MIDD Advisory Committee / Steering Committee Modification Review Form

Proposed Change:

- Fiscal Change to Existing MIDD 2 Initiative PRI 04 Older Adult Crisis Intervention/Geriatric Regional Assessment Team (GRAT)
- Net Total Dollar Amount Change in Funding Level: Addition of Veterans, Seniors & Human

1. GRAT 2.0 will be funded by both MIDD and VSHSL dollars for a larger combined total award. Expected funding chart:

	2019	2020	2021	2022	2023
VSHSL	\$200,000	\$205,000	\$395,000	400,000	400,000
One-time	(\$1,651.50)				
ZoomGrants					
Fee					
MIDD	\$348,788	\$357,821	TBD*	TBD*	TBD*
Total Available	\$547,136.50	\$562,821	TBD*	TBD*	TBD*

*MIDD funding in 2021 and beyond is subject to biennial appropriation by King County Council. Although there cannot be a guarantee of future funding, whenever appropriate MIDD aims to maintain stable funding for programs that are operating, and provide periodic economic adjustments, to the degree that sales tax proceeds permit.

2. VSHSL defines "senior/ older adult" as 55 and older, whereas the previous MIDD contract for GRAT formerly defined age of eligibility as "Persons whose referent believes are age 60 years or older." Under the new braided funding, the GRAT service will be available to all older adults in King County who meet eligibility criteria and who referent believes are age 55 years old and older.

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

- 3. Enrollment status: intervention will be available to King County residents regardless of current Behavioral Health enrollment. Under MIDD, the intervention was targeted to individuals without current Behavioral Health enrollment. Provider will immediately seek information on any current enrollment and transfer services to any enrolled provider as soon as is clinically indicated.
- 4. Currently, eligibility criteria states the individual must be

"...experiencing a crisis in which mental health or alcohol and/or other drugs are likely contributing factor and /or exacerbating the situation ..."

To offer the GRAT 2.0 provider more flexibility to accept initial referrals and do assessment, the new program will add the words "referent believes," so that it reads:

"...experiencing a crisis in which referent believes mental health or alcohol and/or other drugs are likely contributing factor and /or exacerbating the situation ..."

- 5. The GRAT Provider will be explicitly asked to utilize language services and build networks with community based agencies to help provide services that are culturally appropriate. In the past, this expectation has not been as explicit. This emphasis is based on feedback from our Community Planning Session with community stakeholders.
- 6. The GRAT Provider will be asked to work on diversifying their funding sources, including drawing down from Medicaid and Medicare, leveraging other municipal or federal funding, grants etc. In the past, MIDD funding was supplemental to other existing funding and this was not a requirement.

Revision Details:

a. High-level summary^[1] of affected MIDD 2 initiative(s) prior to the change, if any

A. Service Components/Design: GRAT provides a specialized outreach crisis and mental health assessment, including a substance use screening that is age, culturally, and linguistically appropriate for King County residents age 60 years and older who are experiencing a crisis in which mental health or alcohol and/or other drugs are a likely contributing factor and/or exacerbating the situation, and who are not currently enrolled in mental health services under the King County Mental Health Plan.

B. Goals: GRAT provides assessment, crisis intervention and referral for older adults throughout King County, and for many, this service diverts them from using more intensive and costly crisis services (hospital emergency room, psychiatric hospitalization, jail, etc.). This program is consistent with the recovery model, in that it focuses on helping those older

^[1] 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.

adults most in need to improve their well-being, get the assistance needed to accomplish this, and to help older adults live as independently as possible.

- b. Details of the proposed change, including:
 - i. Origination of the change^[2]
 - ii. Reason/basis^[3]
 - iii. Timing^[4]

Origination of the Change

Because MIDD Funding will now be **braided with VSHSL Funding**, the intervention must meet requirements for both funding sources. VSHSL defines the target population, older adults, as being aged 55 and older. In addition, VSHSL funds are not limited to individuals without current Behavioral Health enrollment.

In addition, a **Community Planning Session** and several meetings with other key stakeholders pointed to slight adjustments to the contract and intervention. See below for specifics by proposed change.

Reason/Basis

reason/ basis	
Proposed Change	Reason/basis
1. GRAT 2.0 will be funded by both MIDD and VSHSL dollars for a larger combined total award.	DCHS strategically braiding resources to ensure that this critical intervention can be made available for older adults in King County.
2. VSHSL defines "senior/ older adult" as 55 and older, whereas the previous MIDD contract for GRAT formerly defined age of eligibility as "Persons whose referent believes are age 60 years or older." Under the new braided funding, the GRAT service will be available to all older adults in King County who meet eligibility criteria and are 55 years old and older.	Expanding age criteria to serve individuals 55 and older in compliance with VSHSL.
3. Enrollment status: intervention will be available to King County residents regardless of current Behavioral Health enrollment. Under MIDD, the intervention was targeted to individuals without current Behavioral Health enrollment.	VSHSL funding will include all older adults in King County who meet criteria, regardless of enrollment status. Contractor will be expected to check enrollment status as soon as is feasible and refer enrolled individuals to their enrolled outpatient behavioral health provider.

^[2] How did the proposed change come to the County's attention as a needed action?

^[3] 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.

^[4] Address whether expedited review and action is needed, and if so, explain why.

Proposed Change	Reason/basis
4. Currently, eligibility criteria states the individual must be "experiencing a crisis in which mental health or alcohol and/or other drugs are likely contributing factor and /or exacerbating the situation" To offer the GRAT 2.0 provider more flexibility to accept initial referrals and do assessment, the new program will add the words "referent believes," so that it reads: "experiencing a crisis in which referent believes mental health or alcohol and/or other drugs are likely contributing factor and /or exacerbating the situation"	This change is a result of feedback from community stakeholders and will allow the GRAT 2.0 provider more flexibility when accepting initial referrals and then the opportunity to do their own assessment. In addition, this places less onus on a community member who is making a referral.
5. The GRAT Provider will be explicitly asked to utilize language services and build networks with community based agencies to help provide services that are culturally appropriate. In the past, this expectation has not been as explicit.	This emphasis is based on feedback from our Community Planning Session with community stakeholders.
6. The GRAT Provider will be asked to work on diversifying their funding sources, including drawing down from Medicaid and Medicare, leveraging other municipal or federal funding, grants etc. In the past, MIDD funding was supplemental to other existing funding and this was not a requirement.	In the original iteration, MIDD funding for GRAT was supplemental to other funding, including federal block grant. That funding is not currently available, but DCHS would like to encourage the provider to seek other funding sources to ensure the sustainability of the GRAT intervention.

Timing

All changes will be included in the Request for Proposals and expected of the provider identified and contracted to implement GRAT. The Request for Proposals is slated to be publicly released 3/1/19, closed 4/12/19, with a decision within 2-4 weeks and implementation expected to begin Q3 2019.

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

Proposed Change	Relevant Advisory Committee guiding principles
1. GRAT 2.0 will be funded by both MIDD and VSHSL dollars for a larger combined total award.	 Responsive to significant environmental changes in federal/state policy and funding; filling gaps Self-sustaining; partnerships that leverage sustainability when possible

Proposed Change	Relevant Advisory Committee guiding principles
2. VSHSL defines "senior/ older adult" as 55 and older, whereas the previous MIDD contract for GRAT formerly defined age of eligibility as "Persons whose referent believes are age 60 years or older." Under the new braided funding, the GRAT service will be available to all older adults in King County who meet eligibility criteria and are 55 years old and older.	Integrated, transformational services / strategies designed to serve our most disenfranchised populations (expand eligibility to a more inclusive group of older adults)
3. Enrollment status: intervention will be available to King County residents regardless of current Behavioral Health enrollment. Under MIDD, the intervention was targeted to individuals without current Behavioral Health enrollment. VSHSL funding will include all older adults in King County who meet criteria, regardless of enrollment status. Contractor will be expected to check enrollment status as soon as is feasible and refer enrolled individuals to their enrolled outpatient behavioral health provider.	 Build on strengths in the system (emerging ability to quickly check enrollment status) Client Centered (offer these services regardless of enrollment, ensure connection to enrolled provider) Supports King County's vision for healthcare; reflects the triple aim: improved patient care experience, improved population health, and reduced cost of health care
4. Currently, eligibility criteria states the individual must be "experiencing a crisis in which mental health or alcohol and/or other drugs are likely contributing factor and /or exacerbating the situation" To offer the GRAT 2.0 provider more flexibility to accept initial referrals and do assessment, the new program will add the words "referent believes," so that it reads: "experiencing a crisis in which referent believes mental health or alcohol and/or other drugs are likely contributing factor and /or exacerbating the situation"	 Client Centered (allow the GRAT 2.0 provider more flexibility when accepting initial referrals and then the opportunity to do their own assessment. In addition, this places less onus on a community member who is making a referral) Community driven (This change is a result of feedback from community stakeholders)
5. The GRAT Provider will be explicitly asked to utilize language services and build networks with community based agencies to help provide services that are culturally appropriate. In the past, this expectation has not been as explicit.	 Integrated, transformational services / strategies designed to serve our most disenfranchised populations (more explicit focus on populations with diverse language, ethnicity, race) Community driven (This change is a result of feedback from community stakeholders)

Proposed Change	Relevant Advisory Committee guiding principles		
6. The GRAT Provider will be asked to work on diversifying their funding sources, including drawing down from Medicaid and Medicare, leveraging other municipal or federal funding, grants etc. In the past, MIDD funding was supplemental to other existing funding and this	 Responsive to significant environmental changes in federal/state policy and funding; filling gaps Self-sustaining; partnerships that leverage sustainability when possible 		
was not a requirement.			

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

The Intent of GRAT remains the same. The proposed changes add funding, expand the target population to individuals 55 and older, and seek to improve the quality and sustainability of the intervention.

e. Funding impacts, if any

Funding impact is the addition of VSHSL funds as follows:

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	2019	2020	2021	2022	2023
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f. Evaluation impacts, if any

Basic evaluation framework will remain the same; however provider will also be required to provide data to VSHSL evaluation team.

g. Next steps

GRAT 2.0 Request for Proposals will be released publically shortly after MIDD Advisory Committee approval to start a competitive procurement process to identify a provider to stand up and operate GRAT 2.0.

h. Include staff analysis, if available

These changes are the result of numerous meetings with stakeholders including older adults, provider agencies, Adult Protective Services and the Prosecuting Attorney's Office Elder Abuse unit, Washington Department of Social and Human Services, Aging and Disability Services (the Area Agency on Aging housed at the City of Seattle), law enforcement, Designated Crisis Response, Crisis Connections (formerly Crisis Line) and others.