

MIDD Budget Requests Under Consideration by the Executive

Financial Status of the 2019-2020 MIDD Budget

Three factors have emerged to support a projection of about \$6.1 M in unprogrammed ongoing MIDD funding in 2019-2020:

- Increased 2019-2020 sales tax revenues in the July 2018 Office of Economic and Financial Analysis (OEFA) forecast
- Expected ongoing underexpenditures on existing initiatives
- Continued deferral of two initiatives not yet started (CD-09, Behavioral Health Urgent Care Walk In Clinic Pilot and PRI-06 Zero Suicide Pilot)

In addition, the Executive is considering proposing the use of some of the \$16.2 M in unprogrammed one-time funding in the 2019-2020 MIDD budget, which includes:

- Emerging Issues Reserves
- Rainy Day Reserve
- 2018 OEFA forecast increases
- One-time underexpenditures

Requests Being Considered for the Executive Proposed Budget

	Summary of Request Being Considered	MIDD Initiative(s) Potentially Affected	Estimated Biennial Impact
1.	Change proposed economic adjustments to match Seattle CPI-U (3.3% in 2019, 2.6% in 2020), consistent with 17-18 approach	All initiatives	(\$1.2 M)
2.	Behavioral Health Service Incentive Payments	SI-03	\$0.7 M
3.	Behavioral Health Non-Medicaid System Support	PRI-11	\$0.5 M
4.	Zero Youth Detention: Community-based Evidence-Based Behavioral Health Services for Youth	CD-02	\$0.7 M
5.	Crisis Diversion Center support	CD-06	\$2.0 M
6.	Opioid Medication-Assisted Treatment (MAT) in Jail	CD-07	\$1.9 M
7.	Community Court Implementation	TX-CCPL	\$0.7 M
8.	One Table: LEAD Expansion	CD-01	\$1 M to \$8 M
9.	One Table: Mental Health Treatment on Demand	SI-03	\$5.0 M
10.	One Table: Expanded MAT in Community Clinics	CD-07	\$3.0 M
11.	One Table: Peer Respite	RR-11	\$2.0 M
12.	One Table: Jail Reentry Linkage to Services	RR-06	\$2.0 M
13.	KCSO Crisis Intervention Training Staff	PRI-08	\$0.2 M
14.	Promoting Peace and Recovery Case Worker at CCAP	RR-02	\$0.1 M
15.	Additional MIDD Evaluation and Administrative Staff	Admin/Eval	\$0.8 M

1. Change proposed economic adjustments to match Seattle CPI-U (3.3% in 2019, 2.6% in 2020)

This proposed inflationary adjustment for the 2019-2020 biennium is a reduction from DCHS's proposed adjustments of 3.8% and 3.3%, as shared at the June meeting. This change aligns the 2019-2020 increases with the economic adjustment index used for the 2017-2018 budget and with standard County inflationary adjustments.

2. Behavioral Health Service Incentive Payments

This proposed increase to SI-03 (Quality Coordinated Outpatient Care) carries forward a 2018 one-time investment into the 2019-2020 biennium. This funding will focus on practice transformation incentives, to included clinical outcome measure implementation, and improving system performance in helping people gain and maintain stability in the community.

3. Behavioral Health Non-Medicaid System Support

This proposed increase to PRI-11 (Community Behavioral Health Treatment) carries forward a 2018 one-time investment into the 2019-2020 biennium. 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, people on Medicaid spend down, 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.

4. Community-based Evidence-Based Behavioral Health Services for Youth

This proposed increase to CD-02 (Youth Detention Prevention Behavioral Health Engagement) would address a system funding gap. Washington State funds evidence based behavioral health services for youth *after* contact with the juvenile justice system. Evidence-based therapies for youth *before* they touch the criminal justice system may prevent contact with the justice system at all. The point of referral for youth to receive services under this increase would primarily be the middle school-based Screening, Brief Intervention, Referral to Treatment (SBIRT) program funded by the Best Starts for Kids (BSK) Levy. This request emerged from the County's Zero Youth Detention workgroup.

5. Crisis Diversion Center Support

In the 2017-2018 budget, CD-06 (Adult Crisis Diversion Center, Respite Beds, and Mobile BH Crisis Teams) was reduced because it was assumed that Medicaid expansion would allow some of these services to be covered by Medicaid. Those projections ended up lower than expected, and now about \$2 M per biennium of crisis diversion center services are being paid for with scarce state non-Medicaid dollars. This request would increase CD-06 by \$2M to keep the program whole and avoid spending state non-Medicaid dollars on this purpose.

6. Opioid Medication-Assisted Treatment in Jail

This request would fund clinical staffing and medications needed to implement medication-assisted therapy and to expand provision of emergency life-saving Naloxone for opioid use disorder for individuals in King County jails. It would continue medication for those entering jail already engaged in treatment and starts new individuals on treatment while in jail.

7. Community Court Implementation

The 2017-2018 MIDD budget included \$100,000 for Community Court planning and a pilot in the City of Redmond. Community Court provides court services to repeat, low-level offenders through a model similar to adult Drug Court. It also provides defendants and the public with direct connections to many social services at libraries and other community spaces. This request would fund continuation of the existing Redmond Community Court as well as an additional one or two locations in King County.

8. One Table: LEAD Expansion

LEAD is a pre-booking diversion program to address low-level drug and prostitution crimes. The program allows law enforcement to redirect low-level offenders to case managers and community-based services instead of jail and prosecution. There is already \$4.3 M in the 2019-2020 MIDD Budget, as proposed, to continue funding for the current Seattle LEAD program. This request reflects that LEAD intends to expand to Burien in late 2018 with potential expansion to additional cities in 2019.

9. One Table: Mental Health Treatment on Demand

Create more customer-focused services through mobile services and expanded hours of service. Funding would train service providers and support more intensive model of care.

10. One Table: Expand MAT at Community Clinics

Medication Assisted Treatment (MAT) being available to all in the County who seek it was a recommendation of the Opioid taskforce. This funding request would train providers to prescribe MAT and pay for care managers at community clinics countywide.

11. One Table: Peer Respite

This funding request would provide an alternative to hospitals by funding a respite house staffed by peers with similar experiences to provide support and mitigate crisis.

12. One Table: Jail Reentry Linkage to Services

This funding request would expand the number of individuals who exit the King County Jail and receive a direct connection to a behavioral health or other service or support upon release.

13. KCSO Crisis Intervention Training Staff

Additional capacity to coordinate KCSO efforts around CIT and de-escalation training. This request would increase PRI-08.

14. Promoting Peace and Recovery Case Worker at CCAP

This one-year pilot program, Promoting Peace and Recovery, needs a case worker that would provide case management, conduct risk and/or needs assessments, and connect people to referrals and resources.

15. Additional MIDD Evaluation and Administrative Staff

DCHS is requesting to add 2.0 FTE performance and evaluation staff to increase capacity to do evaluation on MIDD 2, and 1.0 FTE to enhance central administrative staffing functions including operational management, community engagement, and communications.