

Packet for Agenda Items 8 and 9

Preliminary 2019-20 MIDD Budget Adjustments

Preliminary MIDD Budget Adjustments for 2019-20 Summary of Changes since April 26 Meeting

Revisions to 2019-20 MIDD Budget Adjustments since April 26 Advisory Committee Meeting:

Form # Topic

1. **Increase economic adjustment rates to 3.8% for 2019 and 3.3% for 2020.**
The rate change aligns with revised PSB estimates, and affects amounts shown in all other modification forms.
- 3 & 6. **Community-Driven Behavioral Health Grants Partial Startup in 2019 (SI-01)**
This change was made in response to Advisory Committee input. In form #3, SI-01 is added as a small grants program slated for startup. In form #6, SI-01 is removed from the discussion of continued deferrals.
4. **Smaller Policy Addition to Quality Coordinated Outpatient Care (Incentives) (SI-03)**
Added funding for incentives through Quality Coordinated Outpatient Care was reduced to a lower level to accommodate other adjustments.
7. **Non-Policy Proposed Adjustments**
 - f. PRI-05 name change is adjusted to "School-Based SBIRT."
 - g. Personnel attribution is adjusted for RR-10 Behavioral Health Services and Supported Employment.
 - h. TX-FTC and TX-ADC amounts are corrected to reflect prior changes.

Original Adjustments as Presented to the Advisory Committee on April 26:

Form # Topic

1. **Economic Adjustments: 3.5% in 2019, 3.25% in 2020 (all initiatives)**
2. **South County Diversion Services/Center Partial Startup (CD-04)**
3. **Rural Behavioral Health Grants Partial Startup in 2019 (SI-02)**
4. **Partial Continuation of 2018 One-Time Investments in Incentives and Non-Medicaid System Support (SI-03 and PRI-11)**
5. **Funding Swap to Prioritize Community-Based Juvenile Justice Behavioral Health Interventions (CD-02 and CD-16)**
6. **Continued Deferral of Three Initiatives Not Yet Started (PRI-06, CD-09, and SI-01)**
7. **Non-Policy Proposed Adjustments**
 - a. Phase-Ins (CD-07 and CD-17, as well as CD-02 and CD-16)
 - b. Crisis Solutions Center One-Time Investment Not Carried Forward Past 2018 (Medicaid Anticipated) (CD-06)
 - c. Continuation of Council Additions (RR-14 and TX-CCPL)
 - d. Parent Partners and Family Assistance Personnel Attribution Correction (CD-12)
 - e. Splitting Peer Bridgers and Peer Support into Separate Initiatives (RR-11)
 - f. Refining Initiative Names (PRI-05, CD-02, CD-16, CD-17, RR-11, SI-02, TX-RMHC, and TX-CCPL)

Financial Plan April 2018
MIDD/ 000001135

Category	2015-2016 Actuals ¹	2017-2018 Adopted Budget ²	2017-2018 Current Budget ³	2017-2018 Biennial-to-Date Actuals ⁴	2017-2018 Estimated ⁵	2019-2020 Agency Proposed	2021-2022 Projected ⁶
Beginning Fund Balance	16,257,983	11,869,049	15,674,183	15,674,183	15,674,183	13,706,008	13,808,923
Revenues							
Local	119,406,150	133,955,400	133,795,045	87,128,928	133,795,045	144,608,121	155,455,003
Other	401,527	117,953	117,953	88,469	117,953	124,794	132,532
Total Revenues	119,807,677	134,073,353	133,912,998	87,217,397	133,912,998	144,732,915	155,587,535
Expenditures							
Salaries, Wages & Benefits	(23,802,164)	(20,783,042)	(20,783,042)	(11,634,523)	(20,783,042)	(25,202,639)	(23,417,334)
Supplies and Other	(106,454)	(166,213)	(166,213)	(83,149)	(166,213)	(105,500)	(186,580)
Contracted Services	(80,130,061)	(86,845,403)	(89,777,457)	(50,595,522)	(88,818,630)	(92,748,199)	(100,778,248)
Intergovernmental Services	(7,195,623)	(5,355,312)	(5,355,312)	(1,834,582)	(5,355,312)	(3,565,016)	(6,051,074)
Interfund Transfers	(9,157,175)	(20,757,976)	(20,757,976)	(13,144,541)	(20,757,976)	(23,008,646)	(22,905,747)
Total Expenditures	(120,391,477)	(133,907,946)	(136,840,000)	(77,292,316)	(135,881,173)	(144,630,000)	(153,338,982)
Estimated Underexpenditures							
Other Fund Transactions							
Total Other Fund Transactions	-	-	-	-	-	-	-
Ending Fund Balance	15,674,183	12,034,456	12,747,181	25,599,263	13,706,008	13,808,923	16,057,475
Reserves							
Revenue Reserves ⁷	(6,268,823)						
Services Stabilization Reserve ⁸	(895,000)						
Emerging Issues Reserve ⁹	-	(1,316,000)	(1,014,000)	(1,014,000)	(1,014,000)	(1,316,000)	(1,316,000)
Reappropriation Reserve ¹⁰	(2,455,000)	(2,455,000)					
Medicaid Reconciliation Reserve ¹¹			(300,000)	(300,000)	(300,000)		
Reserve for 2016 invoices and Intensive Case Management ¹²			(802,915)	(275,000)			
Reserve for Core Services (April to December 2018) ¹³					(1,761,742)	-	-
Rainy Day Reserve (60 days) ¹⁴	(4,554,134)	(11,158,996)	(11,403,333)	(11,403,333)	(11,323,431)	(12,052,500)	(12,778,249)
Total Reserves	(14,172,957)	(14,929,996)	(13,520,248)	(12,992,333)	(14,399,173)	(13,368,500)	(14,094,249)
Reserve Shortfall	-	2,895,540	773,068	-	693,165	-	-
Ending Undesignated Fund Balance	1,501,226	-	-	12,606,930	-	440,423	1,963,227

Financial Plan Notes

¹ 2015-2016 Actuals reflect year end information as of 12/31/2016 from EBS and are consistent with the Budgetary Fund Balance figures published by FBOD.

² 2017-2018 Adopted Budget reflects the council approved budget per ordinance 18409.

³ 2017-2018 Current Budget reflects the council approved budget per ordinance 18409 and 2017 supplemental per ordinance 18544. Also reflects November 2017 council ordinance 18602 to add one-time funding of \$102,000 to District Court MIDD for Community Court Planning, \$200,000 to DCHS MIDD for Safe Places. Revenues reflect March 2018 OEFA forecast (not updated in EBS).

⁴ 2017-2018 Biennial-to-Date Actuals reflects actual revenues and expenditures as of 4/30/2018, using EBS report GL10, run 5/14/2018.

⁵ 2017-2018 Estimated is adjusted for the recently approved supplemental and reflects updated revenue forecast per the March 2018 OEFA.

⁶ Out year projections assume revenue growth per March 2018 OEFA forecasts and King County Office of Performance, Strategy and Budget planning assumptions.

We have applied the March 2018 PSB biennial planning assumptions to Blended Labor, (21-22, 5.6%); Internal Service Rates, (21-22, 5.6%), Supplies, Contracted Services & Interfund Transfers, (21-22, 5.7%).

⁷ Revenue Reserve is equal to 5.25% of MIDD tax receipts. In 2017-2018 the fund switched to a 60 day expenditure reserve (see also footnote 14).

⁸ The Services Stabilization Reserve was designated to fund MIDD 1 services during transition to MIDD 2 to avoid service disruptions for vulnerable populations.

⁹ Funding in the Emerging Issues Reserve will be appropriated by Council on an as-needed basis through the supplemental process. The Emerging Issues Reserve was reduced to reflect the November supplemental ordinance 18602 adding one-time funding of \$102,000 to District Court MIDD for Community Court Planning and \$200,000 to DCHS MIDD for Safe Places.

¹⁰ The Reappropriation Reserve sets aside unspent dollars from council approved supplemental requests approved in 2016 to be fully expended in 2017. These requests were approved in ordinance 18544 and are now shown as an increase to the current budget.

¹¹ A Medicaid Reconciliation Reserve has been created for initiatives with a lower Medicaid proportion than formally budgeted.

¹² Reserve for 2016 invoices received in 2017 and for Intensive Case Management in 2018.

¹³ Reserve for Core Services (May to December 2018), due to the uncertainty around Medicaid rates these funds may be utilized to maintain core services.

¹⁴ The Rainy Day Reserve is to provide a 60 day expenditure reserve in case operations are reduced or closed down.

This plan was updated by DCHS staff on 5/14/2018.

MIDD 2017-18 vs 2019-20 BUDGET COMPARISON FOR MIDD ADVISORY COMMITTEE *revised draft 5-18-18*

		2017-18 Original Adopted Biennial Budget (Implementation Plan)	2017-18 Budgeted Biennial Funding, with Approved Adjustments	2019-20 Biennial Recommended Total
PREVENTION AND EARLY INTERVENTION				
PRI-01	Screening, Brief Intervention and Referral To Treatment-SBIRT	1,453,655	1,453,655	1,553,474
PRI-02	Juvenile Justice Youth Behavioral Health Assessments	1,183,691	1,183,691	1,264,973
PRI-03	Prevention and Early Intervention Behavioral Health for Adults Over 50	981,880	981,880	1,049,303
PRI-04	Older Adult Crisis Intervention/Geriatric Regional Assessment Team - GRAT	666,605	666,605	712,380
PRI-05	Youth SBIRT (renamed)	3,187,204	3,187,204	3,392,343
PRI-06	Zero Suicide Initiative Pilot	810,400	410,400	0
PRI-07	Mental Health First Aid	607,800	607,800	649,536
PRI-08	Crisis Intervention Training - First Responders	1,661,320	1,661,320	1,775,399
PRI-09	Sexual Assault Behavioral Health Services	1,031,991	1,183,691	1,102,857
PRI-10	Domestic Violence and Behavioral Health Services & System Coordination	1,293,858	1,142,158	1,382,704
PRI-11	Community Behavioral Health Treatment	24,089,140	24,089,140	26,270,847
PREVENTION AND EARLY INTERVENTION SUBTOTAL		36,967,544	36,567,544	39,153,815
CRISIS DIVERSION				
CD-01	Law Enforcement Assisted Diversion (LEAD)	3,589,500	3,589,500	3,835,982
CD-02	Youth Detention Prevention Behavioral Health Engagement (renamed)	607,800	607,800	1,858,317
CD-03	Outreach & In reach System of Care	830,660	830,660	887,699
CD-04	South County Crisis Diversion Services/Center	2,039,000	0	1,688,203
CD-05	High Utilizer Care Teams	519,163	519,163	554,813
CD-06	Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Te	10,333,569	11,233,569	10,991,404
CD-07	Multipronged Opioid Strategies	2,289,000	2,289,000	3,247,681
CD-08	Children's Domestic Violence Response Team	571,079	571,079	610,294
CD-09	Behavioral Health Urgent Care-Walk In Clinic Pilot	506,500	0	0
CD-10	Next Day Crisis Appointments	622,995	622,995	665,775
CD-11	Children's Crisis Outreach and Response System - CCORS	1,142,158	1,142,158	1,220,588
CD-12	Parent Partners Family Assistance	851,427	851,427	1,107,071
CD-13	Family Intervention Restorative Services - FIRS	2,203,655	2,203,655	2,354,974
CD-14	Involuntary Treatment Triage Pilot	303,900	303,900	324,768
CD-15	Wraparound Services for Youth	6,229,950	6,229,950	6,657,746
CD-16	Youth Respite Alternatives (renamed)	1,276,000	1,276,000	1,055,127
CD-17	Young Adult Crisis Stabilization (renamed)	1,430,000	1,430,000	2,011,775
CRISIS DIVERSION SUBTOTAL		35,346,356	33,700,856	39,072,216
RECOVERY AND RE-ENTRY				
RR-01	Housing Supportive Services	4,146,712	4,146,712	4,424,595
RR-02	Behavior Modification Classes at CCAP	157,825	190,402	237,408
RR-03	Housing Capital and Rental	4,849,400	4,849,400	5,182,396
RR-04	Rapid Rehousing-Oxford House Model	1,013,000	638,000	1,082,560
RR-05	Housing Vouchers for Adult Drug Court	468,282	468,282	500,438
RR-06	Jail Reentry System of Care	882,576	849,999	874,434
RR-07	Behavioral Health Risk Assessment Tool for Adult Detention	954,043	954,043	1,019,554
RR-08	Hospital Re-Entry Respite Beds	1,881,445	1,881,445	2,010,639
RR-09	Recovery Café	706,500	706,500	755,013
RR-10	BH Employment Services & Supported Employment	1,972,818	1,972,818	2,266,558
RR-11a	Peer Bridger Programs (split apart from RR-11b SUD Peer Support)	1,225,224	1,225,224	1,309,358
RR-11b	SUD Peer Support (split apart from RR-11a Peer Bridger Programs)	332,264	332,264	355,080
RR-12	Jail-based SUD Treatment	900,000	677,887	961,801
RR-13	Deputy Prosecuting Attorney for Familiar Faces	194,023	194,023	310,064
RR-14	Shelter Navigation Services	1,000,000	1,000,000	1,055,127
RECOVERY AND RE-ENTRY SUBTOTAL		20,684,112	20,086,999	22,345,026
SYSTEM IMPROVEMENT				
SI-01	Community Driven Behavioral Health Grants	709,100	359,100	438,933
SI-02	Behavioral Health Services In Rural King County	709,100	359,100	438,933
SI-03	Quality Coordinated Outpatient Care	8,306,600	8,306,600	9,594,481
SI-04	Workforce Development	1,505,571	1,505,571	1,608,955
SYSTEM IMPROVEMENT SUBTOTAL		11,230,371	10,530,371	12,081,301
THERAPEUTIC COURTS				
TX-ADC	Adult Drug Court	8,456,351	8,456,351	9,200,431
TX-FTC	Family Treatment Court	2,908,111	3,089,818	3,301,889
TX-JDC	Juvenile Drug Court	2,227,880	2,227,880	2,381,778
TX-RMH	Regional Mental Health and Veterans Courts	7,840,017	7,940,017	8,386,721
TX-SMC	Seattle Municipal Mental Health Court	188,722	188,722	201,681
TX-CCPL	Community Court Planning and Pilot (renamed)	100,000	202,000	215,246
THERAPEUTIC COURTS SUBTOTAL		21,721,081	22,104,788	23,687,747

ONE-TIME SPECIAL PROJECTS		2017-18 Original Adopted Biennial Budget (Implementation Plan)	2017-18 Budgeted Biennial Funding, with Approved Adjustments	2019-20 Biennial Recommended Total
SP-01	Increase E & T Capacity	0	1,205,000	0
SP-01	Peer Bridger	0	46,000	0
SP-01	Youth Detox & Stabilization	0	350,000	0
SP-01	Opiate Epidemic Response	0	235,000	0
SP-01	Residential SUD Capital	0	515,000	0
SP-01	SUD Trauma Informed care	0	50,000	0
SP-01	MIDD Supported Employment	0	54,000	0
SP-01	Valley Cities Housing Voucher	0	75,000	0
SP-01	Consejo Counseling	50,000	50,000	0
SP-03	MIDD 2 BH Incentives	0	4,242,613	0
	Safe Place	0	200,000	0
SUBTOTAL ONE-TIME SPECIAL PROJECTS		50,000	7,022,613	0
ADMINISTRATION AND EVALUATION		7,908,300	6,826,593	8,289,896
		2017-18 Original Adopted Biennial Budget (Implementation Plan)	2017-18 Budgeted Biennial Funding, with Approved Adjustments	2019-20 Biennial Recommended Total
TOTAL		133,907,764	136,839,764	144,630,001
Rainy Day Reserve Funding (2019-20 shows anticipated increase due to higher spending level)			11,323,431	729,069
March 2018 OEFA Estimate of 2019-20 MIDD Revenue <i>(biennial revenue estimate reduced by -\$3,086,101 compared to August 2017 forecast)</i>				144,608,121
Surplus or Deficit				-750,950

#1

MIDD Advisory Committee / Steering Committee Modification Review Form

Proposed Change: Economic Adjustments: 3.8% in 2019, 3.3% in 2020

- Fiscal Change to Existing MIDD 2 Initiative(s): All Operating Initiatives**
 - Net Total Dollar Amount Change in Funding Level: *Variable by initiative*
 - Net Percent Change in Funding Level: *+3.8% in 2019 and +3.3% in 2020*
- Programmatic Change(s):**
 - Population Served or Impacted¹
 - Outcomes or Results
 - Intervention
 - Performance Measures
- One-Time Use of MIDD Funds**
 - Temporary Reallocation of Funds from Initiatives
Initiative(s) whose funds are proposed to be reallocated:
 - Undesignated or Underspent Funds
 - Net Total Dollar Amount: \$
- Proposed New Ongoing Initiative(s)**
- Other (describe):**

Revision Details:

a. High-level summary² of affected MIDD 2 initiative(s) prior to the change, if any

This change would be applied across all currently operating MIDD initiatives. Please see the Implementation Plan initiative descriptions for more details on any particular initiative: <https://kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/midd/initiatives.aspx>.

b. Details of the proposed change, including:

i. Origination of the change³

All currently operating MIDD initiatives would receive economic adjustments estimated at 3.8% in 2019, and 3.3% in 2020. This change carries forward a principle instituted at renewal of MIDD 2, to provide regular economic increases across all MIDD initiatives whenever possible. The amount of the economic increase was intended to vary from year to year depending on economic conditions. In 2017, the economic adjustment was 2.5%, while in 2018 it was 2.6%.

ii. Reason/basis⁴

The percentage increases match revised wage inflation rates issued internally by the King County Office of Performance, Strategy, and Budget (PSB) in May 2018. The revision raises the rate slightly as compared to earlier data, including the Office of Economic and Financial Analysis (OEFA)'s Cost of Living Adjustment (COLA), last published in March 2018, as well as prior out-year planning guidance from PSB.

¹ "Populations served or impacted" should include geographic regions and/or cultural communities where applicable.

² One-paragraph summary adapted from the MIDD 2 Implementation Plan initiative description that also reflects any revisions that may have been made to the initiative prior to this proposed change.

³ How did the proposed change come to the County's attention as a needed action?

⁴ To the degree feasible, address under "reason/basis" the benefits of making the change, risks of not changing, and any tradeoffs or strategic questions. If the change represents partial funding of a larger request or concept, reference this.

iii. Timing⁵

Expedited action is not needed. Advisory Committee action at its June 7, 2018 meeting is sufficient.

c. How the proposed change addresses the Advisory Committee's guiding principles for MIDD

In setting economic adjustment amounts to meet and slightly exceed macroeconomic estimates, MIDD's 2019-20 budget will help providers and County partners continue to deliver services at existing levels as costs rise. This is consistent with the MIDD Advisory Committee guiding principles regarding sustainability of services, building on system strengths, and equity between community-based and County-based services.

d. How the proposed revision impacts the original intent of affected initiative(s)

The original intent of initiatives is not affected.

e. Funding impacts, if any

Funding levels will increase slightly in 2019 and 2020 in accordance with the economic adjustments.

f. Evaluation impacts, if any

Continuing economic adjustments allows performance targets to remain at current levels.

g. Next steps

If approved by the Executive and Council, these economic adjustments will be applied for the 2019-20 biennium.

h. Include staff analysis, if available

PSB wage inflation rates account for two factors – general wage increases as well as merit increases. The revised percentages were made available to King County departments in May 2018 as part of the County's ongoing budget development process. Published OEFA COLA values are calculated as 95% of the Seattle CPI-W (Consumer Price Index for Urban Wage Earners and Clerical Workers). See page 20 of: https://www.kingcounty.gov/~media/business/Forecasting/documents/March2018_forecast_pdfx.a_shx?la=en.

Steering Committee Review:

Reviewed: 4/13/18

Reviewed as Amended: 5/22/18

Full MIDD Advisory Committee Review:

Reviewed: 4/26/18

Scheduled for Review as Amended, with Possible Action: 6/7/18

This proposed change was amended in May 2018 to increase the economic adjustment percentages from 3.5% to 3.8% for 2019, and from 3.25% to 3.3% for 2020.

⁵ Address whether expedited review and action is needed, and if so, explain why.

#2

MIDD Advisory Committee / Steering Committee Modification Review Form

Proposed Change: South County Diversion Services/Center Partial Startup

- Fiscal Change to Existing MIDD 2 Initiative(s): CD-04 South County Diversion Services/Center**
 - Net Total Dollar Amount Change in Funding Level: \$ 1,688,203 *biennial MIDD funding for 2019-20 (estimated); this initiative had been deferred in 2017-18.*
 - Net Percent Change in Funding Level: *N/A (increase from \$0 adjusted amount). This funding level represents 83% of the Implementation Plan's original biennial amount for this initiative.*
- Programmatic Change(s):**
 - Population Served or Impacted¹
 - Outcomes or Results
 - Intervention: *certain program components, rather than the full range, may be implemented*
 - Performance Measures
- One-Time Use of MIDD Funds**
 - Temporary Reallocation of Funds from Initiatives
Initiative(s) whose funds are proposed to be reallocated:
 - Undesignated or Underspent Funds
 - Net Total Dollar Amount: \$
- Proposed New Ongoing Initiative(s)**
- Other (describe):**

Revision Details:

a. High-level summary² of affected MIDD 2 initiative(s) prior to the change, if any
CD-04 South County Diversion Services/Center was envisioned to provide crisis services to the southern region of King County serving individuals in behavioral health crisis who are coming into contact with first responders, as well as those individuals in south King County who may need a location for preventative and pre-crisis support and/or outreach. This allows for potential co-location and coordination of many crisis receiving and stabilization services accessible 24 hours a day, 7 days per week (24/7), including but not limited to on-site respite/crisis diversion and mobile crisis teams.

b. Details of the proposed change, including:

i. Origination of the change³

King County has been seeking opportunities to begin moving toward implementation of initiative CD-04 for some time. However, blending MIDD with other funding is needed to achieve the full vision of the initiative. CD-04 South County Diversion Services will be scaled to fit available funding from MIDD and any other sources, possibly including Medicaid and/or state capital funding. Depending on whether other resources can be leveraged, South County Diversion Services may or may not be facility-based. The scale and particular services designed for 2019-20 will be determined based on available funds.

¹ "Populations served or impacted" should include geographic regions and/or cultural communities where applicable.

² One-paragraph summary adapted from the MIDD 2 Implementation Plan initiative description that also reflects any revisions that may have been made to the initiative prior to this proposed change.

³ How did the proposed change come to the County's attention as a needed action?

ii. Reason/basis⁴

This programming was identified as a priority through the MIDD renewal process as well as by the Community Alternatives to Boarding Task Force in 2016. Although it was deferred due to environmental factors affecting MIDD broadly, it remains a needed service. Potential state capital funding for crisis diversion facilities became available to community agencies in the state's 2018 supplemental budget, creating a new possibility to blend multiple fund sources to support program startup.

iii. Timing⁵

Expedited action is not needed, as program planning and/or siting is likely to extend into 2019 before funds would be expended. Advisory Committee action at its June 7, 2018 meeting is sufficient.

c. How the proposed change addresses the Advisory Committee's guiding principles for MIDD

This change is consistent with the MIDD Advisory Committee guiding principles regarding diversion from criminal justice involvement through upstream interventions, building on strengths of the system, and being responsive to funding changes/opportunities.

d. How the proposed revision impacts the original intent of affected initiative(s)

The original intent of the initiative is not affected.

e. Funding impacts, if any

Funding is provided to begin implementation, but at a lower level than in the original Implementation Plan, as described above. Smaller-scale implementation will likely be necessary, at least in 2019-20, unless other funding is secured.

f. Evaluation impacts, if any

Evaluation of CD-04 will be aligned to the program components that are selected for implementation in 2019-20. It will likely follow the approaches used for the similar CD-06 Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team program as appropriate. MIDD 2 Policy Goal 1 (system use reduction) will remain the primary aim of CD-04, as identified in the Implementation Plan.

g. Next steps

If approved by the Executive and Council, MIDD funding will become available for initiative CD-04 programming during the 2019-20 biennium. King County will complete data analysis of the existing CD-06 program to identify the degree to which Medicaid could be used to expand operational funding for CD-04 beyond what MIDD can provide, subject to managed care organization approval. Meanwhile, King County will also partner with providers who may seek available state capital funding for crisis diversion facilities. Program model development may begin during 2018.

h. Include staff analysis, if available

The CD-04 South County Crisis Diversion Services/Center Implementation Plan initiative description (from 2017) is available at <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/CD-04.ashx?la=en>. The Community Alternatives to Boarding Task Force's discussion of this programming recommendation (from 2016) is available at: https://kingcounty.gov/~media/depts/community-human-services/behavioral-health/documents/cabtf/160609_Details_about_system_improvement_rec.ashx?la=en, pages 85-87. The early 2016 MIDD renewal briefing paper for the South County Crisis Diversion concept, which envisioned a much more expansive program array, is available at <https://www.kingcounty.gov/~media/depts/community-human-services/MIDD/MIDDBriefingPapers/CrisisDiversion/BP37516466SouthCountyCrisisCenter.ashx?la=en>.

⁴ To the degree feasible, address under "reason/basis" the benefits of making the change, risks of not changing, and any tradeoffs or strategic questions. If the change represents partial funding of a larger request or concept, reference this.

⁵ Address whether expedited review and action is needed, and if so, explain why.

Steering Committee Review:

Reviewed: 4/13/18

Full MIDD Advisory Committee Review:

Reviewed: 4/26/18

Scheduled for Possible Action: 6/7/18

#3

MIDD Advisory Committee / Steering Committee Modification Review Form

Proposed Change: Community-Driven Behavioral Health Grants and Rural Behavioral Health Grants Partial Startup in 2019

Fiscal Change to Existing MIDD 2 Initiative(s): SI-01 Community-Driven Behavioral Health Grants and SI-02 Behavioral Health Services in Rural King County (renamed to Rural Behavioral Health Grants)

Net Total Dollar Amount Change in Funding Level: *\$438,933 biennial MIDD funding for 2019-20 (estimated) for each small grant initiative (SI-01 and SI-02). These initiatives had been formally deferred in 2017, and continue to be deferred so far in 2018, due to environmental factors affecting MIDD broadly.*

Net Percent Change in Funding Level: *The 2019-20 estimated funding level constitutes 62% of the Implementation Plan's original biennial amount for this initiative. Although this change extends the 2017 deferral of initiatives SI-01 and SI-02 through 2018, it would also activate the programs starting in 2019.*

Programmatic Change(s):

Population Served or Impacted¹

Outcomes or Results

Intervention: *smaller-scale community-driven and rural small grant programs may be implemented*

Performance Measures

One-Time Use of MIDD Funds

Temporary Reallocation of Funds from Initiatives

Initiative(s) whose funds are proposed to be reallocated:

Undesignated or Underspent Funds

Net Total Dollar Amount: \$

Proposed New Ongoing Initiative(s)

Other (describe): *Initiative name change from "Rural Behavioral Health Services in Rural King County" to "Rural Behavioral Health Grants" to align more closely with services to be provided.*

Revision Details:

a. High-level summary² of affected MIDD 2 initiative(s) prior to the change, if any

SI-01: The Community-Driven Behavioral Health Grants program is envisioned to provide small grants to enable culturally specific organizations or culturally specific grassroots coalitions to support implementation of small-scale, local initiative(s) designed by community members to address key felt needs that relate to behavioral health treatment, prevention, recovery or service access. The program will build upon processes or structures employed by other King County small grants programs, and will be organized specifically to serve cultural and ethnic populations. Potential projects could include:

- *Community-initiated population health initiatives such as engagement efforts, classes, prevention/outreach campaigns, or one-time events related to behavioral health, and/or*

¹ "Populations served or impacted" should include geographic regions and/or cultural communities where applicable.

² One-paragraph summary adapted from the MIDD 2 Implementation Plan initiative description that also reflects any revisions that may have been made to the initiative prior to this proposed change.

- *Specific behavioral health services requested by a cultural or ethnic community that are expected to meaningfully address its self-identified needs.*

SI-02: Initiative SI-02 is envisioned to provide small grants to support targeted community-initiated behavioral health-related services or programs designed by rural communities to address issues of common concern. The small grant program will serve the seven unincorporated community service areas (CSAs) in King County, as well as identified underserved cities and towns adjoining these CSAs who typically lack adequate access to behavioral health clinics and providers. Although the initiative is not designed or resourced to support full-scale behavioral health clinic sites, MIDD resources would enable local organizations or grassroots coalitions in these communities to design specific initiative(s) that address key felt needs that relate to behavioral health treatment, prevention, recovery or service access. Potential projects could include:

- *Community-initiated population health initiatives such as engagement efforts, classes, prevention/outreach campaigns, or one-time events related to behavioral health, and/or*
- *Specific behavioral health services requested by a rural community that are expected to meaningfully address its self-identified needs.*

b. Details of the proposed change, including:

i. Origination of the change³

King County has been seeking opportunities to begin moving toward implementation of initiatives SI-01 and SI-02. Starting up these small grant programs will begin to address the continued challenges faced by rural communities in bringing behavioral health-related programs and events to where they live, and by cultural and ethnic communities in accessing support to enable them to address felt needs regarding behavioral health in ways that are culturally specific and accessible. Although resources were not sufficient to support a full-scale launch, a partial launch in 2019 is possible within anticipated funding levels. .

ii. Reason/basis⁴

Initiatives SI-01 and SI-02 hold promise to provide resources to support cultural/ethnic and rural communities to implement small-scale local prevention- and population health-related programming they envision. MIDD also seeks to respond to sustained policymaker, Advisory Committee, and community member interest in focusing some of its resources specifically on King County’s rural areas and cultural and ethnic communities. The 2019-20 funding levels will support a smaller number of projects as the programs are implemented and refined.

iii. Timing⁵

Expedited action is not needed, as program design and community outreach is likely to extend until early 2019 before funds would be expended. Advisory Committee action at its June 7, 2018 meeting is sufficient.

c. How the proposed change addresses the Advisory Committee’s guiding principles for MIDD

This change is consistent with the MIDD Advisory Committee guiding principles regarding community-driven, recovery-focused upstream prevention services.

d. How the proposed revision impacts the original intent of affected initiative(s)

The original intent of the initiatives are not affected.

³ How did the proposed change come to the County’s attention as a needed action?

⁴ To the degree feasible, address under “reason/basis” the benefits of making the change, risks of not changing, and any tradeoffs or strategic questions. If the change represents partial funding of a larger request or concept, reference this.

⁵ Address whether expedited review and action is needed, and if so, explain why.

e. Funding impacts, if any

Funding is provided at a lower level than in the original Implementation Plan, as described above. Smaller-scale implementation will be necessary. In 2019-20, the programs may begin just with mini-grants of \$9,999 or less, in order to spread limited resources more broadly across communities.

f. Evaluation impacts, if any

The anticipated evaluation methods for the initiative are not affected.

g. Next steps

If approved by the Executive and Council, MIDD funding will become available for initiatives SI-01 and SI-02 programming during the 2019-20 biennium. As implementation of this initiative is approved, community engagement efforts will begin. DCHS will partner with Council offices, existing DCHS/Best Starts for Kids and CSA structures, other County groups and task forces that aim to expand equity and access for cultural and ethnic communities, and various community groups, as well as other means, to ensure that eligible communities are aware of these small grant opportunities.

h. Include staff analysis, if available

SI-01: The SI-01 Community-Driven Behavioral Health Grants Implementation Plan initiative description (from 2017) is available at <https://www.kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/SI-01.ashx?la=en>. The MIDD renewal briefing paper from early 2016 related to the needs for culturally specific and culturally responsive programming and the small grant model is available at: https://www.kingcounty.gov/~media/depts/community-human-services/MIDD/MIDDBriefingPapers/SystemImprovement/BP_141_Community-Driven_Behavioral_Health_Grants_for_Cultural_and_Ethnic_communities.ashx?la=en.

SI-02: King County CSAs are: Bear Creek/Sammamish, Snoqualmie Valley/Northeast King County, Four Creeks/Tiger Mountain, Greater Maple Valley/Cedar River, Southeast King County, West King County unincorporated areas, and Vashon/Maury Islands. A map is available at <https://aqua.kingcounty.gov/dnrp/library/dnrp-directors-office/community-service-areas/kcuninc-community-service-areas.pdf>. Adjoining cities and towns that could also be eligible may include Skykomish, Duvall, Carnation, Snoqualmie, North Bend, Covington, Maple Valley, Black Diamond and Enumclaw. The SI-02 Implementation Plan initiative description (from 2017) is available at <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/SI-02.ashx?la=en>. The MIDD renewal briefing paper from early 2016 related to rural service access and the small grant model is available at: https://kingcounty.gov/~media/depts/community-human-services/MIDD/MIDDBriefingPapers/SystemImprovement/BP_11_36_94_Improving_access_to_BH_services_in_rural_KC.ashx?la=en.

Steering Committee Review:

Reviewed: 4/13/18

Reviewed as Amended: 5/22/18

Full MIDD Advisory Committee Review:

Reviewed: 4/26/18

Scheduled for Review as Amended, with Possible Action: 6/7/18

Note: This proposed change was amended in May 2018 to include partial startup of initiative SI-01 Community-Driven Behavioral Health Grants in 2019, in alignment with Advisory Committee input.

#4

MIDD Advisory Committee / Steering Committee Modification Review Form

Proposed Change: Partial Continuation of 2018 One-Time Investments in Incentives and Non-Medicaid System Support

Fiscal Change to Existing MIDD 2 Initiative(s): SI-03 Quality Coordinated Outpatient Care and PRI-11 Community BH Treatment

Net Total Dollar Amount Change in Funding Level: *Estimated biennial funding increases for initiatives as follows (compared to Implementation Plan amount), including estimated economic adjustments:*

- \$1,287,881 estimated for SI-03 Quality Coordinated Outpatient Care (carries forward approximately 24% of 2018 one-time \$1.4 million in MIDD funding)
- \$2,181,707 estimated for PRI-11 Community Behavioral Health Treatment (carries forward approximately 6% of 2018 one-time \$4.1 million in MIDD funding)

Net Percent Change in Funding Level: *Biennial funding percentage increases for initiatives as follows (compared to Implementation Plan amount), including estimated economic adjustments:*

- +16% estimated for SI-03 Quality Coordinated Outpatient Care
- +9% estimated for PRI-11 Community Behavioral Health Treatment

#	2017-18 Base Amount (Impl. Plan/ 2017-18 Adopted Budget)	Related 2018 One-Time Adjustment	Estimated Biennial Amount for 2019-20	2019-20 Biennial Increase due to Proposed Econ. Adj	2019-20 Initiative-Specific Policy Increase	2019-20 Biennial Total Estimated Increase	2019-20 Policy Increase as % of 2017-18 Base	2019-20 Biennial Budget vs 2017-18 Base
SI-03	8,306,600	*1,400,000	9,594,481	570,394	717,487	1,287,881	+9%	+16%
PRI-11	24,089,140	*4,142,613	26,270,847	1,654,144	527,563	2,181,707	+2%	+9%

* These one-time funds were combined and classified as a special project for 2018 alongside SI-03 funds.

Programmatic Change(s):

- Population Served or Impacted¹
- Outcomes or Results
- Intervention
- Performance Measures

One-Time Use of MIDD Funds

- Temporary Reallocation of Funds from Initiatives
Initiative(s) whose funds are proposed to be reallocated:
- Undesignated or Underspent Funds
- Net Total Dollar Amount: \$

Proposed New Ongoing Initiative(s)

Other (describe):

¹ "Populations served or impacted" should include geographic regions and/or cultural communities where applicable.

Revision Details:

a. High-level summary² of affected MIDD 2 initiative(s) prior to the change, if any

SI-03: *As redesigned in late 2017, this initiative will focus on practice transformation incentives, to include clinical outcome measure implementation, and improving system performance in helping people gain and maintain stability in the community. As the system progresses toward fully integrated managed care, consistent implementation of common scales, assessing change in overall functioning and/or symptoms over time, will help the behavioral health system to measure care routinely, adjust client care based on measure results, and demonstrate key improvements and/or outcomes. Specific implementation benchmarks and timing will be determined in 2018 in consultation with providers. These aims are consistent with Council-approved initiative goals as described in the Implementation Plan. Outpatient treatment on demand incentives were funded through the 2018 one-time incentive pool, but would be embedded within this initiative beginning 2019.*

PRI-11: *This initiative provides behavioral health services to those who are not served by Medicaid, including undocumented individuals, incarcerated individuals, people on Medicare, people who are under 220 percent of the federal poverty level and have extremely high co-pays and deductibles in order to access service, people on Medicaid spend down (meaning they have to pay a certain amount of out-of-pocket expense every six months before Medicaid reimbursement kicks in), and people who are pending Medicaid coverage. In addition, this initiative provides essential services that are part of the treatment continuum not covered by Medicaid such as outreach, transportation and SUD peer support.*

b. Details of the proposed change, including:

i. Origination of the change³

In late 2017, the MIDD Advisory Committee reviewed and endorsed both the use of SI-03 for incentives (after the incentive approach to SI-03 was suggested in a provider/AC design workgroup), and the creation of an incentive and system support pool for 2018 combining SI-03 funds with one-time funds. To the degree funds permit, incentive-related components of this pool are embedded within SI-03, and non-Medicaid system support components are embedded within PRI-11.

ii. Reason/basis⁴

SI-03: *The change continues part of the one-time 2018 pool funding that supported outpatient treatment on demand incentives, this time through an increase to the funding for this initiative. As other practice transformation incentives remain in development, flexibility remains to continue outpatient treatment on demand incentives and design the rest of 2019-20 incentive program within these available funds. Using MIDD funds to provide additive incentives tied to key system goals is a key way that MIDD helps support system transformation associated with fully integrated managed care.*

PRI-11: *The change continues part of the one-time 2018 pool funding that supported expanded non-Medicaid services associated with expanded system capacity, this time through an increase to the funding for this initiative. MIDD plays an essential role in providing equitable treatment access for people without Medicaid, and the need for such funds will only increase as community capacity expands.*

Prioritizing SI-03 and/or PRI-11 for 2019-20 Underspend if Any: *As incentives and non-Medicaid access are core components of MIDD's role in the behavioral health system as it transforms, these initiatives are recommended to receive priority consideration for one-time increases that may result from potential underspend in the MIDD fund in 2019-20.*

² One-paragraph summary adapted from the MIDD 2 Implementation Plan initiative description that also reflects any revisions that may have been made to the initiative prior to this proposed change.

³ How did the proposed change come to the County's attention as a needed action?

⁴ To the degree feasible, address under "reason/basis" the benefits of making the change, risks of not changing, and any tradeoffs or strategic questions. If the change represents partial funding of a larger request or concept, reference this.

iii. Timing⁵

Expedited action is not needed, as these funding level changes would be implemented beginning in 2019. Advisory Committee action at its June 7, 2018 meeting is sufficient.

c. How the proposed change addresses the Advisory Committee’s guiding principles for MIDD

This change is consistent with the MIDD Advisory Committee guiding principles regarding supporting the “triple aim” vision for health care in King County through integrated/transformational strategies, being open to new ways of achieving results, and being responsive to significant environmental changes in federal/state policy and funding.

d. How the proposed revision impacts the original intent of affected initiative(s)

The original intent of these initiatives is not affected.

e. Funding impacts, if any

Some but not all funds provided on a one-time basis will continue into 2019. SI-03 incentives will be structured to fit within available funds. The one-time pool from 2018 would end, as its activities would be embedded within SI-03 and PRI-11.

f. Evaluation impacts, if any

Consolidating funding additions for 2019-20 within established initiatives, rather than as a separate special project, supports ongoing evaluation and more effective reporting.

g. Next steps

If approved by the Executive and Council, these funding level changes will go into effect in January 2019. Meanwhile, design work on the incentive array for SI-03 continues during 2018.

h. Include staff analysis, if available

Initiative descriptions for the affected programs are available at:

SI-03: <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/SI-03.ashx?la=en>

PRI-11: <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/PRI-11.ashx?la=en>.

The briefing information provided to the MIDD Advisory Committee in late 2017 regarding the one-time incentive/system support pool can be found at: https://kingcounty.gov/~media/depts/community-human-services/MIDD/documents/170927_Proposal_to_Repurpose_MIDD_Dollars.ashx?la=en (September 2017) and https://kingcounty.gov/~media/depts/community-human-services/MIDD/documents/171214_MIDD_Incentive_Pool_Briefing_Doc_for_MIDD_AC.ashx?la=en (December 2017).

Steering Committee Review:

Reviewed: 4/13/18

Reviewed as Amended: 5/22/18

Full MIDD Advisory Committee Review:

Reviewed: 4/26/18

Scheduled for Review as Amended, with Possible Action: 6/7/18

Note: In May 2018 the proposed policy increase to SI-03 Quality Coordinated Outpatient Care was made smaller than in prior versions, in order to be responsive to the Advisory Committee request for partial startup of SI-01 Community-Driven Behavioral Health Grants.

⁵ Address whether expedited review and action is needed, and if so, explain why.

#5

MIDD Advisory Committee / Steering Committee Modification Review Form

Proposed Change: Funding Swap to Prioritize Community-Based Juvenile Justice Behavioral Health Interventions

Fiscal Change to Existing MIDD 2 Initiative(s): CD-02 Youth and Young Adult Homelessness (renamed to Youth Detention Prevention BH Engagement); CD-16 Youth BH Alternatives to Secure Detention (renamed to Youth Respite Alternatives)

Net Total Dollar Amount Change in Funding Level: *Via a biennial swap of \$737,676 from CD-16 (facility-based respite) to CD-02 (community-based crisis response), and incorporating planned phase-in of both CD-02 and CD-16 and updated attribution of County staff as well as estimated economic adjustments, total estimated net biennial funding changes for initiatives are as follows (compared to Implementation Plan amount):*

- \$1,250,517 estimated increase for CD-02, up to \$1,858,317 for 2019-20
- -\$220,873 estimated decrease for CD-16, down to \$1,055,127 for 2019-20

Net Percent Change in Funding Level: *Estimated net biennial funding percentage changes for initiatives as follows (compared to Implementation Plan amount), including estimated economic adjustments:*

- +206% estimated for CD-02
- -17% estimated for CD-16
- Net combined increase for both CD-02 and CD-16 including all factors:

#	2017-18 Base Biennial Amount (Impl. Plan/ 2017-18 Adopted Budget)	Estimated Biennial Amount for 2019-20	2019-20 Biennial Change due to Planned Phase-In	2019-20 Biennial Increase due to Personnel Attribution Change	2019-20 Biennial Increase due to Proposed Econ. Adj	2019-20 Initiative -Specific Policy Change	2019-20 Net Total Biennial Estimated Change	2019-20 Policy Change as % of 2017-18 Base	2019-20 Biennial Budget vs 2017-18 Base
CD-02	607,800	1,858,317	+307,800	+151,769	+53,272	+737,676	+1,250,517	+121%	+206%
CD-16	1,276,000	1,055,127	+425,334	0	+91,469	-737,676	-220,873	-58%	-17%

Programmatic Change(s):

- Population Served or Impacted¹
- Outcomes or Results
- Intervention
- Performance Measures

One-Time Use of MIDD Funds

- Temporary Reallocation of Funds from Initiatives Initiative(s) whose funds are proposed to be reallocated:
- Undesignated or Underspent Funds
- Net Total Dollar Amount: \$

Proposed New Ongoing Initiative(s)

Other (describe): *Rename both initiatives to more accurately reflect programming and goals: rename CD-02 as "Youth Detention Prevention BH Engagement," and rename CD-16 as "Youth*

¹ "Populations served or impacted" should include geographic regions and/or cultural communities where applicable.

Respite Alternatives.” Note that young adult homelessness prevention is addressed through initiative CD-17.

Revision Details:

a. High-level summary² of affected MIDD 2 initiative(s) prior to the change, if any

Note: both of these initiatives are new and were in the early phases of design at the time of the Implementation Plan. Program approaches continue to evolve, as reflected in the discussion below.

CD-02: This initiative supports the development of a coordinated approach to serving youth under the age of 18 who are at risk of coming into contact with law enforcement, and/or at risk of juvenile justice system involvement, including those experiencing homelessness. It aims to expand and support the community-based behavioral health crisis system continuum to serve these at-risk youth more effectively.

CD-16: This program provides community-based treatment/crisis respite beds for youth under the age of 18 who are involved in the justice system, prioritizing those youth who may be held in detention. Community-based services and supports will be offered to stabilize the youth and family, with the intention of diversion from further justice system involvement related to behavioral health conditions.

b. Details of the proposed change, including:

i. Origination of the change³

Program design for both of these initiatives continues in consultation with community members, law enforcement, and County juvenile justice system improvement stakeholders. Evolving understanding of the relative need for and community interest in facility-based respite (CD-16) vs. community-based crisis response (CD-02) has resulted in this proposed swap of funding between these initiatives.

ii. Reason/basis⁴

Further consideration of the needs, opportunities, and costs to establish facility-based respite, and the potential effectiveness of expanding efforts to intervene upstream with families, has resulted in this recommendation to right-size CD-16 funding levels and redirect resources into CD-02’s community-based interventions serving a similar population. MIDD CD-02 funds will help develop community-based programming which begins to provide skills and supports to youth and/or their families. This program is an upstream approach that will offer support, skills and resources upon a low-level law enforcement contact, actively engaging marginalized South King County ethnically diverse communities to both respond to the stigma of seeking behavioral health services and to develop community resources to assist the youth and/or family who are referred. Design processes for these community-based services are ongoing and will be conducted in coordination with key community and County stakeholders, including ongoing juvenile justice system reform efforts, to ensure that they fit with community needs. Juvenile justice system improvement recommendations (expected later in 2018) that are community-based and behavioral health-related could be embedded as part of CD-02 programming. Facility-based respite services under CD-16 will continue at a funding level that supports current capacity and plans for modest expansion into another region of the County when opportunity arises. (Funding is also added to CD-02 to more appropriately attribute County personnel who work on this programming.)

iii. Timing⁵

Expedited action is not needed, as these funding level changes would be implemented beginning in 2019. Advisory Committee action at its June 7, 2018 meeting is sufficient. Needs and opportunities in these

² One-paragraph summary adapted from the MIDD 2 Implementation Plan initiative description that also reflects any revisions that may have been made to the initiative prior to this proposed change.

³ How did the proposed change come to the County’s attention as a needed action?

⁴ To the degree feasible, address under “reason/basis” the benefits of making the change, risks of not changing, and any tradeoffs or strategic questions. If the change represents partial funding of a larger request or concept, reference this.

⁵ Address whether expedited review and action is needed, and if so, explain why.

program areas for 2018 as well as 2019-20 will continue to be monitored and brought forward as program design continues to evolve.

c. How the proposed change addresses the Advisory Committee’s guiding principles for MIDD

This change is consistent with the MIDD Advisory Committee guiding principles regarding support for community-driven approaches, upstream prevention services, and diversion and prevention of justice system involvement.

d. How the proposed revision impacts the original intent of affected initiative(s)

The intent of initiative CD-02 is narrowed to focus on minor youth, and will continue to evolve to align with broader juvenile justice system reform efforts, informed by community and stakeholder input. (MIDD’s young adult homelessness prevention programming is now reflected in initiative CD-17.) The intent of CD-16 is unchanged although its scale is modified.

e. Funding impacts, if any

Funding for CD-02 increases significantly, while CD-16 funding decreases, as outlined above. The policy change here represents a fund swap between these two related initiatives, to reflect shifts in the recommended approach.

f. Evaluation impacts, if any

Evaluation approaches for these initiatives will be determined as the programming approaches and target populations are solidified.

g. Next steps

If approved by the Executive and Council, these funding level changes will go into effect in January 2019. Meanwhile, community-informed program design work for initiative CD-02 will continue, ensuring alignment with forthcoming juvenile justice system reform recommendations expected in fall 2018. Meanwhile, program design, referral approaches, and system partnerships needed for initiative CD-16 will continue to be further developed and refined.

h. Include staff analysis, if available

Initiative descriptions for the affected programs are available at:

CD-02: <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/CD-02.ashx?la=en>.

CD-16: <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/CD-16.ashx?la=en>.

Background on King County’s overarching public health approach to juvenile justice, including efforts to work toward the goal of zero youth detention, is outlined here: <https://www.kingcounty.gov/depts/health/juvenile-justice.aspx>.

Steering Committee Review:

Reviewed: 4/13/18

Full MIDD Advisory Committee Review:

Reviewed: 4/26/18

Scheduled for Possible Action: 6/7/18

#6

MIDD Advisory Committee / Steering Committee Modification Review Form

Proposed Change: Continued Deferral of Two Initiatives Not Yet Started

Fiscal Change to Existing MIDD 2 Initiative(s): PRI-06 Zero Suicide Pilot and CD-09 BH Urgent Care Walk-In Clinic Pilot

Net Total Dollar Amount Change in Funding Level: *Funding levels for initiatives PRI-06 Zero Suicide Pilot and CD-09 Behavioral Health Urgent Care Walk-In Clinic Pilot are adjusted to \$0 for 2018, 2019, and 2020. These initiatives had been formally deferred during 2017, and continue to be deferred so far in 2018, due to environmental factors affecting MIDD broadly.*

- *As adjusted after the earlier 2017 deferral, PRI-06 funding had been \$410,400 for 2018.*
- *As adjusted after the earlier 2017-18 deferral, CD-09 funding was \$0 for 2018.*

Net Percent Change in Funding Level: *-100%. Funding levels are set to \$0 through 2020.*

Programmatic Change(s):

Population Served or Impacted¹

Outcomes or Results

Intervention: *Implementation of these initiatives will remain deferred until after 2020.*

Performance Measures

One-Time Use of MIDD Funds

Temporary Reallocation of Funds from Initiatives

Initiative(s) whose funds are proposed to be reallocated:

Undesignated or Underspent Funds

Net Total Dollar Amount: \$

Proposed New Ongoing Initiative(s)

Other (describe):

Revision Details:

a. High-level summary² of affected MIDD 2 initiative(s) prior to the change, if any

PRI-06: Zero Suicide was envisioned to involve a multi-stage project where the public health and behavioral health systems serving adults with serious mental illnesses will be supported in adopting a specific set of strategies, tools and training to transform these systems to eliminate patient safety failures and to close gaps in depression and suicide care.

CD-09: The King County BH Urgent Care Walk-In Clinic was envisioned to be an accessible and centrally located service for adults who are experiencing a behavioral health crisis and in need of immediate assistance, where people could self-refer by coming directly to the Clinic during established business hours including evenings, without appointments.

b. Details of the proposed change, including:

i. Origination of the change³

This change extends existing previous deferrals of these three initiatives through 2020, in light of environmental factors that contribute to continued behavioral health system uncertainty.

¹ "Populations served or impacted" should include geographic regions and/or cultural communities where applicable.

² One-paragraph summary adapted from the MIDD 2 Implementation Plan initiative description that also reflects any revisions that may have been made to the initiative prior to this proposed change.

³ How did the proposed change come to the County's attention as a needed action?

ii. Reason/basis⁴

In light of significant behavioral health system uncertainties, including threats to core Medicaid services, reduced MIDD revenue forecasts, and most notably an accelerated transition from financially separate physical health and behavioral health payment systems to a fully financially integrated managed care (FIMC) environment in 2019, several new MIDD 2 initiatives were deferred to support strategically significant efforts to prepare the behavioral health system for the current and forthcoming funding and policy landscape. Many of these environmental factors remain uncertain, and MIDD revenue projections for 2019-20 lag behind the rising cost of living in our region. As a result, although these initiatives remain an important component of the MIDD 2 vision, it is not prudent to proceed toward implementation during the 2019-20 biennium.

iii. Timing⁵

Expedited action is not needed. Advisory Committee action at its June 7, 2018 meeting is sufficient.

c. How the proposed change addresses the Advisory Committee's guiding principles for MIDD

This change is consistent with the MIDD Advisory Committee guiding principles regarding responsiveness to federal/state policy and funding changes.

d. How the proposed revision impacts the original intent of affected initiative(s)

Although the fundamental goals of these initiatives remain unchanged, their implementation will be deferred through 2020.

e. Funding impacts, if any

Funding levels are set at \$0 for both initiatives through 2020.

f. Evaluation impacts, if any

The specific evaluation methods for these initiatives have not yet been determined.

g. Next steps

If approved by the Executive and Council, implementation of these initiatives will be deferred through 2020.

h. Include staff analysis, if available

Initiative descriptions for the affected programs are available at:

PRI-06: <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/PRI-06.ashx?la=en>.

CD-09: <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/CD-09.ashx?la=en>.

Steering Committee Review:

Reviewed: 4/13/18

Reviewed as Amended: 5/22/18

Full MIDD Advisory Committee Review:

Reviewed: 4/26/18

Scheduled for Review as Amended, with Possible Action: 6/7/18

A steering committee member expressed continued interest in finding ways to make progress toward implementation of SI-01 Community-Driven BH Grants, in response to interests and needs expressed by community members during MIDD's renewal process. The consensus of the Advisory Committee at its April 2018 meeting likewise favored startup of SI-01 Community-Driven Behavioral Health Grants in 2019,

⁴ To the degree feasible, address under "reason/basis" the benefits of making the change, risks of not changing, and any tradeoffs or strategic questions. If the change represents partial funding of a larger request or concept, reference this.

⁵ Address whether expedited review and action is needed, and if so, explain why.

so this proposed change was amended in May 2018 to limit deferral to PRI-06 Zero Suicide Pilot and CD-09 Behavioral Health Urgent Care Walk-In Clinic Pilot.

Non-Policy Proposed Adjustments for MIDD in 2019-20

7a. Phase-Ins (CD-07 and CD-17): Initiatives CD-07 (Multipronged Opioid Strategies) and CD-17 (Young Adult Crisis Facility, renamed to Young Adult Crisis Stabilization for 2019-20) are budgeted for 2019-20 using their fully phased-in amounts, consistent with the 2018 funding level shown in their Implementation Plan initiative descriptions. As a result, biennial amounts for 2019-20 for these initiatives are substantively higher than the biennial total for 2017-18. Biennial funding for CD-07 would increase from \$2,289,000 to \$3,247,681 including economic adjustments, while the biennial amount for CD-17 would increase from \$1,430,000 to \$2,011,775 including economic adjustments.

CD-07: <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/CD-07.ashx?la=en>.

CD-17: <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/CD-17.ashx?la=en>.

Note: Planned phase-ins also affected 2019-20 funding levels for initiatives CD-02 and CD-16, as noted in modification review form #5.

7b. CD-06 One-Time Investment Not Carried Forward Past 2018 (Medicaid Anticipated): A 2018 one-time temporary increase in MIDD funding for CD-06 Adult Crisis Diversion Center, Respite Beds, and Mobile BH Crisis Teams by \$900,000 is not continued into 2019-20. Medicaid modeling for CD-06 suggests that the temporary increase could be substantively or fully replaced by Medicaid. In 2019-20, MIDD funding continues at \$10,991,404 including economic adjustments.

CD-06: <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/CD-06.ashx?la=en>.

7c. Continuation of Council Additions (RR-14 and TX-CCPL): Level funding (with economic adjustments) is maintained for Council-added initiatives RR-14 (Shelter Navigation Services) at \$1,055,127 for 2019-20, and TX-CCPL (Community Court Planning, renamed to Community Court Pilot for 2019-20) at \$215,246 for 2019-20. Council added one-time funding for both 2017 and 2018, so funding levels are carried forward in anticipation of continued policy direction.

RR-14: <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/RR-14.ashx?la=en>

TX-CCPL: <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/TX-CCPL.ashx?la=en>

7d. Personnel Attribution Correction (CD-12): A technical change is made to correct an inconsistency in the way personnel for CD-12 Parent Partners Family Assistance were attributed, the biennial funding level for this initiative is increased to \$1,107,071 for 2019-20 (from \$851,427 previously). This initiative allocation increase is intended to allow the correction to be made without impacting funding for contracted agencies.

CD-12: <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/CD-12.ashx?la=en>

7e. Splitting RR-11 into Separate Initiatives: Without changing funding levels, initiative RR-11 is split into two separate initiatives, RR-11a Peer Bridger Programs and RR-11b SUD Peer Support, to support more effective monitoring and separate evaluation of two very different programs. This split would be retroactive to 1/1/18 for evaluation and reporting purposes.

RR-11: <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/RR-11.ashx?la=en>

7f. Refining Initiative Names: Certain initiatives names' are refined in order to align the initiative name more closely with the goals/services provided. Name changes would be retroactive to 1/1/18 for evaluation and reporting purposes.

Initiative	Previous Name (Implementation Plan)	Revised Name for 2019-20
PRI-05	Collaborative School-Based BH Services: Middle and High School Students	School-Based SBIRT (Screening, Brief Intervention and Referral to Treatment)
CD-02	Youth and Young Adult Homelessness	Youth Detention Prevention BH Engagement
CD-16	Youth BH Alternatives to Secure Detention	Youth Respite Alternatives
CD-17	Young Adult Crisis Facility	Young Adult Crisis Stabilization
RR-11a	RR-11 Peer Bridgers and Peer Support Pilot (<i>combined</i>)	RR-11a Peer Bridger Programs (<i>separated</i>)
RR-11b		RR-11b SUD Peer Support (<i>separated</i>)
SI-02	BH Services in Rural King County	Rural BH Grants
TX-RMHC	Regional MH Court	Regional MH Court and Regional Veterans' Court
TX-CCPL	Community Court Planning	Community Court Planning and Pilot

BH = Behavioral Health. MH = Mental Health. SUD = Substance Use Disorders.

7g. Personnel Attribution Adjustment (RR-10): In order to more appropriately attribute a portion of personnel associated with the RR-10 BH Employment Services and Supported Employment initiative, the biennial funding level for this initiative is increased to \$2,266,558 for 2019-20 (from \$2,122,818 previously). This adjustment aligns funding with

the position's functions, which include both Medicaid and MIDD activities. This initiative allocation increase allows the adjustment to be made without impacting funding for contracted agencies.

RR-10: <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/RR-10.ashx?la=en>

7h. Technical Corrections (TX-ADC and TX-FTC): Prior adjustments for TX-ADC Adult Drug Court and TX-FTC Family Treatment Court in 2017-18 had not been carried forward into 2019-20 in the April 26 draft. Funding levels were revised up to \$9,200,431 (for TX-ADC) and \$3,301,889 (for TX-FTC) to accommodate these technical updates.

TX-ADC: <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/TX-ADC.ashx?la=en>

TX-FTC: <https://kingcounty.gov/~media/depts/community-human-services/MIDD/initiatives/TX-FTC.ashx?la=en>

Steering Committee Review:

Reviewed: 4/13/18

Reviewed as Amended: 5/22/18

Full MIDD Advisory Committee Review:

Reviewed: 4/26/18

Scheduled for Review as Amended, with Possible Action: 6/7/18

During May 2018, items 7g (Supported Employment personnel attribution) and 7h (Adult Drug Court and Family Treatment Court corrections) were added, and under item 7f, the proposed name for initiative PRI-05 was revised to School-Based SBIRT. It was also clarified that items 7e (splitting initiative RR-11) and 7f (initiative name refinements) would be retroactive to 1/1/18 for evaluation and reporting purposes.

MIDD Advisory Committee Guiding Principles for King County to Utilize in Developing and Implementing MIDD Activities (as updated 5/31/17)

- Responsive to significant environmental changes in federal/state policy and funding; filling gaps
- Driven by outcomes; informed by data
- Based in promising or best practices; evidence-based when possible
- Supports King County's vision for health care; reflects the triple aim: improved patient care experience, improved population health, and reduced cost of health care
- More upstream / prevention services
- Integrated, transformational services / strategies designed to serve our most disenfranchised populations
- Partnering between CJ / human services with shared goal to divert and prevent justice system involvement
- Community-based organizations on equal status with County for compensation
- Open to new ways of achieving results
- Build on strengths of the system
- Self-sustaining; partnerships that leverage sustainability when possible
- Recovery focused
- Community driven
- Client Centered
- Common goal (from MIDD Framework as "result of MIDD"): *"People living with or at risk of behavioral health conditions are healthy, have satisfying social relationships, and avoid criminal justice involvement."*