorder Questionnaire (bipolar scale), ISS BP = Internal State Scale (bipolar scale), PCL-C = PTSD (post-traumatic stress disorder) Checklist Civilian Version (PTSD screener), BPRS = Brief Psychiatric Rating Scale (psychosis scale), BPI = Brief Pain Inventory.

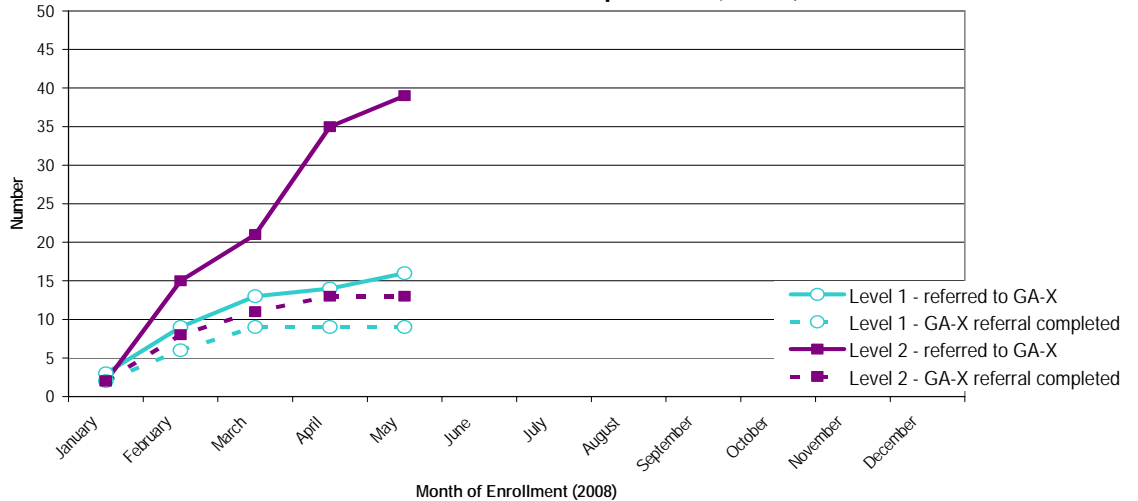


Percent of Enrolled GA-U Clients Given Each Screening Instrument during Initial Clinical Assessment by Site (as of May 2008)

Site	PHQ-9	GAD-7	GAIN-SS	GAF	MDQ BP	ISS BP	PCL-C	BPRS	BPI
<u>LEVEL 1</u>									
CHC of King County	96.7	18.7	17.8	1.9	6.8	1.4	4.4	0.9	1.4
Community Health Care	37.0	37.0	38.9	24.1	14.2	8.6	11.7	5.6	13.6
Country Doctor CHC	88.0	80.0	82.0	52.0	30.0	10.0	12.0	14.0	4.0
Harborview Medical Center	75.3	74.0	70.1	51.9	2.6	0.0	0.0	1.3	0.0
International CHS	100.0	68.8	50.0	15.6	3.1	0.0	0.0	3.1	0.0
Puget Sound NHC	48.1	23.1	31.4	14.1	1.3	0.6	1.3	2.6	1.9
SeaMar CHC	82.1	76.8	69.6	26.8	3.6	1.8	5.4	1.8	12.5
TOTAL	75.9	35.2	35.2	16.1	7.7	2.8	5.1	2.8	4.2

Referrals to GA-X

Cumulative Number of GA-U Clients in Level 1 and Level 2 Referred to and Completed Referral¹ to General Assistance - Expedited (GA-X)



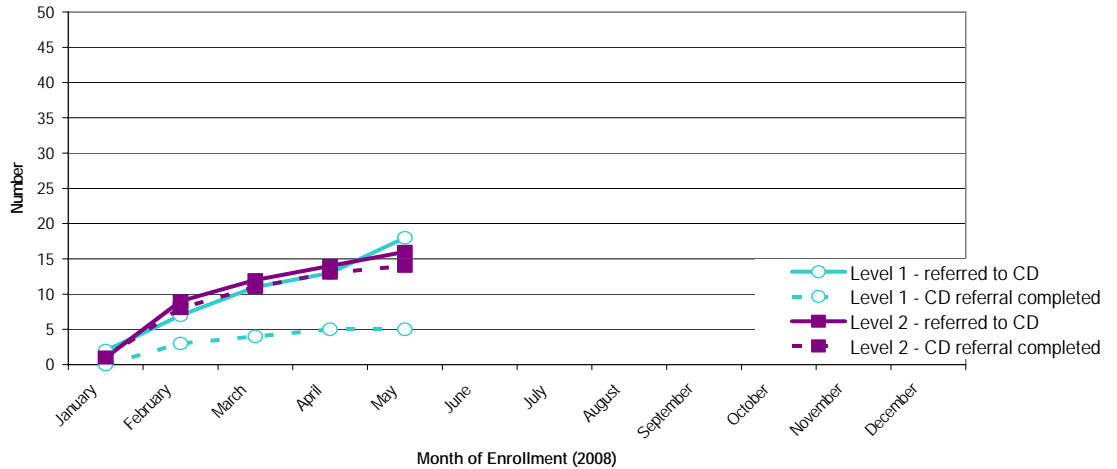
¹ A referral is considered complete when any of the following applies: client followed through, client refused, service not available, no longer necessary, other. Pending is not counted as a completed referral.

Cumulative Number of GA-U Clients Referred (Ref.) to and Completed Referral (Comp.) to GA-X by Month of Enrollment and Site

Site	January		February		March		April		May	
	Ref	Comp	Ref	Comp	Ref	Comp	Ref	Comp	Ref	Comp
LEVEL 1										
CHC of King County	0	0	0	0	0	0	0	0	0	0
Community Health Care	1	1	5	4	7	6	8	6	9	6
Country Doctor CHC	1	1	1	1	1	1	1	1	1	1
Harborview Medical Center	1	0	1	0	2	1	2	1	3	1
International CHS	0	0	0	0	0	0	0	0	0	0
Puget Sound NHC	0	0	1	1	1	1	1	1	1	1
SeaMar CHC	0	0	1	0	2	0	2	0	2	0
TOTAL	3	2	9	6	13	9	14	9	16	9
LEVEL 2										
Community Psychiatric Clinic	0	0	0	0	0	0	0	0	0	0
Consejo Counseling & Referral Services	0	0	0	0	0	0	0	0	0	0
Downtown Emergency Service Center	0	0	2	0	3	0	3	0	3	0
Greater Lakes Mental Health Care	1	1	9	5	11	6	23	7	26	7
Harborview Mental Health Services	1	1	3	3	6	5	8	6	8	6
Highline-West Seattle Mental Health Center	0	0	0	0	0	0	0	0	1	0
SeaMar Community Health Centers - Seattle	0	0	0	0	0	0	0	0	0	0
SeaMar Community Health Centers - Tacoma	0	0	0	0	0	0	0	0	0	0
Sound Mental Health	0	0	1	0	1	0	1	0	1	0
Therapeutic Health Services	0	0	0	0	0	0	0	0	0	0
Valley Cities Counseling & Consultation	0	0	0	0	0	0	0	0	0	0
TOTAL	2	2	15	8	21	11	35	13	39	13

Referrals to CD

Cumulative Number of GA-U Clients in Level 1 and Level 2 Referred to and Completed Referral¹ to Chemical Dependency (CD) Treatment



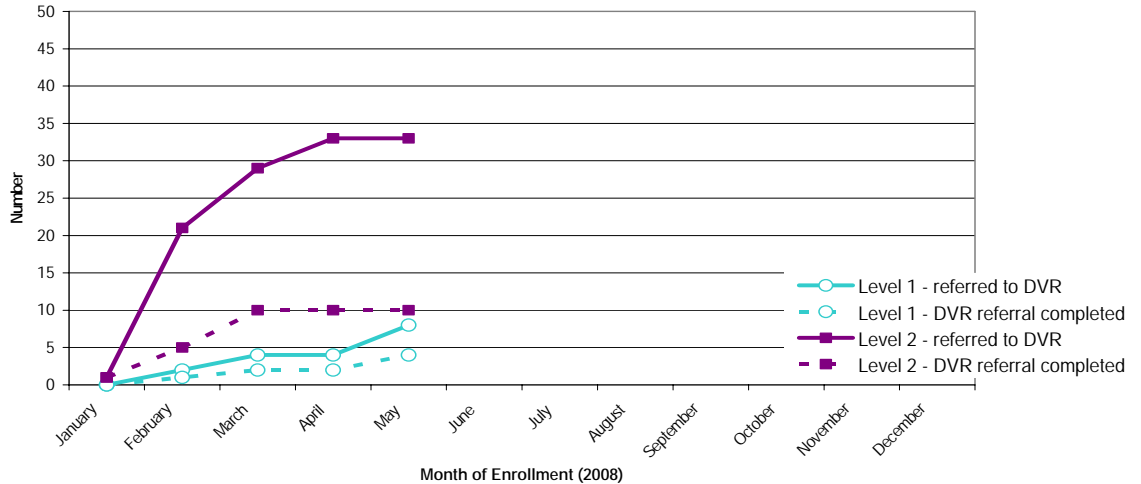
¹ A referral is considered complete when any of the following applies: client followed through, client refused, service not available, no longer necessary, other. Pending is not counted as a completed referral.

Cumulative Number of GA-U Clients Referred (Ref.) to and Completed Referral (Comp.) to CD Treatment by Month of Enrollment and Site

Site	January		February		March		April		May	
	Ref	Comp	Ref	Comp	Ref	Comp	Ref	Comp	Ref	Comp
LEVEL 1										
CHC of King County	1	0	2	0	5	1	5	1	9	1
Community Health Care	0	0	1	1	1	1	1	1	2	1
Country Doctor CHC	0	0	0	0	0	0	0	0	0	0
Harborview Medical Center	0	0	1	1	1	1	2	1	2	1
International CHS	0	0	0	0	0	0	0	0	0	0
Puget Sound NHC	0	0	1	0	2	0	2	0	2	0
SeaMar CHC	1	0	2	1	2	1	3	2	3	2
TOTAL	2	0	7	3	11	4	13	5	18	5
LEVEL 2										
Community Psychiatric Clinic	0	0	0	0	0	0	0	0	0	0
Consejo Counseling & Referral Services	0	0	0	0	0	0	0	0	0	0
Downtown Emergency Service Center	0	0	0	0	0	0	0	0	0	0
Greater Lakes Mental Health Care	0	0	7	7	10	10	12	12	14	13
Harborview Mental Health Services	0	0	1	0	1	0	1	0	1	0
Highline-West Seattle Mental Health Center	0	0	0	0	0	0	0	0	0	0
SeaMar Community Health Centers - Seattle	0	0	0	0	0	0	0	0	0	0
SeaMar Community Health Centers - Tacoma	0	0	0	0	0	0	0	0	0	0
Sound Mental Health	1	1	1	1	1	1	1	1	1	1
Therapeutic Health Services	0	0	0	0	0	0	0	0	0	0
Valley Cities Counseling & Consultation	0	0	0	0	0	0	0	0	0	0
TOTAL	1	1	9	8	12	11	14	13	16	14

Referrals to DVR

Cumulative Number of GA-U Clients in Level 1 and Level 2 Referred to and Completed Referral¹ to Division of Vocational Rehabilitation (DVR) Services



¹ A referral is considered complete when any of the following applies: client followed through, client refused, service not available, no longer necessary, other. Pending is not counted as a completed referral.

Cumulative Number of GA-U Clients Referred (Ref.) to and Completed Referral (Comp.) to DVR Services by Month of Enrollment and Site

Site	January		February		March		April		May	
	Ref	Comp	Ref	Comp	Ref	Comp	Ref	Comp	Ref	Comp
LEVEL 1										
CHC of King County	0	0	0	0	0	0	0	0	0	0
Community Health Care	0	0	2	1	3	2	3	2	5	4
Country Doctor CHC	0	0	0	0	0	0	0	0	0	0
Harborview Medical Center	0	0	0	0	0	0	0	0	0	0
International CHS	0	0	0	0	0	0	0	0	0	0
Puget Sound NHC	0	0	0	0	1	0	1	0	3	0
SeaMar CHC	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	2	1	4	2	4	2	8	4
LEVEL 2										
Community Psychiatric Clinic	0	0	0	0	0	0	0	0	0	0
Consejo Counseling & Referral Services	0	0	0	0	0	0	0	0	0	0
Downtown Emergency Service Center	0	0	0	0	0	0	0	0	0	0
Greater Lakes Mental Health Care	1	1	20	4	25	7	29	7	29	7
Harborview Mental Health Services	0	0	1	1	4	3	4	3	4	3
Highline-West Seattle Mental Health Center	0	0	0	0	0	0	0	0	0	0
SeaMar Community Health Centers - Seattle	0	0	0	0	0	0	0	0	0	0
SeaMar Community Health Centers - Tacoma	0	0	0	0	0	0	0	0	0	0
Sound Mental Health	0	0	0	0	0	0	0	0	0	0
Therapeutic Health Services	0	0	0	0	0	0	0	0	0	0
Valley Cities Counseling & Consultation	0	0	0	0	0	0	0	0	0	0
TOTAL	1	1	21	5	29	10	33	10	33	10

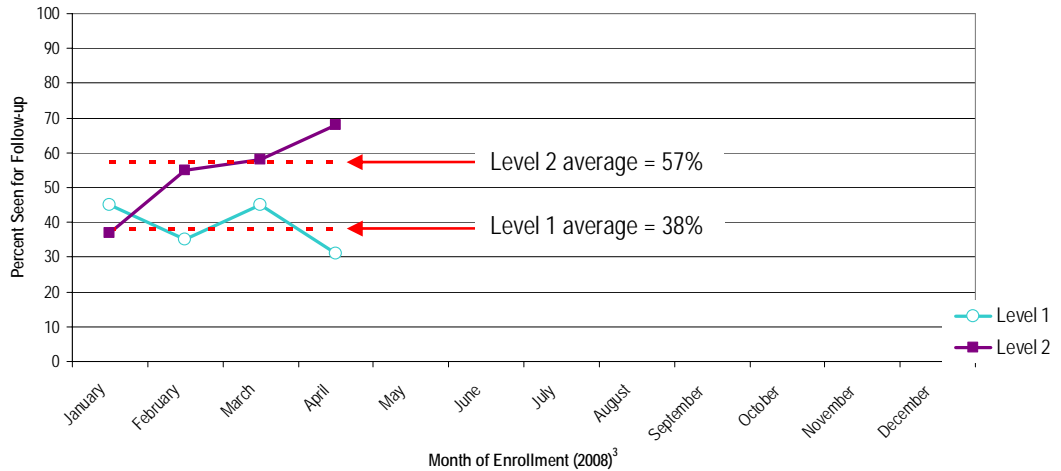
Follow-up Client Contacts

¹ Percent is based on eligible clients and excludes clients who did not qualify for the GA-U pilot as well as those who did qualify but have not completed a clinical assessment in Level 1.

² Clients who were enrolled in May have not been included here because 4 weeks have not elapsed since enrollment for all May enrollees.

³ This graph tracks follow-up contacts according to clients' month of enrollment rather than the month in which the follow-up was completed. For example, clients represented in the January points on the graph are clients who were enrolled in January and had at least one follow-up contact within 4 weeks of their initial clinical assessment.

Percent of Eligible GA-U Clients With Any Kind of Follow-up within 4 Weeks of Initiation of Clinical Assessment^{1,2}



Number and Percent of Eligible GA-U Clients with Any Kind of Follow-up Within 4 Weeks of Initial Clinical Assessment by Month of Enrollment and Site

Site	January Number (%)	February Number (%)	March Number (%)	April Number (%)	Overall Percent
LEVEL 1					
CHC of King County	18 (44%)	24 (28%)	32 (49%)	19 (35%)	38%
Community Health Care	3 (75%)	22 (48%)	9 (43%)	7 (22%)	40%
Country Doctor CHC	4 (80%)	6 (38%)	2 (29%)	3 (27%)	38%
Harborview Medical Center	7 (88%)	3 (38%)	12 (80%)	11 (69%)	70%
International CHS	5 (42%)	2 (40%)	1 (25%)	5 (71%)	46%
Puget Sound NHC	6 (24%)	7 (25%)	4 (19%)	6 (16%)	21%
SeaMar CHC	2 (50%)	4 (80%)	7 (44%)	2 (13%)	38%
TOTAL	45 (45%)	68 (35%)	67 (45%)	53 (31%)	38%
LEVEL 2					
Community Psychiatric Clinic	0 (0%)	2 (25%)	1 (100%)	0 (0%)	17%
Consejo Counseling & Referral Services	1 (100%)	0 (0%)	0 (0%)	0 (0%)	25%
Downtown Emergency Service Center	0 (0%)	0 (0%)	0 (0%)	2 (50%)	29%
Greater Lakes Mental Health Care	0 (0%)	23 (80%)	9 (75%)	21 (84%)	78%
Harborview Mental Health Services	3 (75%)	5 (56%)	4 (67%)	9 (90%)	72%
Highline-West Seattle Mental Health Center	4 (33%)	3 (75%)	4 (57%)	9 (75%)	57%
SeaMar Community Health Centers - Seattle	0 (0%)	0 (0%)	0 (0%)	1 (100%)	25%
SeaMar Community Health Centers - Tacoma	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0%
Sound Mental Health	4 (40%)	5 (38%)	4 (57%)	1 (25%)	41%
Therapeutic Health Services	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0%
Valley Cities Counseling & Consultation	1 (50%)	2 (33%)	3 (75%)	7 (100%)	68%
TOTAL	13 (37%)	40 (55%)	25 (58%)	50 (68%)	57%

Clinical Improvement

Caution: In general, it takes between 10 to 12 weeks to see clinical improvement in clients such as those being served in the GA-U Mental Health Pilot Project. At the end of May, there were very few clients who had been enrolled in the pilot for this length of time. Thus, **the reader is advised to interpret these findings with caution as they are very preliminary.**

- Among Level 1 clients, **approximately 26% had a 50% improvement in their depression symptoms**—a level of improvement regarded as clinically meaningful.
- Approximately 23% of Level 1 clients had a 50% improvement in their anxiety symptoms.
- There were too few Level 2 clients enrolled in the pilot for 10 weeks or more to assess clinical improvement at this time.