

# Crisis Care Centers Levy - Frequently Asked Questions

*Updated: April 4, 2023*

## **CRISIS CARE CENTERS**

### **Q: Why is this needed?**

**A:** Right now, King County is without a walk-in behavioral health urgent care facility. Only one 46-bed behavioral health crisis facility is in operation for the entire county, and may only be accessed by a hospital diversion or a referral from first responders or mobile crisis teams. Residential treatment beds are going away, and the behavioral workforce is dwindling. The Crisis Care Centers initiative would build out a more functioning and connective system that provides people with a care continuum, as with physical health.

### **Q: Where will the centers be located? / How will locations for the centers be decided?**

**A:** The five Crisis Care Centers (CCC) will be distributed geographically across the county so that first responders, crisis response teams, families, and individuals have a place nearby to turn to in a crisis. King County would not unilaterally site facilities in the four regional zones identified in the levy.

Instead, King County will partner with cities and providers to identify opportunities to site the Crisis Care Centers. Key components of this process are expected to include procurement processes by which providers locate appropriate sites, as well as consultation with cities to identify potential sites, to ensure geographic distribution throughout the County as described in the ballot measure ordinance. The levy outlines support for centers through new construction, repurposing existing buildings, or a mix of both. If approved, the implementation plan will include more specifics on the siting process for the centers.

### **Q: Will these be new buildings or existing buildings?**

**A:** The levy ordinance provides for the possibility of incorporating within the Crisis Care Centers model renovation of existing buildings into crisis care facilities and complementing crisis facilities that currently exist, though few relevant facilities exist in King County today. The levy ordinance also provides for the potential to leverage other funding to accelerate accomplishment of the levy's purposes or complement levy investments.

### **Q: When will the centers open?**

**A:** DCHS expects the crisis care centers and residential treatment facilities envisioned for this levy to be implemented in phases, seeking proposals for two Crisis Care Centers in 2025, one more facility annually in 2026, 2027, and 2028. Initial models anticipate having the first Crisis Care Center open in late 2026 at

the earliest, with the full suite of facilities expected to be operational by 2030.

**Q: How many beds in each center?**

**A:** New mental health residential facilities and crisis stabilization facility components of Crisis Care Centers are expected to be 16 beds each, to ensure that these facilities can receive federal Medicaid funding for relevant services they deliver. King County does not expect behavioral health walk-in facilities or 23-hour observation units to be subject to Medicaid's 16-bed limit. Therefore, the capacity of each facility will vary based on provider proposals.

**Q: Why only one Crisis Care Center for youth?**

**A:** The ordinance requires at least one center specialize in serving persons younger than nineteen years old. In learning more from providers and community members, ensuring youth are served in home or similar settings where they can be surrounded by their support system is critical to their recovery. For context, 22 percent of King County's population (or 1 in 5) is youth under 19, but only 4 percent of those assessed for involuntary treatment in 2022 were in this age group.

**Q: Would adolescent consent be required for youth to enter treatment at a Crisis Care Center?**

**A:** The specific treatment approach and age range for the youth crisis care center will be designed further in partnership with youth providers and based on state law and best clinical practices. According to RCW 71.34.530, a minor who is 13 years old or older may initiate an evaluation and treatment for outpatient and/or inpatient mental health services, substance use disorder (SUD) treatment, or withdrawal management without parental consent. The minor has the right to receive services in the least restrictive setting. A youth is admitted for inpatient treatment only if the professional in charge of the facility concurs with the need for treatment and the youth meets criteria for this level of care. Any minor 13 years old or older may receive outpatient mental health and/or SUD treatment without the consent of the minor's parent/guardian.

**Q: If a youth goes to the non-youth center, will they be referred to the youth center?**

**A:** Specific details on referrals between centers will be developed in implementation planning, in partnership with provider operators, and dependent on state licensing restrictions. The Crisis Care Centers levy is designed to serve people in King County without geographic restrictions. The intention of the levy would be for youth who come to an adult-focused crisis care center to be connected with the youth-focused services they need.

**Q: Will anyone be able to walk in? If someone isn't brought by law enforcement or emergency response, are they able to walk in?**

**A:** Yes, Crisis Care Centers would accept any person with or without insurance. Each crisis care center facility would be able to provide screening and triage for anyone, even if the person ultimately needs a different type of care response.

**Q: How will payment work for people who walk in or are brought to a center?**

**A:** The Crisis Care Centers will accept people with or without insurance. How costs and payment structures will look is dependent upon an approved implementation plan, and the selected provider.

**Q: Is law enforcement able to transport people under any circumstance to a Crisis Care Center for evaluation and treatment?**

**A:** If a person is exhibiting risk of harm to themselves or others because of a behavioral health crisis, law enforcement is authorized by state law to take them to an appropriate place for evaluation and treatment. Crisis Care Centers would provide an eligible crisis stabilization and 23-hour crisis relief center (if SB 5120 is enacted). The medical staff at the Crisis Care Center would make the determination as to whether or not the person needs to be referred to a Designated Crisis Responder (DCR) on site.

**Q: How long will people be able to stay in the centers?**

**A:** People will be able to stay for up to 14 days for short-term behavioral health treatment at a Crisis Care Center to stabilize. The centers will work to provide linkages to ongoing care. Additionally, the Crisis Care Centers are expected to have an urgent care walk-in clinic and a 23-hour treatment model for individuals who need shorter-term care.

**Q: Where will people go after they leave the centers?**

**A:** The Crisis Care Centers would depend on connections to the overall community behavioral health system and other social service systems, and a key part of the crisis care center service would be evaluation of what ongoing treatment or other resources a person needs. A significant component of the Crisis Care Center model is to connect people to available treatment options, and other resources they may need to stabilize after their crisis stay.

## **MENTAL HEALTH RESIDENTIAL**

**Q: Why residential treatment?**

**A:** King County is losing mental health residential capacity that is essential for people with severe and serious mental health conditions who need more intensive and longer-term supports over a longer-term stay to live supported in the community. Mental health residential beds also make it possible for people to discharge successfully from stays in local hospitals or state psychiatric care institutions.

## **WORKFORCE**

### **Q: How will you retain, recruit staff in each center?**

**A:** Staffing will be managed by the providers who will operate the centers. King County will support the retention and recruitment of staff at the centers by providing funding at a level sufficient to support equitable and competitive compensation for workers at the centers, and invest in systemwide workforce interventions such as apprenticeship programs and reducing costs for workers.

### **Q: Who will staff these centers?**

**A:** A multi-disciplinary team of behavioral health workers will staff the centers, consistent with state licensing requirements, including a combination of licensed/credentialed mental health and substance use disorder professionals as well as peer counselors working together on multidisciplinary teams. The County intends to invest in the community behavioral health workforce by providing funding for equitable wages and supporting wage competitiveness for the community behavioral health system by growing the pipeline through apprenticeship programming, and creating pathways for higher education, credentialing, and degrees.

### **Q: Will peers be on staff?**

**A:** Yes, peers are an essential part of the multi-disciplinary team and are a required part of the staffing model at the Crisis Care Centers in combination with clinicians. Peers with lived experience bring an important skill in connecting with a person and supporting them through shared experience.

## **OPERATIONS/SERVICES**

### **Q: Should the levy pass, what will be funded in the interim before the crisis care centers are operational?**

**A:** Timing and investment of all services is dependent upon the implementation plan that will be proposed by the Executive by the end of 2023 and reviewed and adopted by the Regional Policy Committee and King County Council. That said, the Executive's proposal envisions early investments in:

1. expanding mobile behavioral health services or services at existing sites that promote access to behavioral health services for people experiencing or at risk of a behavioral health crisis
2. providing early investments to preserve existing mental health residential facilities and
3. investing in growing and retaining the behavioral health workforce to ensure a sufficient workforce is available.

**Q: Will transportation be available to clients?**

A: Transportation is an eligible expense under the ballot measure ordinance. King County expects Crisis Care Centers providers to be responsible for providing or arranging for the transportation needs of their clients, especially between the different components of the crisis care center if its elements are not contiguous, and at discharge. The Crisis Care Centers model is designed to provide enough funding, and enough flexibility, to provide for these transportation needs.

**Q: How will this increase public safety?**

A: Providing behavioral services and intervention when people are in an immediate crisis helps to prevent escalation. By investing in places for people to go in crisis, and long-term residential treatment, we can help people with intensive needs to get care and avoid legal system involvement, thereby supporting the overall health and safety of our communities. Many people recovering from serious behavioral health conditions need supportive services to successfully move out of homelessness, discharge from hospitals, avoid jails, and maintain stability in the community.

**Q: How will King County track where people go and if this center is meeting its goals?**

A: The centers are expected to be operated by community behavioral health care providers who have relationships with King County that include mechanisms for performance measurement and evaluation, as well as collaboration on data-informed implementation adjustments and improvements. The Crisis Care Centers levy's implementation plan will include additional information about the levy's performance measurement and evaluation approach. This will include reporting to the Council and the community annually about progress, expenditures, and who the levy is serving.

**Q: Will this reduce the number of people in jail?**

A: The Crisis Care Centers will provide another place for people to access treatment while in crisis instead of in jails or hospitals. By creating an accessible place for people entering into crisis to turn, the Crisis Care Centers will reduce the number of individuals who go deeper into crisis and risk harm to themselves or others.

**Q: How is this different from the MIDD?**

A: The MIDD Behavioral Health Sales Tax Fund is a countywide 0.1% sales tax that funds initiatives to increase access to behavioral health services and support residents to connect to community and thrive in recovery. As required by state law, MIDD funds must be used for new and expanded mental health and substance use disorder services and may be used for therapeutic courts. Since 2008, MIDD has supported over 50 different high-quality programs and services to address mental health and substance

use conditions for King County residents most in need. MIDD plays a critical role in King County's strategy to increase access to behavioral health services. Like the proposed CCC, MIDD is a local response to behavioral health needs unmet by inadequate funding from state and federal sources. MIDD is focused on keeping people out of costly and ineffective emergency response systems such as jails, emergency rooms, and hospitals, and instead helping people access care in their community.

MIDD generally does not invest in capital infrastructure. Instead, revenues are dedicated to a wide variety of smaller programs and services across the full spectrum of behavioral health care to impact five strategy areas that include Prevention and Early Intervention, Crisis Diversion, Recovery and Reentry, System Improvement, and Therapeutic Courts. The Crisis Care Center, on the other hand, is targeted to make deep investments to preserve existing and create new facility capacity in specific areas of the behavioral health system where resources are most needed.

**Q: How will the centers connect people to other services, including housing?**

**A:** People experiencing homelessness who are in a behavioral health crisis can access care at the Crisis Care Centers. The Crisis Care Centers would be available to help people stabilize. The Levy also authorizes investments to support stabilization after discharge. However, the Crisis Care Centers levy is not part of the overarching strategy to address homelessness. The primary focus of the Crisis Care Centers levy is the creation of a crisis care treatment system, similar to physical health, that doesn't currently exist.

**Q: How will the levy support efforts to address substance use disorders?**

**A:** Crisis Care Centers will admit people with a substance use disorder (SUD) and address their immediate crisis needs. If appropriate, the centers could refer people to SUD inpatient treatment, which has a much shorter duration than mental health residential treatment, or other community-based SUD services such as outpatient care or medication for opioid use disorders (MOUD) when needed. Such interventions each help people stabilize and further their recovery through community-based care.