

**MIDD Advisory Committee / Steering Committee Modification Review Form**

**Proposed Change:**

- Fiscal Change to Existing MIDD 2 Initiative(s): CD-06 Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team**
- Net Total Dollar Amount Change in Funding Level: **\$1,000,000**
- Net Percent Change in Funding Level: **14%**
- Programmatic Change(s): N/A**
  - Population Served or Impacted<sup>1</sup>
  - Outcomes or Results
  - Intervention
  - Performance Measures
- One-Time Use of MIDD Funds: N/A**
  - 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): N/A**
- Other (describe): N/A**

**Revision Details:**

- a. **High-level summary<sup>2</sup> of affected MIDD 2 initiative(s) prior to the change, if any:**

The Adult Crisis Diversion Center strategy, operating under the name Crisis Solutions Center (CSC) provides King County first responders with a therapeutic, community-based alternative to jails and hospitals when engaging with adults who are in behavioral health crisis. The CSC has three program components: Mobile Crisis Team (MCT), Crisis Diversion Facility (CDF), and Crisis Diversion Interim Services (CDIS). The programs are intended to stabilize and support individuals in the least restrictive setting possible, while identifying and directly linking them to appropriate and ongoing services in the community. One of the main goals of crisis services is to stabilize individuals in the community. Crisis services also provide post-stabilization activities, including referral and linkage to outpatient services and supports.
- b. **Details of the proposed change, including:**
  - i. **Origination of the change<sup>3</sup>:** In 2019, half of the needed increase to support the full costs of the program was implemented in 2019-20. King County budget planners intended to add the second \$1M if/when OEFA forecasts increased sufficiently to cover these added expenditures.
  - ii. **Reason/basis<sup>4</sup>:** The CSC is a critical part of King County’s crisis system. It must be maintained in order to keep the system functional. This program is often a primary resource for people who are in crisis and who are not part of the outpatient system. Designated Crisis Responders (DCRs) refer clients to CSC who are in crisis, but do not meet the criteria for being

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<sup>1</sup> “Populations served or impacted” should include geographic regions and/or cultural communities where applicable.

<sup>2</sup> 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.

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

<sup>4</sup> 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.

involuntarily detained. Law enforcement, fire departments, and Emergency Medical Services personnel utilize this resource to avoid unnecessary hospitalization and/or jail stays, as well as to provide an appropriate community-based response to individuals in crisis in the community who need assistance to stabilize and connect to resources. In addition, Crisis Connections refers clients to CSC who are in crisis but who are not currently enrolled with contracted community behavioral health providers. CSC programs work to build trust, reduce barriers to treatment and other supportive services, and keep individuals from cycling through inappropriate criminal legal and emergency systems, by connecting them to appropriate services to address their behavioral health needs.

DESC recognized that their costs were starting to increase and outpace the funds available. Starting in 2016 the CSC's lease was renewed, resulting in an increase in facility costs due to a substantial increase in rental costs. Rent and associated costs (utilities, maintenance, etc.) increased by 23% in 2016. These costs increased by \$112,716 the first year, and they continue to rise each year including an \$63,060 increase in anticipated costs from 2018 to 2020. DESC holds a lease at the current location and are locked into the lease through 2022.

In addition, DESC's engaged in market research to determine prevailing competitive wages for the array of staff positions at the CSC's three program components. The results indicated that the agency had been less able to successfully recruit or retain behavioral health provider staff than it was when the CSC was launched, due largely to the inability to offer competitive wages within the available funding provided by MIDD. In 2018, DESC began to address the wage-gap issues and renegotiated pay scale increases for their employees to be more in line with market rates in order to help reduce turnover and maintain consistency for the clients. This resulted in a large increase in their monthly costs, and a \$1,122,000 projected cost increase from 2018 to 2020.

The Medicaid funding assumptions used during the 17/18 budget development did not cover the costs of operations. An additional \$900,000 of MIDD funds was added in 2018 on a one-time basis until Medicaid cost allocations could be fully realized. However, Medicaid estimates did not meet expectations while Non-Medicaid expenses grew, and State Non-Medicaid funding was reduced.

The CSC experienced rising costs in the following areas: salaries/wages, rent and related facility costs. Salaries and wages were increased to recruit and retain qualified staff while facility costs increased more than 20% with the lease renewal. This funding request will right size the budget with current Medicaid allocations and rising costs.

King County's MIDD plays a unique role for the CSC, as MIDD was the founding funder and remains the primary sustaining fund source for CSC programming that benefits people in crisis countywide. Since 2017 the CSC has requested additional MIDD funds each year to support the costs of the program beyond what was allocated for the contract to ensure the continued availability and effectiveness of this essential crisis service by addressing wage-gap issues that threaten needed staffing levels and providing short-term assistance with rising facility costs. Approximately \$1,000,000 has been needed each year to hold the program whole and ensure services are maintained at the level necessary to meet the needs of the individuals served.

Appropriated 2019-20 MIDD funding included continuation of the 2018 increase previously reviewed by the Advisory Committee, through a \$1M/biennium increase in 2019-20 to support program operations. However, the funding need for the biennium was identified during the budget process as \$2M, as indicated in [briefing materials presented to the Advisory Committee in August 2018](#). The final budget included just the \$1M increase, due to limited available funding, as shown in the [Advisory Committee budget briefing in December 2018](#). Even as only half of the needed increase was implemented initially in 2019-20, budget planners intended to add the second \$1M if/when OEFA forecasts increased sufficiently to cover these added expenditures. Medicaid and state mobile crisis team funding continue to play a role in funding the program as well.

- iii. **Timing**<sup>5</sup>: Changes to be implemented in agency contract starting January 2020.
  
- c. **How the proposed change addresses the Advisory Committee’s guiding principles for MIDD:**  
This change builds on the strength of the current system and ensures a focus on reducing costs to the healthcare system by supporting services upstream from deep crisis and criminal justice systems.
  
- d. **How the proposed revision impacts the original intent of affected initiative(s):**  
Original impact will remain in place with the appropriate amount of funds to fully support this critical program. Without funds to fully support the program, client care services and access to needed diversion programming may be reduced. Currently the facility maintains a 4:1 client/staff ratio at the CDF; without the requested funds to support staff salaries, this staffing level may need to be reduced in order to maintain services while also ensuring they are able to accept new referrals into the program, with potential impacts to client care and services. Also, without added funds, it may not be possible to maintain MCT capacity in the field to respond to first responder requests for outreach to individuals in crisis.
  
- e. **Funding impacts, if any:** funding request for an additional \$1,000,000 of MIDD funds.
  
- f. **Evaluation impacts, if any:** None anticipated.
  
- g. **Next steps:** Once approved, draft a contract amendment for 2020 allocating the additional funds.
  
- h. **Include staff analysis, if available:**  
N/A

**Steering Committee Review:**

Review: 8/12/19

**Full MIDD Advisory Committee Review:**

Review: 8/22/19

Action: 9/26/19

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<sup>5</sup> Address whether expedited review and action is needed, and if so, explain why.