

King County's 2021 Agenda to Build a Racially and Socially Just Behavioral Health System



Behavioral health needs throughout King County are increasing amidst intensified stress, anxiety and economic disruption from COVID-19. Racism causes and exacerbates behavioral health crises. Relying on the criminal/legal system to address behavioral health crises, in lieu of intervention and treatment, meets crises with the wrong response and shifts costs to expensive criminal/legal interventions. A strong, stable behavioral health system is needed more than ever.

King County values and envisions effective community behavioral health care close to home:

- Preventive and routine behavioral health care from culturally competent, community-based providers, via the King County Integrated Care Network (KCICN);
- Integrated connections to housing resources, social supports, and medical treatment;
- Robust community-based crisis response that helps people avoid hospitalization, connects them to treatment, and prevents or diverts criminal/legal system involvement;
- Strong community of peer-based services to assist with outreach and connection to difficult-to-reach populations, peer support and treatment engagement; and
- Sufficient short and long-term treatment capacity to expedite hospital discharge and help people stay in the community.

Washington State must invest in a more racially just behavioral health system, especially for those with intersecting behavioral health, homelessness, and criminal/legal system involvement.

In 2021, King County requests that the Legislature take the following actions:

1. Protect Medicaid behavioral health rates & support value-based payment mechanisms.

Medicaid funds behavioral health services for low-income people in King County. Currently, 371,000 residents in King County rely on Medicaid for health coverage. Robust funding for Medicaid behavioral health services enables community-based providers to meet growing needs for services and support recovery-oriented treatment and diversion from the criminal justice system. **For the next annual Medicaid rate-setting cycle, the Legislature should maintain behavioral health enhancement funds and direct the Health Care Authority (HCA) to:**

- Require actuaries to incorporate in their annual rate-setting process the payments that are made to Medicaid providers to reward quality improvement, outcomes and value including instances in which quality and health outcomes improve even when utilization decreases;
- Require actuaries to incorporate into the annual rate-setting process Medicaid payor methods that fund capacity-based crisis systems rather than strictly paying for utilization; and
- Prohibit actuaries from using utilization data collected during the COVID-19 pandemic for future rate setting years.

2. Protect access to community-based crisis services.

Behavioral Health Administrative Service Organizations (BH-ASOs) must divide state funding for crisis services between mandatory functions such as involuntary commitment costs and best practice crisis stabilization, outreach and diversion services. Over time, court costs for

involuntary commitment have absorbed a larger share of these limited funds. In King County, these court costs grew 46% in the last five years and now account for nearly 25% of the BH-ASO budget, despite relatively fixed state funding. **To protect crisis response services that divert individuals from criminal/legal system involvement, the Legislature should:**

- Base BH-ASO funding on caseload forecasting of non-Medicaid individuals and crisis service utilization; and
- Appropriate distinct funds for Involuntary Treatment Act (ITA) court costs to ensure funds intended for community-based treatment are not diverted to legal system costs.

3. Fully and effectively fund Phase 2 (\$19.8M) of the Trueblood Settlement Agreement.

In 2021, the Trueblood Settlement Agreement requires Washington State to fund specialized programs for the Trueblood population in King County, including crisis service enhancements, intensive case management, and residential and peer supports. **The Legislature should fully fund the Governor’s proposal of \$19.8M for these new services in King County. The following actions are also needed to take full advantage of these new investments:**

- Require HCA to partner with King County to procure and administer the programs;
- Allocate \$10 million to improve existing crisis triage facilities and build two new crisis triage facilities across the King County region; and
- Increase housing access for individuals with behavioral health disabilities.

4. Require operation of new community-based treatment beds prior to closing more Western State Hospital (WSH) civil wards of a similar scale.

Without operation of new community-based residential treatment capacity, additional civil ward closures will leave individuals stuck on waiting lists, in community hospitals not designated for psychiatric care and, for some, in homelessness. WSH bed access is restricted, no replacement beds have opened yet in King County, and residential capacity is shrinking, just as the need continues to grow. This leads to many clients remaining in costly local hospital beds at a rate of nearly \$1,000 per day. **The Legislature should:**

- Provide additional capital funding for residential treatment and evaluation and treatment (E&T) facilities; and
- Make WSH civil ward closure contingent on operation of the same number of new community-based treatment beds, with distribution of treatment beds across the state.

5. Strengthen and grow the vital behavioral health workforce.

Every community in Washington is grappling with a crisis-level shortage of behavioral health workers. Our state’s behavioral health system depends on a strong workforce that delivers quality treatment and crisis response. Throughout the pandemic, these workers continue to place themselves in life-threatening circumstances in order to de-escalate crises and stabilize individuals’ health conditions. **To ensure access to community behavioral health care, the Legislature should:**

- Provide incentive funds to enable behavioral health agencies to recruit and retain clinicians;
- Develop sustainable career pathways including options for peers;
- Include registered apprenticeships in substance use disorder professional credential statutes (including program completion, instruction hours and on-the-job training hours), and
- Invest in training to ensure quality care.