



2022 State Legislative Priorities in Behavioral Health for King County

For over 30 years, King County government has coordinated publicly funded mental health and substance use services for our region. Our vision is an integrated health care system where people can get the treatment they need, when and where they need it. We are committed to ensuring the doors to treatment and recovery are open for everyone.



In 2022, King County requests that the Legislature take the following actions:

Strategy 1

Develop and Sustain the Essential Behavioral Health Workforce



PRIORITY: Increase State Medicaid Behavioral Health Rates by at least 7% Across All Services

Even before the pandemic, Medicaid rates did not fully cover the costs of behavioral health care. Medicaid payment rates are the lowest in the healthcare system, when compared with Medicare and private pay insurance. Rising needs alongside escalating supply and labor costs have brought the community behavioral health system to a breaking point. Providers are experiencing lengthy vacancies and a historic exodus of clinical staff. In some parts of the State and County, agencies have closed their doors to new clients. This investment would bring Medicaid closer to covering the full cost of care and support both adult and youth providers to help people recover and prevent expensive and traumatic hospitalizations.

Estimated Annual Cost Statewide: \$144.5M (\$44.8M GF-State, \$99.7M Medicaid)

SUPPORT: Explore New Medicaid Funding Models

King County supports the State’s exploration of the Certified Community Behavioral Health Clinic (CCBHC) model to stabilize the community health system. The CCBHC model may provide safety-net enhancement payments, a prospective payment rate, and value-based incentives that reward for quality improvement. The CCBHC model would have a unique impact in King County, and King County welcomes the opportunity to explore this option alongside the Health Care Authority (HCA).

Strategy 1: continued



SUPPORT: Enhance recruitment and retention of credentialed and non-credentialed behavioral health workers.

- Invest in workforce retention and recruitment incentives for community behavioral health agencies. *Estimated Annual Cost in King County: \$2.5M GF-State*
- Streamline administrative requirements for the behavioral health workforce as recommended by the Workforce Training and Education Board.
- Expand the peer workforce and eliminate the 1,000-person certification waitlist. *Estimated Annual Cost Statewide: \$800,000 GF-State in 2022 and 2023*

Strategy 2

Enhance Community-Based Response to Behavioral Health Crises



PRIORITY: Leverage existing infrastructure through Behavioral Health-Administrative Service Organizations (BH-ASOs) to efficiently and effectively implement the 988 behavioral health crisis line.

This will enable the new 988 line to provide seamless connections to care, leverage Medicaid funding, ensure coordinated triage and dispatch, and maximize data-sharing to monitor performance and respond to emerging community needs.

PRIORITY: Make transformative new investments and enhancements in King County to ensure individuals in crisis can connect to the services they need to stabilize and get well.

The need for crisis response and treatment access exceeds the existing capacity of the behavioral health system, and 988 implementation is expected to capture yet more need for crisis care.

Estimated Annual Operating Costs in King County: \$17M (\$14.1M GF-State, \$2.9M Medicaid)

New Operating Investments

- **Develop a comprehensive mobile crisis response system with rapid deployment capability throughout King County.**
This includes specialty teams for youth, peer co-responders, law enforcement co-responders, mental health experts embedded at 911, and pre- and post-crisis follow-up teams. This funding would double existing mobile crisis response capacity in King County and address specific service gaps.

Estimated Annual Cost in King County: \$11.5M (\$8.6M GF-State, \$2.9M Medicaid)



King County

Strategy 2: continued



- **Expand next day appointment availability for mental health and substance use disorder (SUD) services.**

King County's local 0.1% MIDD behavioral health sales tax funds provide 2,600 next day appointments per year for people with mental health needs who are not currently enrolled in outpatient treatment. An additional 3,500 appointments are needed each year to serve individuals with SUD services and expand mental health appointments for people already in treatment. These appointments are critical for connecting individuals calling 988 with immediate access to treatment.

Estimated Annual Cost in King County: \$1.4M GF-State

Program Enhancements or Increases

- **Fully fund all Program for Assertive Community Treatment (PACT) teams.** PACT is a key intervention to reduce psychiatric hospitalizations: in King County, PACT teams successfully reduced inpatient days by an average of 25 days per person per year. Fifteen percent of the cost of multidisciplinary PACT teams is not covered by Medicaid. \$150,000 per team is needed to cover these costs and ensure the ongoing viability of each of King County's five PACT teams. A portion of this gap aligns with HCA's proposed decision package. However, additional funds are needed to secure full funding for all regional teams.

Estimated Annual Cost in King County: \$750,000 GF-State

- **Sustain Trueblood Diversion Grant programs**

These programs are key to addressing the needs of the Trueblood class in the region. These essential services include diversion, case management, legal coordination, transitional housing, and respite beds through LEAD (Law Enforcement Assisted Diversion) and LINC (Legal Intervention and Network of Care). Funding is currently slated to expire in June 2022.

Estimated Annual Cost in King County: \$3.3M GF-State

- **Fund operations costs for two crisis stabilization units as part of implementation of the Trueblood settlement in King County.** This funding is included in an HCA proposed decision package.

Estimated Annual Cost in King County: \$3.4M (\$1.6M GF-State, \$1.8M Medicaid)



King County

Strategy 2: continued



SUPPORT: Sustain long-term crisis service availability and equitable access for all residents.

Develop a sustainable, capacity-based funding approach to support the availability of 24/7 crisis care that is responsive to community needs and 988 calls. Direct HCA, BH-ASOs and behavioral health agencies to collaboratively develop a comprehensive crisis system funding model that maximizes federal Medicaid reimbursement, integrates state-funding, and delivers adequate firehouse model capacity in every region of the state. Funding must respond to population increases and changing crisis care needs over time.

Strategy 3

Fund Capital Investments to Expand and Enhance Access to Care



PRIORITY: Make capital investments in the full spectrum of behavioral health facilities statewide.

As need and population grows, key capital needs include outpatient and walk-in facilities that can help prevent crises from happening as well as residential and crisis stabilization sites for individuals with more intensive and acute needs.

SUPPORT: Increase investments in permanent supportive housing for people with behavioral health challenges.

Permanent supportive housing is a community-based approach proven to improve housing stability, employment, physical and behavioral health for people with complex health conditions. In addition to King County's Health through Housing investments, 4,500 more permanent supportive housing units are needed across the region.

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