MIDD Briefing Paper

ES 1h Geriatric Regional Assessment Team (GRAT)

Existing MIDD Program/Strategy Review ☒ MIDD I Strategy Number: 1h (Attach MIDD I pages)
New Concept ☐ (Attach New Concept Form)
Type of category: Existing Program/Strategy NO CHANGE

SUMMARY: The Geriatric Regional Assessment Team (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. The GRAT is a multidisciplinary team that consists of 5.5 FTEs (3.5 FTEs funded by MIDD) fulfilled by six staff members, four of whom are Geriatric Mental Health Specialists (GMHS). Currently, GRAT has 1.0 FTE Chemical Dependency Professional (CDP) and a 0.5 FTE psychiatric nurse who works with clients with more complex medical issues and provides consultation to GRAT staff regarding their clients' medical issues. The Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) contracts with EvergreenHealth (EH) for GRAT services. This program provides a comprehensive assessment, crisis intervention, and referral and linkage to community resources for older adults struggling with mental health and/or chemical dependency issues. By intervening early, GRAT effectively diverts many of the older adults it serves from using other more costly services, such as inpatient psychiatric hospitalization, emergency rooms, skilled nursing facilities, and jail. GRAT also provides consultation, care planning, and education on older adult mental health issues for other community providers.

Collaborators:

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The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. **Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

The Geriatric Regional Assessment Team (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. The GRAT is a multidisciplinary team that consists of 5.5 FTEs (3.5 FTEs funded by MIDD) fulfilled by six staff members, four of whom are Geriatric Mental Health Specialists (GMHS). Currently, GRAT has 1.0 FTE Chemical Dependency Professional (CDP) and a 0.5 FTE psychiatric nurse who works with clients with more complex medical issues and provides consultation to GRAT staff regarding their clients' medical issues. The Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) contracts with EvergreenHealth (EH) for GRAT services. This program provides a comprehensive assessment, crisis intervention, and referral and linkage to community resources for older adults struggling with mental health and/or chemical dependency issues. By intervening early, GRAT effectively diverts many of the older adults it serves from using other more costly services, such as inpatient psychiatric hospitalization, emergency rooms, skilled nursing facilities, and jail. GRAT also provides consultation, care planning, and education on older adult mental health issues for other community providers.

GRAT services are available eight hours per day during business hours, Monday through Friday, and are provided in the person's residence or another community location if the person prefers. Clients referred to GRAT are seen within 72 hours and on an urgent 24 hour basis for First Responders and Designated Mental Health Professionals (DMHP) when requested. The majority of GRAT clients are seen for one visit by a clinician and then provided referrals to on-going programs for support and assistance, including mental health and substance use treatment services. Occasionally clients are seen more than once in order to complete the assessment. GRAT clinicians also provide care coordination and education with the client's support network to ensure support provided is appropriate to the client's situation, and assist with connecting the client to the referred services.

The MIDD Strategy 1h goal is to "Expand the Availability of Crisis Intervention and Linkage to Ongoing Services for Older Adults." MIDD funding ($315,000 annually) was added to the existing Federal Block Grant funding ($313,636 annually) through MHCADSD for the GRAT program in 2009, in order to increase its service capacity.

2. **Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area** (Select all that apply):

   ☒ **Crisis Diversion** ☒ **Prevention and Early Intervention**

   ☒ **Recovery and Re-entry** ☐ **System Improvements**

   Please describe the basis for the determination(s).

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

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.

Older adults aged 55 and over are the fastest growing population in King County and across the country. Those numbers will continue to increase. By 2030, 30 percent of King County's population will be 55 or older. Another factor in the increase of older adults over the past 13 years is that life expectancy in King County has increased by about 3.4 years to an average of 81.9 years.[1]

It is estimated that 20 percent of adults age 55 years or older experience some type of mental health issue; the most common conditions are anxiety, severe cognitive impairment, and mood disorders (depression or bipolar disorder). Mental health problems are often implicated as a factor in suicide. Older men have the highest suicide rate of any age group and men aged 85 years or older have a suicide rate of 45.23 per 100,000, compared to an overall rate of 11.01 per 100,000 for all ages.[2] Only about half of older adults who acknowledge that they have mental health problems receive treatment from any health care provider, and only a fraction of those receive specialty mental health services (3%), the lowest rate among any adult group.[3]

According to a 2006 survey by SAMHSA's National Survey on Drug Use and Health, 3.2 million older adults (3.6 percent of population) had a substance use disorder and an OAS study projected that the number of older adults with a substance use disorder will increase to 5.7 million by 2020.[4]

"Perhaps nowhere is the need for attention more evident than in the areas of substance abuse prevention, addiction treatment, and mental health services. Relatively few people are focused on or aware of the significance of alcohol, medication, and mental health-related problems among older adults. Yet as many as 17 percent of older adults are affected by alcohol and/or prescription drug misuse, and an estimated 20 percent of older adults experience mental disorders that are not a normal part of aging. These problems affect not only the length of life but also the quality of life."[5]

Older adults often are reluctant to seek services from traditional substance abuse and mental health providers for a variety of reasons, including the stigma associated with these issues. Health and social services providers often do not recognize the warning signs of substance abuse and mental health problems. They may attribute the symptoms of a substance abuse or mental health problems among older adults to the natural course of aging. They also may avoid the topic because of the stigma associated with substance abuse and mental illness.

[1] DCHS and Aging and Disability Services presentation: The Rise of Older Adults in King County, July 8,2015.

[2] The State of Mental Health in Aging America, Issue Brief One: What Do the Data Tell Us?, www.cdc.gov/aging/pdf/mental_health.pdf

[3] MHCADSD website.

[4] www.media.samhsa.gov/samhsaNewsletter/Volume_17_Number_1/OlderAdults.aspx

[5] Promoting Older Adult Health: Aging Network Partnerships to Address Medication, Alcohol, and Mental Health Problems, SAMHSA, 2002, DHHS Publication No. (SMA) 02-3628).

For many years the GRAT program has been the only outreach crisis intervention, assessment, and referral program that provides services specifically to the older adult population in King County. GRAT clinicians are specialty trained, and in most cases are credentialed as Geriatric Mental Health Specialists, and this supports their ability and expertise to respond to crisis issues specific to older adults. Older adults are frequently dealing with complex issues, such as cognitive impairment (i.e., dementia or delirium), mental health problems, substance use, chronic medical issues, limited resources, lack of natural support (such as family, friends, etc.), thus making it more difficult for this population to access available services or programs in the community. The GRAT clinician provides the linkage for the older adult client to get the help and support necessary to live as independently as possible. Also, when appropriate, GRAT supports the older adult client to receive additional care when the client cannot maintain his/her own independence.

Since GRAT receives about half its funding from MIDD and the other half from a Federal Block Grant, GRAT's capacity would be cut in half if GRAT's MIDD funding was discontinued. In 2008, prior to the addition of MIDD funding, GRAT reported that it was serving 200 clients per year and turning away at least three referrals per week. In 2014, 540 referrals were made to GRAT, of which 398 individuals (347 with mental health issues and 51 with substance use issues) were enrolled in GRAT services. If GRAT services were halved, many would go unserved and would not be diverted from more costly services/interventions. A good number would likely end up in an emergency room, psychiatric hospital, , jail, involuntarily detained by a DMHP, evicted, homeless, or in nursing home placement.

GRAT's success diverting clients from unfavorable living circumstances and costly institutions are detailed in Question B3 below.

2. **Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.**

The GRAT program is the only community-based crisis intervention and referral service specifically for adults most in need aged 60 and older in King County. GRAT clinicians are specialty trained, and in most cases are credentialed as Geriatric Mental Health Specialists, and this supports their ability and expertise to respond to crisis issues specific to older adults. Given the current and projected growth of the older adult population in King County, and that older adults at risk are less likely to recognize a problem and ask for help, and that older adults are less likely to get help unless someone else intervenes on their behalf, GRAT services will continue to be critical in outreaching to individuals who may otherwise not get the timely help needed. The majority of GRAT referrals are made by concerned family members, friends, or professionals involved in the person's life, rather than by self-referral. GRAT responds quickly to referrals, conducts a thorough face-to-face assessment and crisis intervention, and links the person with appropriate resources, and has reduced the use of jail, emergency rooms, homelessness, and psychiatric hospitalization as indicated above. The GRAT Team also provides education and consultation to other programs and agencies in the community regarding older adult issues to help increase awareness and appropriate interventions/considerations for older adults in crisis, all of which will become more important as the older adult population continues to increase in King County.

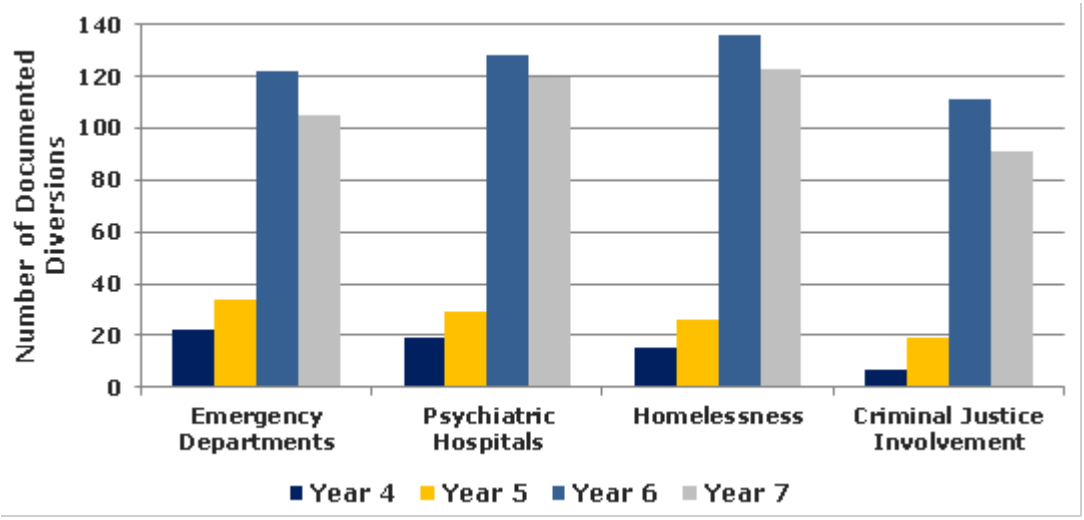
3. **What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide**

evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.

GRAT tracks the number of its clients that are diverted from emergency room visits, psychiatric hospital visits, homelessness, criminal justice involvement, skilled nursing facility (SNF) placement, and eviction. GRAT submits this data monthly to MHCADSD. From February, 2013 through November 2015, GRAT interventions were effective in diverting many individuals from the following negative outcomes (2013 – 2015 GRAT Monthly Reports submitted to MHCADSD):

- 269 diverted from Emergency Room Visits
- 293 diverted from psychiatric hospital admissions
- 303 diverted people from homelessness
- 234 diverted from criminal justice involvement
- 279 diverted from skilled nursing facility placements
- 276 diverted from eviction
- 45 diverted from Designated Mental Health Professional involuntary detentions

GRAT has exceeded its MIDD targets for number of people served for the first six years of MIDD funding.[6] In January 2012, the GRAT began tracking diversions of referred older adults from homelessness and other costly dispositions. The first two years of reporting counted relatively few diversions, but recent reports indicate that nearly all clients avoid entering at least one of the expensive systems or circumstances shown below.



For 105 MIDD funded GRAT clients who used Harborview Emergency Room, their visits to this emergency room decreased by 67 percent at three years post GRAT intervention.[7]

Since 2007, annual satisfaction surveys are sent to referents to rate the experience of working with the GRAT program. Overall responses are positive and referents comment overwhelmingly how helpful this

[6] Draft of 8th Annual MIDD REPORT

[7] Annual MIDD Report.

service is for the community. Average scores on these surveys are 4.5 on a 5-point scale. The following are recent quotes from a GRAT client, referents, and family members of GRAT clients:

- "I am so grateful to you for coming out, you've given me hope. No one ever asked me about my husband being a veteran before. And now I might get some financial help because of it [client learned she may qualify for the Aid and Attendance benefit]…you have made me feel so much better, I am so thankful." – GRAT Client
- "Your assessment set the tone for everything we are doing for the patient... it was incredibly helpful." – Hospital Social Worker who referred a GRAT Client

- "I just want to thank you. I just got back from my mom's a little bit ago and you sparked something in her that is amazing; she is picking up the house on her own. We had a wonderful day and half together. She wanted to know more about the program. I told her you are the advocate for her. I am her support and her daughter and I love her dearly but you are the advocate for her. I got her signed up for Group Health and she is excited about the program. It's wonderful. Thank you so much." – Daughter of GRAT Client with hoarding issues

- "I cannot thank you enough for hanging in there, and helping to get DSHS back out to see him [my brother]. I had the wrecking ball facing me with each day. Your re-assurance on the phone, and your faithfulness to me cannot be measured, or put into words from my heart. The best I can do is to let you know how deeply it touched me, and the true difference you made in my brother's life. You helped rescue him from hell…" – Sister of a GRAT Client

- "Oh my God, you are the first person who has told it to me straight about what I need to do to get my mom placed and how to go for guardianship. Other people were not giving me accurate information." – Son of a GRAT Client

- "You are able to see things and get information that is helpful to what we do that we cannot get any other way…you seem to know what you are talking about" – Medical Doctor's opinion on the value of having a GRAT Clinician see a client in her residence.

- "Thank you… I read through the package of information that you left and it is invaluable. My mom was very stressed this last week… but she was moving around and doing great. This is just invaluable information. She will settle down… thank you so much for the information and the support. My mom just loved it that you looked at her feet [and recommend she see her doctor]. Thank you again so much." – Daughter of GRAT Client

- "I had no idea that was going on. I am so glad you called. Please let me know what else I can do and what your recommendations are. I will ask our clinic social worker to call you. It is great that you are able to go see her at home." – Primary Care Provider of GRAT Client who was dealing with a possible eviction and victim of financial exploitation by a family member

- "Thank you for the follow up. I know you can only do what you can do, but we really value your efforts and I really appreciate you following up with me." – Seattle Police Officer on the Crisis Intervention Team regarding the status of GRAT Client.

4. **Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Promising Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.**

   In 2002, Substance Abuse and Mental Health Services Administration (SAMHSA) designated the GRAT program as a "Promising Practice".[8] In describing the promising practices included in the "Outreach" section of its guidebook, SAMHSA wrote, "Just as outreach is essential to reach older adults with substance abuse or mental health needs, persistence is crucial to connect these individuals with services. These promising practices offer prime examples of the need to 'meet people where they are.' According to Raymond Raschko, developer of the gatekeeper concept, there are two general rules about seniors in need: The more at risk they are, the less likely they are to recognize the problem and ask for help; the more at risk they are, the less likely they are to get help unless someone else intervenes on their behalf."[9]

5. **What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

GRAT submits monthly data about referrals/linkage made to other systems at discharge from the program. These include referrals to medical services, mental health services, substance use services, aging and disability services, DSHS, adult protective services, advocate organization, senior information and assistance, housing/apartment managers, home care agencies, care facilities, first responders, DMHPs. GRAT tracks the number of its clients that are diverted from emergency room visits, psychiatric hospital visits, homelessness, criminal justice involvement, skilled nursing facility (SNF) placement, and eviction. GRAT submits this data monthly to MHCADSD, including the MIDD evaluation team. Outcomes to date were detailed above in B3. Similar outcomes would be expected if the program continues to be funded at similar levels under MIDD II.

C. Populations, Geography, and Collaborations & Partnerships

1. **What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program:** (Select all that apply):

☐ **All children/youth 18 or under**	☒ **Racial-Ethnic minority (any)**
☐ **Children 0-5**	☐ **Black/African-American**
☐ **Children 6-12**	☐ **Hispanic/Latino**
☐ **Teens 13-18**	☐ **Asian/Pacific Islander**
☐ **Transition age youth 18-25**	☐ **First Nations/American Indian/Native American**
☐ **Adults**	☐ **Immigrant/Refugee**
☒ **Older Adults**	☐ **Veteran/US Military**
☐ **Families**	☐ **Homeless**
☐ **Anyone**	☐ **GLBT**

[8] Promoting Older Adult Health: Aging Network Partnerships to Address Medication, Alcohol, and Mental Health Problems" guidebook, 2002, pp. 41-44.

[9] Promoting Older Adult Health: Aging Network Partnerships to Address Medication, Alcohol, and Mental Health Problems" guidebook, 2002, p 30.

☐ **Offenders/Ex-offenders/Justice-involved** ☐ **Women**
☐ **Other – Please Specify:**

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

The GRAT Team receives referrals from throughout the King County community. Whether from a neighbor, concerned family member, or professional (i.e. first responder, Adult Protective Services, older adult day programs, doctor's offices, nurses, etc.) an older adult age 60 or older can be referred for GRAT crisis services. By contract, the following older adults are not eligible for GRAT services: those currently authorized for King County Mental Health Program (KCMHP)outpatient mental health benefits or residential placement, and those living in a nursing home.

2. **Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection**: County-wide and home-based services are provided by GRAT. GRAT staff meets with clients in their residences or other community locations throughout King County. As long as the GRAT clinician is provided with an address or location in King County (such as, lives in a truck under the 4th Avenue Bridge), the GRAT clinician attempts to meet with the client.

3. **What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

The GRAT program is known throughout King County to be an effective resource for providing assistance and linkage to services for older adults. GRAT clinicians regularly work with First Responders and law enforcement throughout King County. GRAT participates in the Crisis Intervention Training for law enforcement to provide a 2-hour segment about how to help an older adult in crisis. GRAT also works with DMHPs and Public Health to divert higher, more costly treatment intervention services. GRAT regularly collaborates with a client's primary care physician (PCP) to address any medical concerns. Additionally, GRAT partners with a client's natural support system, i.e. family members, friends, neighbors, and/or landlords, who may be able to support and provide collateral information that will assist the GRAT clinician to make appropriate recommendations, referrals, and necessary education about the client's situation and needs. GRAT collaborated with many systems and agencies as part of its referral and care coordination process, as detailed in prior sections. EH contracts and collaborates with DCHS/MHCADSD for GRAT services.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. **What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

Almost 18 percent of the King County population is 60 years of age or older and two of ten people have a disability. The fastest growing segment of the population is the 85 and older age group.

There was a 42 percent increase in the older adult population in King County between the years 2000 - 2013 and increased life expectancies will only strengthen this demonstrated wave of aging boomers.[10] As a result, the need for services for older adults will increase, including the need for crisis intervention and referral to community resources, especially for those older adults most at risk, who are less likely to recognize a problem and ask for help and less likely they to get help unless someone else intervenes on their behalf. Strategy 1h is designed to address this growing need in the King County community.

2. **What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?**

The GRAT program is an existing service that is ongoing. EH identified the largest barrier for the GRAT program as how the community understands the scope of practice. While the program is well known, there have been misnomers about the type of service provided. GRAT staff currently provide education and information to the community about the program and the scope of services provided. As the older population continues to grow in King County, GRAT will need to increase its collaboration with and education to the community about its service and how to access it. If funding for the GRAT program remains the same as the older adult population grows, there will likely be a growing number of unserved or underserved older adults who would benefit from the services provided by GRAT.

3. **What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**

EH reported that adults who appear to be over the age of 60 and after investigation are found to be less than 60 years old are not eligible to receive services. This has caused unintended consequences for those who may still benefit from GRAT services but are not able to gain access due to age. GRAT needs to continue to do all it can to determine the person's true age before enrollment in the program.

4. **What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**

The older adult population is already underserved and without MIDD funding for GRAT and its ability to intervene early, many older adults will likely need to resort to higher, more costly resources for treatment and support. There would likely be an increase in older adults' use of emergency rooms, jail, psychiatric hospitalization, DMHP referrals and detentions, as well as an increase in evictions and homelessness, and the associated costs of all these undesirable outcomes. This will also create more of a burden for those significant others involved in the older adult's life, and clearly have negative impacts on the quality of life for the older adult his or herself.

5. **What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

[10] Aging in King County. Profile of the Older Population. http://www.agingkingcounty.org/.

While there are other crisis diversion programs available in King County (Mobile Crisis Team, Crisis Solution Center, Hospital Diversion Bed, Next Day Appointments), the GRAT Team is specialized in early crisis intervention for older adults. Additionally, staff are trained to provide comprehensive assessments and screening of older adults to rule out possible medical, cognitive, or other issues that may be impacting the older adult's crisis and/or situation. Most staff members are certified as Geriatric Mental Health Specialists, which requires additional necessary training and supervision to fully understand the complexities of older adult issues. If the GRAT Team was merged with another crisis service, it is likely that the resource knowledge and richness of the GRAT program would be diluted by addressing other crisis issues. It could also result in fewer people being served.

There is a New Concept MIDD strategy proposed for older adults, BP 123 Older Adult Psychiatric Crisis Outreach. This concept proposes crisis outreach, stabilization and support services of up to six visits, and would serve older adults in King County, including those currently enrolled in mental health services, under the KCMHP, residents of nursing homes, and older adults authorized for a KCMHP residential placement. Clients currently in mental health outpatient services under the KCMHP or living in residential placement under the KCMHP already receive crisis services through their agency or residential facility, so this would be a duplication of services and costs. GRAT serves only unenrolled older adults. Combining these two strategies would result in a duplication of service for those enrolled in outpatient mental health or residential placement under the KCMHP

Since the BP 123 concept would provide up to six visits, this could help ensure that the linkage to referrals actually happens and to address any issues/problems until the person is engaged with other service providers. This would be one benefit if the two strategies were merged. GRAT attempts to have the client sign a release of information in order to coordinate with involved family, PCP, etc., and be able to share the results of the assessment and recommendations so that these supports can then assist the client in following through with recommended referrals, but sometimes the client declines to sign a release or the client doesn't have any support.

A disadvantage of merging the two programs is that by staying connected with people for up to six visits, fewer people would be served overall versus seeing people once then making a referral unless additional capacity was added to the program.

E. Countywide Policies and Priorities

1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?

Strategy 1h fits within the continuum of care since it focuses on early intervention, crisis intervention, and referral/linkage to other resources/services. It is consistent with the focus of Behavioral Health Integration, in that it identifies through assessment, both mental health and substance use issues and makes appropriate referrals. This strategy also fits perfectly with the Health and Human Services Transformation Plan, since services are provided at the client's residence in the client's community, and focus on identifying the person's needs and providing referrals and linkage to those services that will meet the client's needs. GRAT intervenes early and quickly, and many interventions have resulted in diversion from more costly and intensive services.

Veterans and their family members are among the clients that GRAT has served. The Vets and Human Services Levy and Strategy 1h share the same some of the same goals: reduce homelessness and emergency medical costs, and reduce criminal justice system involvement.

2. **How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

Recovery is about having choices, being satisfied with life, living where you choose, (depending upon circumstances,) and having friends and other people in your life. Older adults face special challenges and have unique needs. A GRAT intervention is often a critical step in helping older adults improve their health and wellness, live as independently as possible, and work toward maximizing their potential, which exemplifies what recovery and resiliency are all about. All GRAT staff have received training about the Recovery Model and its principles.

Experiencing a mental health or substance use crisis can be traumatic for older adults, especially when the crisis is compounded by factors such as medical conditions and a lack of natural supports. The GRAT intervention tries to empower the individual to take steps to address the issues/problems the person faces, and enlist the support of any involved parties and community resources.

3. **How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

Strategy 1h aligns well with King County's Equity and Social Justice work. Older adults have special needs that are unlike other populations. They face significant barriers such as inability to transport themselves and limited public transportation options, chronic disabilities that many times cause immobility, and significant cognitive dysfunction, to name a few, that prevent them from being able to navigate the health system and seek the care they need without assistance. Meeting with clients in their communities and providing a comprehensive assessment by a clinician with specialized training and certification in Geriatric Mental Health that identifies the unique needs of the older adult, GRAT is well positioned to serve this population.

F. Implementation Factors

1. **What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program** (staff, physical space, training, UA kits, etc.)**?**

The GRAT program currently is an ongoing service, and employs 5.5 FTEs (0.5 FTE Psychiatric RN, 4.0 Licensed Mental Health or Licensed Social Worker, and 1.0 FTE Chemical Dependency Professional to provide the direct client services. Additionally, the GRAT Team is supported and lead by Licensed Social Workers, a Chemical Dependency Professional and board-certified Geriatric Psychiatrist for oversight and support to the GRAT Clinicians. There is office space located at King County Public District Hospital #2 dba EvergreenHealth where the staff's management team is located and where weekly meetings occur. Management staff is community-based and require laptops and smart-phones for accessibility to management and colleagues for documentation and support.

2. **Estimated ANNUAL COST. $501,000-$1.5 million Provide unit or other specific costs if known.**

EH reports that the GRAT program costs approximately $785,000 on an annual basis. This includes the cost of direct staff (i.e. GRAT Clinicians), indirect expenses, supporting administrative staffing, and management costs. Currently, DCHS/MHCADSD provides annual MIDD funding for GRAT in the amount of $315,000 and annual Federal Block Grant funding for GRAT in the amount of $313,636, resulting in a total of $628,363 per year.

3. **Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.**

In addition to MIDD funding, GRAT is also funded by a Federal Block Grant through DCHS/MHCADSD in the amount of $313,636 per year.

4. **TIME to implementation: Currently underway**
    a. **What are the factors in the time to implementation assessment?**
    b. **What are the steps needed for implementation?**
    c. **Does this need an RFP?**

GRAT crisis services have been provided by King County Public District Hospital #2, dba EvergreenHealth, since 1994. Prior to 1994, similar geriatric support services were also provided by EvergreenHealth (at that time known as Community Home Health Care).

All aspects of the GRAT program are currently in place and functioning, and do not require additional implementation time.

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

Most MIDD funded years, GRAT has come close to meeting its contract goal of having 540 referrals to the program per year. Twice it has met this target: 2014 (540) and 2010 (554). In a recent communication, EH said it has noticed fewer referrals to GRAT from Senior Services since July 2015, and from the 211 community information line. EH reported that it did presentations about GRAT services to DMHPs, the Mobile Crisis Team, Crisis Intervention Trainings, Crisis Clinic, King County's 211 Community Living Connections Team, and Aging and Disability Services. It is recommended that GRAT continue to provide education and information to potential community referral sources and to perhaps step up their marketing, given the growth of King County's older adult population.

Strategy Title: **Increase Access to Community Mental Health and Substance Abuse Treatment**
Strategy No: **1h – Expand the Availability of Crisis Intervention and Linkage to On-Going Services for Older Adults**

County Policy Goal Addressed:

- A reduction of the number of people with mental illness and chemical dependency using costly interventions like jail, emergency rooms and hospitals.
-

1. Program/Service Description

◊ *A. Problem or Need Addressed by the Strategy*

Home-based age-appropriate outreach and intervention services for older adults with mental health and/or substance abuse issues are insufficient to meet the need. Older adults are under represented in the mental health and substance abuse treatment systems in King County. While the number of those 55 and older is 22% of the King County population, only 7% of clients in substance abuse treatment and 15% of those in mental health programs receive services. The Geriatric Crisis Services program currently has three FTE that serve 200 clients per year. The program turns away at least three referrals a week. Additionally, the Seattle Police indicated that they would likely refer 1-3 individuals per week to this program from the Crisis and Hostage Negotiation team.

◊ *B. Reason for Inclusion of the Strategy*

As our population ages, the number of older adults who experience a crisis in which mental health and/or alcohol and other drugs is a contributing factor is increasing. Family members, unsure of who to contact, resort to calling the police or other first responders. This team will provide relief to police and other emergency responders and divert unnecessary jail bookings and hospitalizations.

◊ *C. Service Components/Design*

Geriatric Crisis Services is a specialized outreach crisis intervention and stabilization service available to older adults in King County. A multidisciplinary team of geriatric specialists will respond to police and other first responders, professionals, relatives and others in the community for outreach and assessments of older adults who are experiencing crises related to mental illness and substance abuse. Services provided include comprehensive assessments at the client's residence as well as crisis intervention and stabilization with prompt referral and linkage to mental health, chemical dependency, aging, and health care providers in the community. The team also provides consultation, care planning, and education for professionals, families, and other care providers.
The program is not designed as a 24 hour per day service. The team works during typical business hours and the Crisis Clinic provides after hours telephone coverage. The crisis team staff doesn't carry caseloads because they are specialty crisis workers. They assess and link people to follow-up services. The average length of stay in the program is 23 days. The staff's job is to perform a comprehensive assessment (mental health, substance use, physical assessment, social, environmental, etc.) of the client, stabilize the client and link the client to mental health, substance abuse, aging, and health care providers. The amount of

time spent in each episode of intervention can be quite variable depending on the client's situation and level of cooperation. The clinicians intensely work on stabilizing multiple clients at one time.

Currently the team's response time is up to three working days. The MIDD funding will allow the program to decrease the response time and expand the services for first responders (police, fire, EMTs) and the Designated Mental Health Professionals (DMHP). The program will be able to respond within 24 working hours. In addition the program will be available to provide on demand telephone consultation.

One of the primary tasks of the program is the linkage of clients to medical care. It is not uncommon for a client to not have seen a physician in many years. In addition, there is a psychiatrist on the team who consults in person with the staff weekly, is available for phone for consultation and is also available to perform weekly home visits. Our proposal also adds a .6 RN to perform medical assessments.

◊ *D. Target Population*

Individuals age 55+ residing in King County at risk of or experiencing a crisis in which mental health or alcohol and/or other drugs are a likely contributing factor and/or exacerbating the situation.

◊ *E. Program Goal*

Build capacity in the community to provide prevention and treatment services to the older adult population, establish a solid evidenced-based crisis team, and increase the number of older adults accessing treatment services.

◊ *F. Outputs/Outcomes*

The program currently serves 200 people per year. With the additional staff resources the program will serve an additional 340 new clients served each year for a total of 540 people per year served. Expected outcomes will include an increase in engagement of older adults in ongoing mental health and chemical dependency treatment and a reduction in the use of emergency medical services by these individuals

2. Funding Resources Needed and Spending Plan

Dates	Activity	Funding
Sept-Dec 2008	Start-up (hire and train staff)	$87,500
Jan-Dec 2009	Full implementation	$350,000
2010 Onward	Ongoing program cost	$350,000

3. Provider Resources Needed (number and specialty/type**)**

◊ *A. Number and type of Providers (and where possible FTE capacity added via this strategy)*

1 FTE Master's level social worker/mental health therapist
1 FTE Chemical Dependency Professional
1 FTE Chemical Dependency Professional Trainee
.6 FTE Nurse

◊ *B. Staff Resource Develop Plan and Timeline (e.g. training needs, etc.)*

Two-day agency orientation and six weeks of team orientation. Team orientation includes policy and procedure manual orientation, office procedures, developing knowledge of the services of other teams. New team members function independently after six weeks.
Timeline:

Dates:	Activity:
Sept – Oct 2008	• Provider hires program staff.
Sept 2008 – Dec. 15, 2008	• Training of new staff. Training takes about six weeks.
Oct 1, 2008 – Dec 1, 2008	• Training and networking with community stakeholders such as the police department and community emergency rooms and other first responders.
Dec 1, 2008	• Services start.
Feb 1, 2009	• Agency has reached full operating capacity.

◊ *C. Partnership/Linkages*

Ongoing partnerships with the substance abuse and mental health provider network. Partnership with jails, police, Crisis Clinic, 24-Hour Helpline, National Alliance on Mental Illness (NAMI), and others who refer and/or work with the target population.

4. Implementation/Timelines

◊ *A. Project Planning and Overall Implementation Timeline*

1. Program planning will be completed by June 2008.

2. Contract amendment language will be completed for Evergreen Health Services by July 30, 2008.
3. Program will start on December 1, 2008.

◊ *B. Procurement of Providers*

Evergreen Community Health Care will provide the service, no Requests For Proposals will be issued. Services will be amended as an exhibit to the provider's existing contract.

◊ *C. Contracting of Services*

The contract will start September 2008.

◊ *D. Services Start date(s)*

Services to consumers will start December 1, 2008