



King County

1200 King County
Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Agenda

Health and Human Services Committee

Councilmembers:

*Teresa Mosqueda, Chair;
Sarah Perry, Vice-Chair;
Jorge Barón, Girmay Zahilay*

*Lead Staff: Sam Porter (206-263-2708)
Committee Clerk: Angelica Calderon (206-477-0874)*

9:30 AM

Tuesday, June 4, 2024

Room 1001

Hybrid Meetings: Attend King County Council committee meetings in person in Council Chambers (Room 1001), 516 3rd Avenue in Seattle, or through remote access. Details on how to attend and/or provide public comment remotely are listed below.

Pursuant to K.C.C. 1.24.035 A. and F., this meeting is also noticed as a meeting of the Metropolitan King County Council, whose agenda is limited to the committee business. In this meeting only the rules and procedures applicable to committees apply and not those applicable to full council meetings.

HOW TO PROVIDE PUBLIC COMMENT: The Health and Human Services Committee values community input and looks forward to hearing from you on agenda items.

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	<p>Sign language and interpreter services can be arranged given sufficient notice (206-848-0355). TTY Number - TTY 711.</p> <p>Council Chambers is equipped with a hearing loop, which provides a wireless signal that is picked up by a hearing aid when it is set to 'T' (Telecoil) setting.</p>	
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CONNECTING TO THE WEBINAR:

Webinar ID: 861 4624 1810

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1. Call to Order
2. Roll Call
3. Approval of Minutes **p. 6**
Minutes of May 7, 2024 meeting
4. Public Comment

To show a PDF of the written materials for an agenda item, click on the agenda item below.

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Consent

5. [Proposed Motion No. 2024-0045](#) **p. 10**

A MOTION confirming the executive's appointment of Paul Getzel, who resides in council district eight, to the King County mental illness and drug dependency advisory committee, as a representative from the National Alliance on Mental Illness (NAMI).

Sponsors: Mosqueda

Sam Porter, Council staff

6. [Proposed Motion No. 2024-0099](#) **p. 19**

A MOTION confirming the executive's appointment of Molly McCoy, who resides in council district eight, to the King County board for developmental disabilities.

Sponsors: Mosqueda

Sam Porter, Council staff

7. [Proposed Motion No. 2024-0101](#) **p. 19**

A MOTION confirming the executive's appointment of Radhe Morgan, who resides in council district four, to the King County board for developmental disabilities.

Sponsors: Barón

Sam Porter, Council staff

8. [Proposed Motion No. 2024-0109](#) **p. 29**

A MOTION confirming the executive's appointment of Jennifer Ramirez Robson, who resides in council district five, to the King County veterans, seniors and human services levy advisory board's vulnerable populations committee, as the district five representative.



Sponsors: Upthegrove

Miranda Leskinen, Council staff

9. [Proposed Motion No. 2024-0108](#) **p. 38**

A MOTION confirming the executive's appointment of Sarah Brusig, who resides in council district five, to the King County women's advisory board, as the district five representative.

Sponsors: Upthegrove

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Sam Porter, Council staff

10. [Proposed Ordinance No. 2024-0119](#) **p. 38**

A MOTION confirming the executive's appointment of Yasmin Ali, who resides in council district three, to the King County women's advisory board, as the district three representative.

Sponsors: Perry

Sam Porter, Council staff

11. [Proposed Motion No. 2024-0121](#) **p. 38**

A MOTION confirming the executive's appointment of Ramsey Mayhew, who resides in council district three, to the King County women's advisory board, as a council at-large representative.

Sponsors: Perry

Sam Porter, Council staff

12. [Proposed Motion No. 2024-0125](#) **p. 52**

A MOTION confirming the executive's appointment of Kristina Sawyckj, who resides in council district one, to the King County behavioral health advisory board.

Sponsors: Dembowski

Sam Porter, Council staff

13. [Proposed Motion No. 2024-0126](#) **p. 52**

A MOTION confirming the executive's appointment of Lyscha Marcynyszyn, who resides in council district four, to the King County behavioral health advisory board.

Sponsors: Barón

Sam Porter, Council staff



Discussion and Possible Action

14. [Proposed Substitute Ordinance No. 2023-0374.2](#) **p. 62**

AN ORDINANCE relating to the veterans, seniors, and human services levy advisory board; and amending Ordinance 18792, Section 1, as amended, and K.C.C. 2A.300.540.

Sponsors: Zahilay

Miranda Leskinen, Council staff

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15. [Proposed Ordinance No. 2024-0115](#) p. 87

AN ORDINANCE relating to the King County veterans advisory board; and amending Ordinance 18785, Section 1, and K.C.C. 2A.300.530.

Sponsors: Mosqueda

Miranda Leskinen, Council staff

16. [Proposed Ordinance No. 2024-0011.2](#) p. 103



AN ORDINANCE adopting the crisis care centers levy implementation plan, required by Ordinance 19572, Section 7.A., to govern the expenditure of crisis care centers levy proceeds from 2024 to 2032 to create a regional network of five crisis care centers, restore and expand residential treatment capacity, and increase the sustainability and representativeness of the behavioral health workforce in King County.

Sponsors: von Reichbauer, Zahilay and Mosqueda

Sam Porter, Sherrie Hsu, Melissa Bailey, Council staff

Other Business

Adjournment

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King County

1200 King County
Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Minutes Health and Human Services Committee

Councilmembers:
Teresa Mosqueda, Chair;
Sarah Perry, Vice-Chair;
Jorge Barón, Girmay Zahilay

Lead Staff: Sam Porter (206-263-2708)
Committee Clerk: Angelica Calderon (206-477-0874)

9:30 AM

Tuesday, May 7, 2024

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1. Call to Order

Chair Mosqueda called the meeting to order at 9:33 a.m.

2. Roll Call

Present: 3 - Barón, Mosqueda and Perry

Excused: 1 - Zahilay

3. Approval of Minutes

Councilmember Perry moved approval of the minutes of the April 2, 2024 meetings. Seeing no objections, the minutes were approved.

4. **Public Comment**

The following individuals were present to provide public comment:

1. Valerie Schloredt
2. Joe Kunzler
3. Castill Hightower

Briefing

5. **Briefing No. 2024-B0060**

State of the Workforce in Health & Human Services

Kelly Rider, Interim Director, Department of Community and Human Services (DCHS), briefed the committee with a PowerPoint presentation and answered questions from the members. Nancy Long, panelist, Executive Director, 501 Commons also briefed the Committee with a PowerPoint presentation and answered questions from the members. Also present to commented were panelist Amarinthia Torres, Co-Executive Director of the Coalition Ending Gender-Based Violence and Co-Chair of Seattle Human Services Coalition, Nathan Phillips, CEO, Northshore Senior Center and Lindsey Grad, Legislative Director SEIU Healthcare 1199 NW were present to answered questions from the members.

This matter was Presented

Consent

6. **Proposed Motion No. 2024-0098**

A MOTION confirming the executive's appointment of Amanda Knott, who resides in council district seven, to the King County board for developmental disabilities.

Sponsors: von Reichbauer

A motion was made by Councilmember Barón that this Motion be Recommended Do Pass Consent. The motion carried by the following vote:

Yes: 3 - Barón, Mosqueda and Perry

Excused: 1 - Zahilay

7. **Proposed Motion No. 2024-0100**

A MOTION confirming the executive's appointment of Devony Boyle, who resides in council district two, to the King County board for developmental disabilities.

Sponsors: Zahilay

A motion was made by Councilmember Barón that this Motion be Recommended Do Pass Consent. The motion carried by the following vote:

Yes: 3 - Barón, Mosqueda and Perry

Excused: 1 - Zahilay

Briefing

8. **Briefing No. 2024-B0026**

Best Starts for Kids Report on the True Cost of Child Care

Jessica Tollenaar Cafferty, Best Starts for Kids Co Lead, Department of Community and Human Services and Human Services briefed the Committee via PowerPoint presentation and answered questions from the members.

This matter was Presented

Discussion and Possible Action

9. **Proposed Motion No. 2023-0276**

A MOTION approving the 2022 annual mental illness and drug dependency evaluation summary report, in compliance with K.C.C. 4A.500.309.

Sponsors: von Reichbauer

Sam Porter, Council staff, briefed the Committee and answered questions from the members. Susan McLaughlin, Division Director, Behavioral Health & Recovery Division, Department of Community, and Robin Pfohman, MIDD Coordinator, BHRD, DCHS briefed the Committee via PowerPoint presentation and answered questions from the members.

A motion was made by Councilmember Barón that this Motion be Recommended Do Pass Consent. The motion carried by the following vote:

Yes: 3 - Barón, Mosqueda and Perry

Excused: 1 - Zahilay

Other Business

There was no other business to come before the committee.

Adjournment

The meeting was adjourned at 11:30 a.m.

Approved this _____ day of _____

Clerk's Signature



King County

**Metropolitan King County Council
Health and Human Services Committee**

STAFF REPORT

Agenda Item:	5	Name:	Sam Porter
Proposed No.:	2024-0045	Date:	June 4, 2024

SUBJECT

Proposed Motion to confirm the appointment of the following individual to the to the King County Mental Illness and Drug Dependency (MIDD) Advisory Committee:

- Paul Getzel, who lives in Council District 8, for a partial term to expire on June 30, 2026¹

BACKGROUND

The 37-member King County MIDD Advisory Committee (K.C.C. 2.130.010) is composed of separately elected officials, King County agency directors, representatives of behavioral health service providers, managed care organizations operating in King County, and individuals with lived experience. The committee acts as an advisory body to the Council and the Executive.

In accordance with King County Code, the advisory committee is tasked with:

- Reviewing and providing written recommendations to the Executive and Council on the implementation and effectiveness of the county's MIDD sales tax-funded programs in meeting the goals;
- Reviewing and reporting to the Executive and the Council on annual evaluation reports for MIDD;
- Reviewing and commenting on emerging and evolving priorities for the use of MIDD sales tax revenue;
- Serving as a forum to promote coordination and collaboration between entities involved with MIDD sales tax programs;
- Educating the public, policymakers and stakeholders on MIDD sales tax-funded programs; and
- Coordinating and sharing information with other related efforts and groups.

APPOINTEE INFORMATION

Proposed Motion 2024-0045 would confirm the appointment of Paul Getzel, who lives in Council District 8. According to his application materials, Mr. Getzel is the Executive Director of NAMI Seattle². Mr. Getzel previously worked in local human services

¹ Proposed Motion 2024-0045

organizations addressing the needs of people living with HIV, food insecurity, and chronic illness.

ANALYSIS

Staff has not identified any issues with the proposed appointment, which appears to be consistent with the requirements of K.C.C. 2.130.010.

According to the board profile transmitted with Proposed Motion 2024-0045, there are four vacancies in the following positions requiring Executive appointment and Council confirmation:

1. A representative from labor representing a bona fide labor organization;
2. A representative from a provider of sexual assault victim services in King County;
3. An individual representing behavioral health consumer interests from the mental illness and drug dependency advisory committee's consumers and communities ad hoc work group; and
4. An individual representing community interests from the mental illness and drug dependency advisory committee's consumers and communities ad hoc work group.

ATTACHMENTS

1. Proposed Motion 2024-0045
2. Transmittal Letter
3. Board Profile, dated February 2024

² NAMI Seattle, <https://namiseattle.org/>



KING COUNTY

Signature Report

ATTACHMENT 1

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Motion

Proposed No. 2024-0045.1

Sponsors Mosqueda

1 A MOTION confirming the executive's appointment of
2 Paul Getzel, who resides in council district eight, to the
3 King County mental illness and drug dependency advisory
4 committee, as a representative from the National Alliance
5 on Mental Illness (NAMI).

6 BE IT MOVED by the Council of King County:

7 The county executive's appointment of Paul Getzel, who resides in council district
8 eight, to the King County mental illness and drug dependency advisory committee, as a

Motion

9 representative from the National Alliance on Mental Illness (NAMI), for a partial term to
10 expire on June 30, 2026, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Rod Dembowski, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, ____.

Dow Constantine, County Executive

Attachments: None



King County

Dow Constantine

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104

206-296-9600 Fax 206-296-0194

TTY Relay: 711

www.kingcounty.gov

February 2, 2024

The Honorable Dave Upthegrove
Chair, King County Council
Room 1200
C O U R T H O U S E

Dear Councilmember Upthegrove:

This letter transmits a proposed Motion confirming the appointment of Paul Getzel, who resides in council district eight, to the King County Mental Illness and Drug Dependency (MIDD) Advisory Committee, as a representative from the National Alliance on Mental Illness (NAMI), for a partial term expiring June 30, 2026.

Mr. Getzel's application, financial disclosure, board profile, and appointment letter, are enclosed to serve as supporting and background information to assist the Council in considering confirmation.

Thank you for your consideration of the proposed legislation. If you have any questions about this appointment, please have your staff call Rick Ybarra, Boards and Commissions Liaison, at 206-263-9651.

Sincerely,

Dow Constantine
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff
Melani Hay, Clerk of the Council
Karan Gill, Chief of Staff, Office of the Executive
Penny Lipsou, Council Relations Director, Office of the Executive
Rick Ybarra, Boards and Commissions Liaison, Office of the Executive
Robin Pfohman, Staff Liaison
Paul Getzel

MENTAL ILLNESS AND DRUG DEPENDENCY (MIDD) ADVISORY COMMITTEE**DATE:** February 2024**TOTAL NUMBER OF MEMBERS:** 37**LENGTH OF TERM:** 4-year terms**A. MIDD ADVISORY COMMITTEE MEMBERS NOT REQUIRING EXECUTIVE APPOINTMENT AND COUNCIL CONFIRMATION**

Pos. No.	Name	KCC District	Representing / Background	Date Appointed	Term Expires
1	Rebecca Robinson		Representative from the district court. Judge, King County District Court	N/A	Ongoing
2	Catherine Cornwall		Representative from the department of judicial administration. Department Director, King County Judicial Administration	N/A	Ongoing
3	VACANT		Representative from All Home Interim Director, All Home	N/A	Ongoing
4	Jorene Reiber		Representative from King County systems integration initiative, which is an ongoing work group established by the executive for addressing juvenile justice matters. Director, King County Juvenile Court	N/A	Ongoing
5	Leesa Manion		Representative from the prosecuting attorney's office Prosecutor, King County Prosecuting Attorney's Office	N/A	Ongoing
6	Dr. Faisal Khan		Representative from the department of public health Director and Health Officer, Public Health-Seattle and King County	N/A	Ongoing
7	Anita Khandelwal		Representative from the Department of Public Defense Director, Office of Public Defender	N/A	Ongoing
8	Ketu Shah		Representative from the superior court Presiding Judge, King County Superior Court	N/A	Ongoing
9	Leo Flor		Representative from the Department of Community and Human Services. Department Director, King County Department of Community and Human Services	N/A	Ongoing
10	Teresa Mosqueda		Representative from King County Council Councilmember from District 3	N/A	Ongoing
11	Steve Larsen		Representative from the Department of Adult and Juvenile Detention King County Department of Adult and Juvenile Detention	N/A	Ongoing
12	Kelli Carroll		Representative from the Executive Director of Special Projects, KC Executive Office	N/A	Ongoing
13	Patti Cole-Tindall		Representative from the sheriff's office Sheriff, King County Sheriff's Office	N/A	Ongoing

B. MIDD ADVISORY COMMITTEE MEMBERS WHO HAVE BEEN APPOINTED AND CONFIRMED TO SERVE ON ANOTHER BOARD (Terms Expiration Assigned by BHAB)

Pos. No.	Name	KCC District	Representing / Background	Date Appointed	Term Expires	Number of Appointed Terms
14	Jasmeet Singh	2	Representative from the King County Behavioral Health Advisory Board Member, King County Behavioral Health Advisory Board	5/14/21	3/31/25	1 Partial / 1 Full

C. MIDD ADVISORY COMMITTEE MEMBERS REQUIRING EXECUTIVE APPOINTMENT AND COUNCIL CONFIRMATION

Pos. No.	Name	KCC District	Representing / Background	Date Appointed	Term Expires	Number of Appointed Terms
15	Minu Ranna-Stewart	2	Representative from the Puget Sound Educational Services District Director of Student Support Services	2/4/22	6/30/25	1 Full
16	Claudia D'Allegri	8	Representative from the Community Health Council Vice President, Behavioral Health, SeaMar Community Health Centers	10/17/16	6/30/24	2 Full
17	Stacey Devenney	8	Representative from Harborview Medical Center Interim Director of Outpatient Services, HMC	2/2/24	6/30/26	1 Partial
18	VACANT		Representative from labor representing a bona fide labor organization		6/30/25	
19	Jeff Sakuma	2	Representative from City of Seattle Health Integration Strategist	7/27/18	6/30/22	1 Full
20	Michael Byun	2 (Works)	Representative from a provider of culturally specific mental health services in King County	2/2/24	6/30/28	1 Full
21	VACANT		Representative from a provider of sexual assault victim services in King County		6/30/28	
22	Trenewsia Wilson	7	Representative from the domestic violence prevention services in King County Trauma and Behavioral Health Systems Coordinator with Coalition Ending Gender Based Violence	1/14/21	6/30/23	1 Full
23	Anthony Austin	2	Representative from an agency providing mental health and chemical dependency services to youth Executive Director of Southeast Youth and Family Services	7/12/19	6/30/23	1 Full

Pos. No.	Name	KCC District	Representing / Background	Date Appointed	Term Expires	Number of Appointed Terms
24	Paul Getzel	8	Representative from the national alliance on mental illness Executive Director, National Alliance on Mental Illness - Greater Seattle	2/2/24	6/30/26	1 Partial
25	Mario Paredes	5 (Works)	Representative from a provider of culturally specific chemical dependency services in King County Consejo Counseling and Referral Service	9/29/17	6/30/25	2 Full
26	Kailey Fiedler-Gohlke	4	Representative of an organization with expertise in helping individuals with behavioral health needs in King County get jobs and live independent lives CEO of HERO House NW	10/2/18	6/30/23	1 Partial / 1 Full
27	Brenda Fincher	5	Representative from the Sound Cities Association Councilmember, City of Kent	4/8/21	6/30/25	1 Full
28	Lynne Robinson	6	Representative from the City of Bellevue Mayor, City of Bellevue	5/8/14	6/30/26	3 Full
29	Karen Brady	1	Representative from the provider of both mental health and chemical dependency services in King County CEO of HERO House NW	10/2/18	6/30/24	1 Partial / 1 Full
30	Darcy Jaffe	4	Representative from the WA State Hospital Association, representing King County hospitals Senior Vice-President of Safety and Quality for Washington State Hospital Association	5/31/19	6/30/23	1 Full
31	Jennifer Teunon	4	Representative of a philanthropic organization Executive Director of Medina Foundation	5/31/22	6/30/24	1 Partial
32	Joshua Wallace	2	Representative of an organization with expertise in recovery Executive Director of Peer Seattle	8/4/17	6/30/23	1 Partial / 1 Full
33	Jessica Molberg	8	Representative of the five managed care organizations operating in King County Director of Behavioral Health, Coordinated Care of Washington	7/27/18	6/30/22	1 Full
34	Fartun Mohamed	7	Representative of a grassroots organization serving a cultural population or cultural populations / Registered Nurse of Inpatient Behavioral Health unit at Swedish Medical Center	8/16/19	6/30/24	1 Partial / 1 Full

Pos. No.	Name	KCC District	Representing / Background	Date Appointed	Term Expires	Number of Appointed Terms
35	Laura Smith	3	Representative of unincorporated King County Executive Director, Snoqualmie Valley Community Network	8/4/17	6/30/23	1 Partial / 1 Full
36	VACANT		An individual representing behavioral health consumer interests from the mental illness and drug dependency advisory committee's consumers and communities ad hoc work group		6/30/24	
37	VACANT		An individual representing community interests from the mental illness and drug dependency advisory committee's consumers and communities ad hoc work group		6/30/25	

BOARD MEMBERS APPOINTED – SUBJECT TO COUNCIL CONFIRMATION

Pos. No.	Name	KCC District	Representing / Background	Date Appointed	Term Expires	Number of Appointed Terms
17	Stacey Devenney	8	Representative from Harborview Medical Center Interim Director of Outpatient Services, HMC	2/2/24	6/30/26	1 Partial
20	Michael Byun	2 (Works)	Representative from a provider of culturally specific mental health services in King County	2/2/24	6/30/28	1 Full
24	Paul Getzel	8	Representative from the national alliance on mental illness Executive Director, National Alliance on Mental Illness - Greater Seattle	2/2/24	6/30/26	1 Partial



King County

**Metropolitan King County Council
Health and Human Services Committee**

STAFF REPORT

Agenda Items:	6, 7	Name:	Sam Porter
Proposed No.:	2024-0099 2024-0101	Date:	June 4, 2024

SUBJECT

Proposed motions to confirm the appointments of the following individuals to the Board for Developmental Disabilities:

- Molly McCoy, who resides in Council District 8, for a partial term to expire on September 30, 2025¹
- Radhe Morgan, who resides in Council District 4, for a partial term to expire on September 30, 2026²

BACKGROUND

The 15-member Board for Developmental Disabilities is a citizen advisory board that provides oversight of community services for children with developmental delays, adults with developmental disabilities and the families of these individuals. The board is established under state law (RCW 71.A.14.020)³ and King County Code 2.32.020. The board develops plans for developmental disability services, advises on funding priorities, and advocates for increases in funding and improvement in services. Board members include family advocates, self-advocates, professionals, and interested citizens.

APPOINTEE INFORMATION

Molly McCoy According to her application materials, Molly McCoy is a Certified Prosthetist and Orthotist, Clinical Documentation Specialist (Medicare/Medicaid policy subject matter expert). Ms. McCoy is a parent of a child with Angelmans Syndrome and has experience coordinating services for her son in the Highline school district, state waiver programs, Metro Access Transit service, Medicaid, multiple parks departments programs and regular DDD/DDA interactions.

¹ Proposed Motion 2024-0099

² Proposed Motion 2024-0101

³ RCW 71A.14.020 allows that “The county governing authority of any county may appoint a developmental disability board to plan services for persons with developmental disabilities, to provide directly or indirectly a continuum of care and services to persons with developmental disabilities within the county or counties served by the community board.” Boards established pursuant to this RCW can have no fewer than nine and up to 15 members.

Radhe Morgan According to her application materials, Radhe Morgan is a Certified Behavior Technician with Engage ABA, LLC in Seattle. She holds a Bachelor of Arts in Psychology from the University of Washington and states she aspires to, “empower historically marginalized groups and ardently advocate that comprehensive quality care must value individualized approaches.”

ANALYSIS

Staff has not identified any issues with the proposed appointment that appears to be consistent with state law and King County Code requirements.

According to the board profile transmitted with the proposed motion, there are five vacancies on the 15-member board. According to RCW 71A.14.020(3), “The board shall consist of not less than nine nor more than fifteen members.” Executive staff stated that they plan to transmit two reappointments to Council in January 2024.

ATTACHMENTS

1. Proposed Motion 2024-0099
2. Transmittal Letter
3. Proposed Motion 2024-0101
4. Transmittal Letter
5. Board Profile, March 2024



KING COUNTY

Signature Report

ATTACHMENT 1

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Motion

Proposed No. 2024-0099.1

Sponsors Mosqueda

1 A MOTION confirming the executive's appointment of
2 Molly McCoy, who resides in council district eight, to the
3 King County board for developmental disabilities.
4 BE IT MOVED by the Council of King County:
5 The county executive's appointment of Molly McCoy, who resides in council
6 district eight, to the King County board for developmental disabilities, for a partial term

Motion

7 to expire on September 30, 2025, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Rod Dembowski, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, ____.

Dow Constantine, County Executive

Attachments: None



King County

Dow Constantine

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104

206-296-9600 Fax 206-296-0194

TTY Relay: 711

www.kingcounty.gov

March 19, 2024

The Honorable Dave Upthegrove
Chair, King County Council
Room 1200
C O U R T H O U S E

Dear Councilmember Upthegrove:

This letter transmits a proposed Motion confirming the appointment of Molly McCoy, who resides in council district eight, to the King County Board for Developmental Disabilities, for a partial term expiring September 30, 2025.

Ms. McCoy's application, financial disclosure, board profile, and appointment letter, are enclosed to serve as supporting and background information to assist the Council in considering confirmation.

Thank you for your consideration of the proposed legislation. If you have any questions about this appointment, please have your staff call Rick Ybarra, Boards and Commissions Liaison, at 206-263-9651.

Sincerely,

Dow Constantine
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff
Melani Hay, Clerk of the Council
Karan Gill, Chief of Staff, Office of the Executive
Penny Lipsou, Council Relations Director, Office of the Executive
Rick Ybarra, Boards and Commissions Liaison, Office of the Executive
Michaëlle Monday, Staff Liaison
Molly McCoy



KING COUNTY

Signature Report

ATTACHMENT 3

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Motion

Proposed No. 2024-0101.1

Sponsors Barón

1 A MOTION confirming the executive's appointment of
2 Radhe Morgan, who resides in council district four, to the
3 King County board for developmental disabilities.
4 BE IT MOVED by the Council of King County:
5 The county executive's appointment of Radhe Morgan, who resides in council
6 district four, to the King County board for developmental disabilities, for a partial term to

Motion

7 expire on September 30, 2026, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Rod Dembowski, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, _____.

Dow Constantine, County Executive

Attachments: None



King County

Dow Constantine

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104

206-296-9600 Fax 206-296-0194

TTY Relay: 711

www.kingcounty.gov

March 19, 2024

The Honorable Dave Upthegrove
Chair, King County Council
Room 1200
C O U R T H O U S E

Dear Councilmember Upthegrove:

This letter transmits a proposed Motion confirming the appointment of Radhe Morgan, who resides in council district four, to the King County Board for Developmental Disabilities, for a partial term expiring September 30, 2026.

Ms. Morgan's application, financial disclosure, board profile, and appointment letter, are enclosed to serve as supporting and background information to assist the Council in considering confirmation.

Thank you for your consideration of the proposed legislation. If you have any questions about this appointment, please have your staff call Rick Ybarra, Boards and Commissions Liaison, at 206-263-9651.

Sincerely,

Dow Constantine
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff
Melani Hay, Clerk of the Council
Karan Gill, Chief of Staff, Office of the Executive
Penny Lipsou, Council Relations Director, Office of the Executive
Rick Ybarra, Boards and Commissions Liaison, Office of the Executive
Michaëlle Monday, Staff Liaison
Radhe Morgan

BOARD FOR DEVELOPMENTAL DISABILITIES

DATE: March 2024

TOTAL NUMBER OF MEMBERS: 15 members

LENGTH OF TERM: 3-year terms

* *King County seeks to create an inclusive and accessible process for individuals who wish to serve on a King County board or commission. We strive to ensure that King County boards and commissions are representative of the communities we serve.*

MEMBERS APPOINTED

Pos. No.	Name	KC District	Profession/Represents	Initial Appointment	Term Expires	Number of Appointed Terms
1	VACANT				9/30/24	
2	VACANT				9/30/24	
3	Brandon Graham	6	Ally who self-identifies as a person with a disability who is advocating for disability issues.	8/18/23	9/30/25	1 Partial
4	Maria Laura Musso Escude	1	Business professional advocating for disability issues and she has a family member with a developmental disability	10/6/21	9/30/27	2 Full
5	VACANT				9/30/24	
6	Tiffany Lee	3	Business professional who self-identifies as a person with a developmental disability and advocates for disability issues.	10/6/21	9/30/26	1 Partial / 1 Full
7	Elizabeth “Beth” Bardeen	4	Business professional who self-identifies as a person with a disability and advocates for disability issues.	10/24/23	9/30/26	1 Full
8	Amanda Knott	7	Business professional advocating for disability issues and she has a family member with a developmental disability	3/19/24	9/30/25	1 Partial
9	Molly McCoy	8	Business professional advocating for disability issues and she has a family member with a disability.	3/19/24	9/30/25	1 Partial
10	Joe Cunningham	1	Business professional and parent of an individual with a developmental disability.	12/18/19	9/30/26	1 Partial / 2 Full
11	Devony Boyle	2	Business professional advocating for disability issues.	3/19/24	9/30/25	1 Partial
12	VACANT				9/30/24	
13	Seapa “CeCe” Stovall	9	Business professional and parent of an individual with a disability.	10/24/23	9/30/26	1 Full
14	VACANT				9/30/25	
15	Radhe Morgan	4	Business professional who self-identifies as a person with a developmental disability and advocates for disability issues.	3/19/24	9/30/26	1 Partial

MEMBERS APPOINTED – SUBJECT TO COUNCIL CONFIRMATION

Pos. No.	Name	KC District	Profession/Represents	Initial Appointment	Term Expires	Number of Appointed Terms
4	Maria Laura Musso Escude	1	Business professional advocating for disability issues and she has a family member with a developmental disability	10/6/21	9/30/27	2 Full
8	Amanda Knott	7	Business professional advocating for disability issues and she has a family member with a developmental disability	3/19/24	9/30/25	1 Partial
9	Molly McCoy	8	Business professional advocating for disability issues and she has a family member with a disability.	3/19/24	9/30/25	1 Partial

Pos. No.	Name	KC District	Profession/Represents	Initial Appointment	Term Expires	Number of Appointed Terms
11	Devony Boyle	2	Business professional advocating for disability issues.	3/19/24	9/30/25	1 Partial
15	Radhe Morgan	4	Business professional who self-identifies as a person with a developmental disability and advocates for disability issues.	3/19/24	9/30/26	1 Partial



King County

**Metropolitan King County Council
Health and Human Services Committee**

STAFF REPORT

Agenda Items:	8	Name:	Miranda Leskinen
Proposed No.:	2024-0109	Date:	June 4, 2024

SUBJECT

A Proposed Motion to confirm the appointment of the following individual to the King County Veterans, Seniors and Human Services Levy (VSHSL) Advisory Board:

- **Jennifer Ramirez**, who resides in Council District 5, to serve as the Council District Five representative on the Vulnerable Populations Committee of the Board, for a three-year term to expire on May 31, 2027.

BACKGROUND

History. King County voters approved the current six-year Veterans, Seniors and Human Services Levy (VSHSL) in November 2017. Ordinance 18555, which placed the levy proposition on the ballot, required the Executive to develop and transmit a plan for Council to review, create, and prescribe the composition and duties of a board or boards to provide oversight of the expenditure of levy proceeds.

In April 2018, the Council adopted the VSHSL Governance Plan (Ordinance 18722), which outlined the composition and duties, as well as the terms, of the board that would oversee expenditure of VSHSL proceeds per Ordinance 18555. The Governance Plan envisioned a Veterans, Seniors and Human Services Levy (VSHSL) Advisory Board consisting of three committees of ten members each (30 total Board members) including a Seniors Committee, a Vulnerable Populations Committee, and a Veterans Committee (whose membership would dually serve as the membership of the state-required veterans’ advisory board). Ordinance 18785, establishing the King County Veterans Advisory Board and adding a new section to K.C.C. chapter 2A.300, and Ordinance 18792, establishing the VSHSL Advisory Board and adding a new section to K.C.C. chapter 2A.300, were subsequently adopted in September 2018 to effectuate the VSHSL Governance Plan.

VSHSL Advisory Board. Requirements relating to the composition, duties, and terms of the VSHSL Advisory Board, which are identified in K.C.C. 2A.300.540, are summarized in Table 1.

Table 1. Overview of VSHSL Advisory Board Composition and Duties

<p>VSHSL Advisory Board Duties:</p> <ul style="list-style-type: none"> • Advise County on matters and policies affecting the VSHSL <i>See below for committee responsibilities</i> • Oversee the VSHSL allocations for VSHSL priority populations <i>See below for committee responsibilities</i> • Oversee the 1% for capacity building • Report annually to Executive, Council & RPC¹ • Elect annually Board Chair and 2 Vice-Chairs 		<p>VSHSL Advisory Board Composition</p> <p>3 Committees = 30 Total Members, Including:</p> <ul style="list-style-type: none"> • 18 (2 per District) Council Nominees (6 to each committee²) • 3 City of Seattle Nominees (1 to each committee) • 3 Sound Cities Association Nominees (1 to each committee) • 2 Seattle-King County Advisory Council for Aging and Disability Services Nominees (Both to Seniors Committee) • 4 Additional Executive Appointees (Remaining positions)
VSHSL Advisory Board Committees³		
Veterans	Seniors	Vulnerable Populations
<p>Committee Responsibilities:</p> <ul style="list-style-type: none"> • Advise County on matters & policies affecting veterans, servicemembers & their families • Oversee the 1/3 VSHSL for veterans • Serve also as the Chapter 73.08 RCW KCVP Advisory Board, with responsibilities relating to the KCVP and to the VSHSL <p>Committee Composition 10 Members, including: *</p> <ul style="list-style-type: none"> • 6 Council Nominees • 1 City of Seattle Nominee • 1 Sound Cities Association Nominee • 2 Additional Executive Appointees <p>*Veterans Committee members must be selected in accordance with requirements identified in Chapter 73.08 RCW</p>	<p>Committee Responsibilities:</p> <ul style="list-style-type: none"> • Advise County on matters & policies affecting seniors, caregivers & healthy aging • Oversee the 1/3 VSHSL for seniors • Jointly oversee with Veterans Committee the VSHSL proceeds restricted by Section 4.B.2. of Ordinance 18555 until conditions in either of the subsections in Section 4.B.2. have been satisfied <p>Committee Composition: 10 Members, including: *</p> <ul style="list-style-type: none"> • 6 Council Nominees • 1 City of Seattle Nominee • 1 Sound Cities Association Nominee • 2 Seattle-King County Advisory Council for Aging and Disability Services Nominees <p>*At least a majority of Seniors Committee membership must be comprised of seniors, as defined in Ordinance 18555</p>	<p>Committee Responsibilities:</p> <ul style="list-style-type: none"> • Advise County on matters & policies affecting vulnerable populations • Oversee the 1/3 VSHSL for vulnerable populations <p>Committee Composition 10 Members, including:</p> <ul style="list-style-type: none"> • 6 Council Nominees • 1 City of Seattle Nominee • 1 Sound Cities Association Nominee • 2 Additional Executive Appointees <p>*A potential committee member's contribution to the representativeness of the diversity of vulnerable populations in the County shall be considered in selecting a potential Vulnerable Populations Committee member for nomination or appointment</p>

¹ The board must transmit a report annually by July 1st, beginning in 2019, to the Executive, Council and Regional Policy Committee (or its successor committee) on the state of the VSHSL, the fiscal and performance management of the VSHSL and its accomplishments from the preceding calendar year.

² When at least one council-nominated position on all of the board's committees becomes available, meaning the incumbent has served two terms on the board, is not nominated by council to serve an additional term on the board or declines nomination by council to serve an additional term on the board, the council may pass a motion to direct council district rotation for the council nominations for appointment to the available positions on the board's committees

³ Board members must be King County residents and elected officials are ineligible for board membership while in office.

Board Member Terms. Board members may serve no more than one additional full three-year term after completing their first term, whether the first term is a partial or full term. In the event a board position becomes vacant, the entity that nominated the person to that position shall nominate a replacement to serve out the balance of the term of the vacated member.

APPOINTEE INFORMATION

Ms. Ramirez currently serves as Vice President of Employment Services for the Northwest Center. As indicated in her application materials, she previously served on the Communities of Opportunity Advisory Board and currently serves on the board of Green River College, the Highline Heritage Museum, and Schools Out Washington. Ms. Ramirez also has decades of professional experience working in the government and nonprofit sectors.

ANALYSIS

Staff has not identified any issues with the proposed appointment which appears to be consistent with King County Code requirements.

ATTACHMENTS

1. Proposed Motion 2024-0109
2. Transmittal Letter
3. Board Profile, as of April 2024



KING COUNTY

Signature Report

ATTACHMENT 1

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Motion

Proposed No. 2024-0109.1

Sponsors Upthegrove

1 A MOTION confirming the executive's appointment of
2 Jennifer Ramirez Robson, who resides in council district
3 five, to the King County veterans, seniors and human
4 services levy advisory board's vulnerable populations
5 committee, as the district five representative.

6 BE IT MOVED by the Council of King County:

7 The county executive's appointment of Jennifer Ramirez Robson, who resides in
8 council district five, to the King County veterans, seniors and human services levy

9 advisory board's vulnerable populations committee, as the district five representative, for
10 a three-year term to expire on May 31, 2027, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Rod Dembowski, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, ____.

Dow Constantine, County Executive

Attachments: None



King County

Dow Constantine

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104

206-296-9600 Fax 206-296-0194

TTY Relay: 711

www.kingcounty.gov

April 3, 2024

The Honorable Dave Upthegrove
Chair, King County Council
Room 1200
C O U R T H O U S E

Dear Councilmember Upthegrove:

This letter transmits a proposed Motion confirming the appointment of Jennifer Ramirez Robson, who resides in council district five, to the King County Veterans, Seniors and Human Services Levy Advisory Board's Vulnerable Populations Committee, as the district five representative, for a three-year term expiring May 31, 2027.

Ms. Ramirez Robson's application, financial disclosure, board profile, and appointment letter, are enclosed to serve as supporting and background information to assist the Council in considering confirmation.

Thank you for your consideration of the proposed legislation. If you have any questions about this appointment, please have your staff call Rick Ybarra, Boards and Commissions Liaison, at 206-263-9651.

Sincerely,

Dow Constantine
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff
Melani Hay, Clerk of the Council
Karan Gill, Chief of Staff, Office of the Executive
Penny Lipsou, Council Relations Director, Office of the Executive
Rick Ybarra, Boards and Commissions Liaison, Office of the Executive
Aphrodyi Antoine, Staff Liaison
Jennifer Ramirez Robson

VETERANS, SENIORS AND HUMAN SERVICES, LEVY ADVISORY BOARD**DATE:** April 2024**TOTAL NUMBER OF MEMBERS:** 30 *(Each committee has 10 members. In addition, the members of the Veterans Committee of the VSHSL Advisory Board shall also constitute the entirety of the Veterans Advisory Board required by RCW 73.08)***LENGTH OF TERM:** 3-year term

* *King County seeks to create an inclusive and accessible process for individuals who wish to serve on a King County board or commission. We strive to ensure that King County boards and commissions are representative of the communities we serve.*

BOARD MEMBERS APPOINTED**Veterans Committee Members:**

Pos. No.	Board Member	KCC District	Background / Representing	Date Appointed	Term Expires	Number of Appointed Terms
1	Brian Berry	1	District 1 Representative on the Veterans Committee	8/18/23	5/31/24	1 Partial
2	VACANT	2	District 2 Representative on the Veterans Committee		5/31/24	
3	David Waggoner	3	District 3 Representative on the Veterans Committee	5/10/19	5/31/24	2 Full
4	Carrol Stripling	7	Executive-Nominated Representative on the Veterans Committee	5/10/19	5/31/25	2 Full
5	Faisal Akhter	2	Executive-Nominated Representative on the Veterans Committee	3/4/22	5/31/24	1 Full
6	Peter Lewis	7	Sound Cities Association Representative on the Veterans Committee	5/10/19	5/31/25	2 Full
7	Chuck Murrell	7	District 7 Representative on the Veterans Committee	5/10/19	5/31/24	2 Full
8	VACANT	8	District 8 Representative on the Veterans Committee		5/31/24	
9	Bruce Habenicht	9	District 9 Representative on the Veterans Committee	3/8/23	5/31/24	1 Partial
10	VACANT		City of Seattle Representative on the Veterans Committee		5/31/25	

Seniors Committee Members:

Pos. No.	Board Member	KCC District	Background / Representing	Date Appointed	Term Expires	Number of Appointed Terms
11	Cynthia Snyder	3	Seattle-KC ACADS Representative on the Seniors Committee	5/10/19	5/31/24	2 Full
12	VACANT		Seattle-KC ACADS Representative on the Seniors Committee		5/31/25	
13	Susan Kingsbury-Comeau	3	District 3 Representative on the Seniors Committee	5/10/19	5/31/24	2 Full

Pos. No.	Board Member	KCC District	Background / Representing	Date Appointed	Term Expires	Number of Appointed Terms
14	VACANT	4	District 4 Representative on the Seniors Committee		5/31/24	
15	Patrice Thorell	5	District 5 Representative on the Seniors Committee.	5/10/19	5/31/24	2 Full
16	Gazel Tan	6	District 6 Representative on the Seniors Committee	7/15/21	5/31/24	1 Full
17	Nancy Colson	7	District 7 Representative on the Seniors Committee	5/10/19	5/31/24	2 Full
18	VACANT	8	District 8 Representative on the Seniors Committee		5/31/24	2 Full
19	Lori Guilfoyle	9	Sound Cities Association Representative on the Seniors Committee	5/10/19	5/31/25	2 Full
20	VACANT		City of Seattle Representative on the Seniors Committee.		5/31/25	

Vulnerable Populations Committee Members:

Pos. No.	Board Member	KCC District	Background / Representing	Date Appointed	Term Expires	Number of Appointed Terms
21	Heidi Shepherd	1	District 1 Representative on the Vulnerable Populations Committee	5/10/19	5/31/24	2 Full
22	VACANT	2	District 2 Representative on the Vulnerable Populations Committee		5/31/24	
23	VACANT		Sound Cities Association Representative on the Vulnerable Populations Committee		5/31/25	
24	René Murry	4	District 4 Representative on the Vulnerable Populations Committee	5/10/19	5/31/24	2 Full
25	Jennifer Ramirez Robson	5	District 5 Representative on the Vulnerable Populations Committee.	4/3/24	5/31/27	1 Full
26	Olga Perelman	6	District 6 Representative on the Vulnerable Populations Committee	5/10/19	5/31/24	2 Full
27	Asad Abdi	8	Executive-Nominated Representative on the Vulnerable Populations Committee	3/4/22	5/31/25	1 Full
28	Natalie Reber	4	Executive-Nominated Representative on the Vulnerable Populations Committee	3/4/22	5/31/24	1 Full
29	VACANT	9	District 9 Representative on the Vulnerable Populations Committee		5/31/24	
30	VACANT		City of Seattle Representative on the Vulnerable Populations Committee.		5/31/25	

BOARD MEMBERS APPOINTED – SUBJECT TO COUNCIL CONFIRMATION

Pos. No.	Board Member	KCC District	Background / Representing	Date Appointed	Term Expires	Number of Appointed Terms
25	Jennifer Ramirez Robson	5	District 5 Representative on the Vulnerable Populations Committee.	4/3/24	5/31/27	1 Full



King County

**Metropolitan King County Council
Health and Human Services Committee**

STAFF REPORT

Agenda Item:	9, 10, 11	Name:	Sam Porter
Proposed No.:	2024-0108 2024-0119 2024-0121	Date:	June 4, 2024

SUBJECT

Proposed Motions to confirm the appointments of the following individual to the King County Women's Advisory Board as Council at-large representatives:

- Sarah Brusig, who lives in Council District 5, for a partial term to expire on July 1, 2026¹
- Yasmin Ali, who lives in Council District 3, for a partial term to expire on July 1, 2025²
- Ramsey Mayhew, who lives in Council District 3, for a three-year term to expire on July 1, 2027³

BACKGROUND

Described in King County Code 2.30, the Women's Advisory Board (WAB) was created to act in an advisory capacity to the King County Executive, the County Council, and make recommendations to ensure the needs, rights, and well-being of women in King County are taken into account in the development and implementation of legislation, policies, programs, and funding. The duties of the WAB are described in K.C.C. 2.30.010 as:

- A. To assess the needs of women in King County and make recommendations regarding how best to meet their unmet needs;
- B. To review county programs serving women, including their budgets, and recommend ways that these programs can be more responsive to the needs of women and more effective in meeting women's needs;
- C. To work with community members and service agencies, to identify, develop, and promote programs that will improve the status and well-being of women;

¹ Proposed Motion 2024-0108

² Proposed Motion 2024-0119

³ Proposed Motion 2024-0121

- D. To act as a proponent within county government to improve the status of women;
- E. To make recommendations to the county council and to the county executive on legislation, policies, programs and funding necessary to carry out the purposes of this chapter;
- F. To inform and educate the public regarding the status of women and policies and programs that may affect the status and well-being of women.
- G. To work with other county boards and commissions, including the children and family commission, to further the purposes of the women's advisory board.
- H. To submit an annual report during the first quarter of each year to the executive and council which summarizes the board's accomplishments, identifies recommendations from the past year's work and includes the board's work program for the coming year.

The King County WAB has fifteen members, one nominated from each Council District and six at-large members, of whom four shall be nominated by the Council and two shall be nominated by the Executive. All nominations shall represent a diversity of age, area of residence, profession, and race and ethnicity. Membership cannot include employees or board members of agencies receiving funding through the women's program. Nominees shall be appointed by the County Executive and confirmed by the County Council by motion.

APPOINTEE INFORMATION

Sarah Brusig is a Personal Safety Attendant at Swedish Medical Center. Ms. Brusig states in her application materials that she has served her, "communities as a supporter of equity, equality, inclusion, and justice for over 20 years and have illustrated competence and fortitude to ensure everyone is treated fairly and has access to life-changing opportunities and resources."

Yasmin Ali is the founder and CEO of Skillspire, LLC. Ms. Ali describes Skillspire as, "a coding bootcamp, on a mission to break down barriers that preclude women, under-represented communities and veterans that struggle to enter tech workforce." According to her application, Ms. Ali is, "very passionate about elevating the socio-economic conditions of the immigrant and refugee populations, especially women, to help them become productive citizens of our community."

Ramsey Mayhew is a retired social worker living in Snoqualmie. According to her application, Ms. Mayhew's professional career includes social work experience in San Francisco providing emergency food, utility and transportation assistance; in New Jersey as a treatment counselor and supervisor of involuntary treatment screening staff, and in San Jose as a social worker with Adult Protective Services. She now volunteers with a number of organizations including Crisis Connections, Echo Glen, the Snoqualmie School District, and area food banks.

ANALYSIS

Staff has not identified any issues with the proposed appointments which appear to be consistent with King County Code requirements.

According to the board profile there are ten vacancies on the Women's Advisory Board representing the following positions:

1. District 1
2. District 3
3. District 6
4. District 7
5. District 8
6. District 9
7. Council-at large (2 positions)
8. Exec at-large (2 positions)

ATTACHMENTS

1. Proposed Motion 2024-0108
2. Transmittal Letter
3. Proposed Motion 2024-0119
4. Transmittal Letter
5. Proposed Motion 2024-0121
6. Transmittal Letter
7. WAB Profile, April 2024



KING COUNTY

Signature Report

ATTACHMENT 1

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Motion

Proposed No. 2024-0108.1

Sponsors Upthegrove

1 A MOTION confirming the executive's appointment of
2 Sarah Brusig, who resides in council district five, to the
3 King County women's advisory board, as the district five
4 representative.

5 BE IT MOVED by the Council of King County:

6 The county executive's appointment of Sarah Brusig, who resides in council
7 district five, to the King County women's advisory board, as the district five

Motion

8 representative, for a partial term to expire on July 1, 2026, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Rod Dembowski, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, _____.

Dow Constantine, County Executive

Attachments: None



King County

Dow Constantine

King County Executive

401 Fifth Avenue, Suite 800

Seattle, WA 98104

206-296-9600 Fax 206-296-0194

TTY Relay: 711

www.kingcounty.gov

April 3, 2024

The Honorable Dave Upthegrove
 Chair, King County Council
 Room 1200
 C O U R T H O U S E

Dear Councilmember Upthegrove:

This letter transmits a proposed Motion confirming the appointment of Sarah Brusig, who resides in council district five, to the King County Women's Advisory Board, as the district five representative, for a partial term expiring July 1, 2026.

Ms. Brusig's application, financial disclosure, board profile, and appointment letter, are enclosed to serve as supporting and background information to assist the Council in considering confirmation.

Thank you for your consideration of the proposed legislation. If you have any questions about this appointment, please have your staff call Rick Ybarra, Boards and Commissions Liaison, at 206-263-9651.

Sincerely,

Dow Constantine

King County Executive

Enclosures

cc: King County Councilmembers
 ATTN: Stephanie Cirkovich, Chief of Staff
 Melani Hay, Clerk of the Council
 Karan Gill, Chief of Staff, Office of the Executive
 Penny Lipsou, Council Relations Director, Office of the Executive
 Rick Ybarra, Boards and Commissions Liaison, Office of the Executive
 Marjan Didra, Staff Liaison
 Sarah Brusig



KING COUNTY

Signature Report

Ordinance

ATTACHMENT 3

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Proposed No. 2024-0119.1

Sponsors Perry

1 A MOTION confirming the executive's appointment of
2 Yasmin Ali, who resides in council district three, to the
3 King County women's advisory board, as the district three
4 representative.

5 BE IT MOVED by the Council of King County:

6 The county executive's appointment of Yasmin Ali, who resides in council district
7 three, to the King County women's advisory board, as the district three representative, for

8 a partial term to expire on July 1, 2025, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Rod Dembowski, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, _____.

Dow Constantine, County Executive

Attachments: None



King County

Dow Constantine

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104

206-296-9600 Fax 206-296-0194

TTY Relay: 711

www.kingcounty.gov

April 11, 2024

The Honorable Dave Upthegrove
Chair, King County Council
Room 1200
C O U R T H O U S E

Dear Councilmember Upthegrove:

This letter transmits a proposed Motion confirming the appointment of Yasmin Ali, who resides in council district three, to the King County Women's Advisory Board, as the district three representative, for a partial term expiring July 1, 2025.

Ms. Ali's application, financial disclosure, board profile, and appointment letter, are enclosed to serve as supporting and background information to assist the Council in considering confirmation.

Thank you for your consideration of the proposed legislation. If you have any questions about this appointment, please have your staff call Rick Ybarra, Boards and Commissions Liaison, at 206-263-9651.

Sincerely,

Dow Constantine
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff
Melani Hay, Clerk of the Council
Karan Gill, Chief of Staff, Office of the Executive
Penny Lipsou, Council Relations Director, Office of the Executive
Rick Ybarra, Boards and Commissions Liaison, Office of the Executive
Marjan Didra, Staff Liaison
Yasmin Ali



KING COUNTY

Signature Report

ATTACHMENT 5

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Motion

Proposed No. 2024-0121.1

Sponsors Perry

1 A MOTION confirming the executive's appointment of
2 Ramsey Mayhew, who resides in council district three, to
3 the King County women's advisory board, as a council at-
4 large representative.

5 BE IT MOVED by the Council of King County:

6 The county executive's appointment of Ramsey Mayhew, who resides in council
7 district three, to the King County women's advisory board, as a council at-large

Motion

8 representative, for a three-year term to expire on July 1, 2027, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Rod Dembowski, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, _____.

Dow Constantine, County Executive

Attachments: None



King County

Dow Constantine

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104

206-296-9600 Fax 206-296-0194

TTY Relay: 711

www.kingcounty.gov

April 11, 2024

The Honorable Dave Upthegrove
Chair, King County Council
Room 1200
C O U R T H O U S E

Dear Councilmember Upthegrove:

This letter transmits a proposed Motion confirming the appointment of Ramsey Mayhew, who resides in council district three, to the King County Women's Advisory Board, as a council at-large representative, for a three-year term expiring July 1, 2027.

Ms. Mayhew's application, financial disclosure, board profile, and appointment letter, are enclosed to serve as supporting and background information to assist the Council in considering confirmation.

Thank you for your consideration of the proposed legislation. If you have any questions about this appointment, please have your staff call Rick Ybarra, Boards and Commissions Liaison, at 206-263-9651.

Sincerely,

Dow Constantine
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff
Melani Hay, Clerk of the Council
Karan Gill, Chief of Staff, Office of the Executive
Penny Lipsou, Council Relations Director, Office of the Executive
Rick Ybarra, Boards and Commissions Liaison, Office of the Executive
Marjan Didra, Staff Liaison
Ramsey Mayhew

WOMEN'S ADVISORY BOARD**DATE:** April 2024**TOTAL NUMBER OF MEMBERS:** 15 Members (9 council-nominated positions; 4 Council at-large positions; and 2 Exec at-large positions)**LENGTH OF TERMS:** 3-Year terms (2-term maximum)

* *King County seeks to create an inclusive and accessible process for individuals who wish to serve on a King County board or commission. We strive to ensure that King County boards and commissions are representative of the communities we serve.*

Board Members Appointed

Pos. No.	Name	KCC District	Representing	Initial Appointment	Term Expires	Number of Appointed Terms
1	VACANT	1	District 1 Representative		7/01/26	
2	Tanya Matthews	2	District 2 Representative	6/17/21	7/01/24	1 Full
3	VACANT	3	District 3 Representative		7/01/25	
4	Sarah Reyneveld	4	District 4 Representative	5/06/16	7/01/24	1 Partial / 2 Full
5	Sarah Brusig	5	District 5 Representative	4/3/24	7/01/26	1 Partial
6	VACANT	6	District 6 Representative		7/01/25	
7	VACANT	7	District 7 Representative		7/1/24	
8	VACANT	8	District 8 Representative		7/01/26	
9	VACANT	9	District 9 Representative		7/01/24	
10	Hend Alhinnawi	6	Council at-large Representative	2/16/24	7/01/25	1 Partial
11	VACANT		Council at-large Representative		7/01/26	
12	VACANT		Council at-large Representative		7/01/24	
13	Hafsa Azaz	3	Council at-large Representative	2/16/24	7/01/26	1 Partial
14	VACANT		Exec at-large Representative		7/01/25	
15	VACANT		Exec at-large Representative		7/01/25	

Board Members Appointed – Subject to Council Confirmation

Pos. No.	Name	KCC District	Representing	Initial Appointment	Term Expires	Number of Appointed Terms
5	Sarah Brusig	5	District 5 Representative	4/3/24	7/01/26	1 Partial



King County

**Metropolitan King County Council
Health and Human Services Committee**

STAFF REPORT

Agenda Item:	12, 13	Name:	Sam Porter
Proposed No.:	2024-0125 2024-0126	Date:	June 4, 2024

SUBJECT

Proposed Motion to confirm the appointment of the following individual to the to the King County Mental Illness and Drug Dependency (MIDD) Advisory Committee:

- Kristina Sawyckyj, who works in Council District 1, for a partial term to expire on March 31, 2026¹
- Lyscha Marcynyszyn, who works in Council District 4, for a partial term to expire on March 31, 2026²

BACKGROUND

The King County BHAB is a volunteer board developed in accordance with state law³ and King County Code⁴. State law tasks each Behavioral Health Administrative Services Organization (BHASO) with appointing members to their respective BHAB to review and provide comments on plans and policies, provide local oversight regarding the activities of the BHASO, and work with the BHASO to resolve significant concerns regarding service delivery and outcomes. The King County BHASO manages the state non-Medicaid funded behavioral health system in King County including Crisis and Commitment Services (involuntary hospitalization and the Designated Crisis Responders), prevention services, Federal Block Grant funded mental health and substance use disorder treatment, and the Children's Crisis Outreach Response System.

King County Code requires the Board to have no fewer than nine and no more than 15 members, as determined by the Executive. Code requires that the membership be broadly representative of the community, geographic and demographic mix of the populations served. Code requires that at least fifty-one percent of the membership being individuals with lived experience of behavioral health disorders or parents or legal guardians of individuals identifying as such, and at least one quarter of the membership being individuals in recovery from substance use disorders. The Board shall also have

¹ Proposed Motion 2024-0125

² Proposed Motion 2024-0126

³ RCW 71.24.300

⁴ KCC 2A.300.050

representatives from law enforcement and have no more than four elected officials on the board at any time.

APPOINTEE INFORMATION

Kristina Sawyckyj According to the application materials, Kristina Sawyckyj is a Master's Student at the University of Washington and self employed. Kristina Sawyckyj has served on the Seattle Disability Commission, Washington Governor's Poverty Action Workgroup, Governor's Committee on Disability Issues, and the Seattle King County Healthcare for the Homeless Governance Council.

Lyscha Marcynyszyn According to her application materials, Ms. Marcynyszyn is a Seattle-based Lead Data and Research Analyst for ICF in Reston, Virginia. She holds a Ph.D. and Master's Degree in Developmental Psychology from Cornell University. Her application materials state that she will bring critical skills to the Board including, "project management expertise, leading with equity and social justice, and effective communication."

ANALYSIS

Staff has not identified any issues with the proposed appointments, which appear to be consistent with the requirements of KCC 2A.300.050. According to the board profile transmitted with Proposed Motion 2023-0113, there are six vacancies.

ATTACHMENTS

1. Proposed Motion 2024-0125
2. Transmittal Letter
3. Proposed Motion 2024-0126
4. Transmittal Letter
5. Board Profile, dated April 2024



KING COUNTY

Signature Report

ATTACHMENT 1

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Motion

Proposed No. 2024-0125.1

Sponsors Dembowski

1 A MOTION confirming the executive's appointment of
2 Kristina Sawyckyj, who resides in council district one, to
3 the King County behavioral health advisory board.

4 BE IT MOVED by the Council of King County:

5 The county executive's appointment of Kristina Sawyckyj, who resides in council
6 district one, to the King County behavioral health advisory board, for a partial term to

Motion

7 expire on March 31, 2026, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Rod Dembowski, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, ____.

Dow Constantine, County Executive

Attachments: None



King County

Dow Constantine

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104

206-296-9600 Fax 206-296-0194

TTY Relay: 711

www.kingcounty.gov

April 11, 2024

The Honorable Dave Upthegrove
Chair, King County Council
Room 1200
C O U R T H O U S E

Dear Councilmember Upthegrove:

This letter transmits a proposed Motion confirming the appointment of Kristina Sawyckyj, who resides in council district one, to the King County Behavioral Health Advisory Board, for a partial term expiring March 31, 2026.

Kristina Sawyckyj's application, financial disclosure, board profile, and appointment letter, are enclosed to serve as supporting and background information to assist the Council in considering confirmation.

Thank you for your consideration of the proposed legislation. If you have any questions about this appointment, please have your staff call Rick Ybarra, Boards and Commissions Liaison, at 206-263-9651.

Sincerely,

Dow Constantine
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff
Melani Hay, Clerk of the Council
Karan Gill, Chief of Staff, Office of the Executive
Penny Lipsou, Council Relations Director, Office of the Executive
Rick Ybarra, Boards and Commissions Liaison, Office of the Executive
Savannah Mitchell, Staff Liaison
Kristina Sawyckyj



KING COUNTY

Signature Report

ATTACHMENT 3

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Motion

Proposed No. 2024-0126.1

Sponsors Barón

1 A MOTION confirming the executive's appointment of
2 Lyscha Marcynyszyn, who resides in council district four,
3 to the King County behavioral health advisory board.

4 BE IT MOVED by the Council of King County:

5 The county executive's appointment of Lyscha Marcynyszyn, who resides in
6 council district four, to the King County behavioral health advisory board, for a partial

Motion

7 term to expire on March 31, 2026, is hereby confirmed.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Rod Dembowski, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, ____.

Dow Constantine, County Executive

Attachments: None



King County

Dow Constantine

King County Executive

401 Fifth Avenue, Suite 800
Seattle, WA 98104

206-296-9600 Fax 206-296-0194

TTY Relay: 711

www.kingcounty.gov

April 11, 2024

The Honorable Dave Upthegrove
Chair, King County Council
Room 1200
C O U R T H O U S E

Dear Councilmember Upthegrove:

This letter transmits a proposed Motion confirming the appointment of Lyscha Marcynyszyn, who resides in council district four, to the King County Behavioral Health Advisory Board, for a partial term expiring March 31, 2026.

Ms. Marcynyszyn's application, financial disclosure, board profile, and appointment letter, are enclosed to serve as supporting and background information to assist the Council in considering confirmation.

Thank you for your consideration of the proposed legislation. If you have any questions about this appointment, please have your staff call Rick Ybarra, Boards and Commissions Liaison, at 206-263-9651.

Sincerely,

Dow Constantine
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff
Melani Hay, Clerk of the Council
Karan Gill, Chief of Staff, Office of the Executive
Penny Lipsou, Council Relations Director, Office of the Executive
Rick Ybarra, Boards and Commissions Liaison, Office of the Executive
Savannah Mitchell, Staff Liaison
Lyscha Marcynyszyn

KING COUNTY BEHAVIORAL HEALTH ADVISORY BOARD**DATE:** April 2024**TOTAL NUMBER OF MEMBERS:** At least 9, no more than 15**LENGTH OF TERM:** 3 Years

* *King County seeks to create an inclusive and accessible process for individuals who wish to serve on a King County board or commission. We strive to ensure that King County boards and commissions are representative of the communities we serve.*

BOARD MEMBERS APPOINTED

Pos.	Name	KCC District	Skills/Affiliation	Initial Appointment	Term Expires	Number of Appointed Terms
1	Jasmeet Singh	2	Advocate / Interested Citizen with family lived experience	05/14/21	3/31/25	1 Partial / 1 Full
2	VACANT				3/31/25	
3	VACANT				3/31/25	
4	VACANT				3/31/25	
5	VACANT				3/31/25	
6	Lucas Sherman	2	Recovery / Advocate with lived experience	1/10/20	3/31/25	2 Full
7	Stacey Devenney	8	Recovery / Citizen with lived experience	10/6/21	3/31/26	1 Partial / 1 Full
8	Nancy Dow	2	Recovery / Advocate with lived experience	02/12/16	3/31/24	3 Full
9	VACANT				3/31/27	
10	VACANT				3/31/27	
11	David Sullivan	8 (Works)	Law enforcement representative	4/11/24	3/31/25	1 Partial
12	Kevin Host	4	Advocate / Interested Citizen	8/23/23	3/31/26	1 Full
13	Mustafa Mohammed	5	Advocate / Mental Health professional	10/24/23	3/31/26	1 Full
14	Kristina Sawyckyj	1	Advocate / Interested Citizen with lived experience	4/11/24	3/31/26	1 Partial
15	Lyscha Marcynyszyn	4	Recovery / Family Advocate with lived experience	4/11/24	3/31/26	1 Partial

BOARD MEMBERS APPOINTED – SUBJECT TO CONFIRMATION

Pos.	Name	KCC District	Skills/Affiliation	Initial Appointment	Term Expires	Number of Appointed Terms
11	David Sullivan	8 (Works)	Law enforcement representative	4/11/24	3/31/25	1 Partial
14	Kristina Sawyckj	1	Advocate / Interested Citizen with lived experience	4/11/24	3/31/26	1 Partial
15	Lyscha Marcynszyn	4	Recovery / Family Advocate with lived experience	4/11/24	3/31/26	1 Partial



King County

**Metropolitan King County Council
Health and Human Services Committee**

STAFF REPORT

Agenda Item:	14	Name:	Miranda Leskinen
Proposed No.:	2023-0374	Date:	June 4, 2024

SUBJECT

An ordinance to make updates to the Veterans, Seniors, and Human Services Levy (VSHSL) Advisory Board.

SUMMARY

Proposed Substitute Ordinance 2023-0374.2 would make changes to the VSHSL Advisory Board, amending King County Code 2A.300.540 in accordance with recommendations from the VSHSL Implementation Plan (Ordinance 19719).

The proposed changes would include separating the state-required King County Veterans’ Advisory Board (VAB) from the VSHSL Advisory Board’s Veterans Committee. The proposed ordinance would also remove the Board's current sunset clause, align terms and definitions with Ordinance 19604¹, and allow for a board per diem.

This item was dually referred first to the Regional Policy Committee, as a mandatory referral, and then to the Committee of the Whole. The Regional Policy Committee passed the proposed ordinance, as amended, with a “Do Pass” recommendation on March 13th. The amendment made technical and clarifying edits, including removing a provision related to the initial board’s first meeting that has been accomplished and clarifying that a per diem rate would be established by ordinance. On April 16th, the legislation was rereferred from the Committee of the Whole to the Health and Human Services Committee.

Of note, the Executive separately transmitted companion legislation (Proposed Ordinance 2024-0115) to continue the VAB as a standalone advisory board.

BACKGROUND

2024-2029 Veterans, Seniors, and Human Services Levy (VSHSL). In August 2023, King County voters approved a six-year renewal of the VSHSL. The 2024-2029 levy is

¹ Ordinance 19604 placed the 2024-2029 renewal VSHSL proposal on the ballot for voter approval. The 2018-2023 VSHSL expired at the end of 2023.

projected to generate approximately \$557.6 million over its six-year collection period based on March 2024 projections.² Table 1 shows the projected annual levy revenue.

Table 1. 2024-2029 VSHSL Projected Revenue.

2024	2025	2026	2027	2028	2029
\$82,399,900	\$86,353,094	\$90,504,498	\$94,843,747	\$99,380,064	\$104,107,254

2024-2029 VSHSL Investment Requirements. The renewal VSHSL, per Ordinance 19604, will continue to provide funding for regional health and human services throughout the County for veterans, military servicemembers, and their families; seniors and their caregivers; and resilient communities. Additionally, the renewal levy will establish funding for regional impact initiatives that provide or support responses to issues that affect all three of these populations and which regional health and human services can help address. Levy proceeds will be expended toward achieving results related to the levy’s five result areas. Table 2 illustrates the required investment allocations for the renewal VSHSL.

Table 2. Investment Allocations for the 2024-2029 VSHSL per Ordinance 19604.

Levy Proceeds Set Asides	
Attributable Election Costs (One-time out of first-year levy proceeds)	
Distribution of Remaining Levy Proceeds (Investment Allocations)	
(30%) Veterans, Servicemembers, and their Families	Note: At least 25% of total levy proceeds, after accounting for attributable election costs, must be expended on housing stability investments.
(30%) Seniors and their Caregivers	
(30%) Resilient Communities	
(10%) Regional Impact Initiatives and Technical Assistance and Capacity Building (TA/CB), with at least ten percent devoted to TA/CB.	

Ordinance 19719 adopted the renewal VSHSL Implementation Plan, which is the governing plan for the administration and implementation of the VSHSL for 2024-2029. In accordance with Ordinance 19604, the Plan contains recommendations for refinements to the levy’s advisory board, including recommendations to update K.C.C. 2A.300.540 to make term and terminology updates in alignment with Ordinance 19604, and to remove

<p style="text-align: center;">Responsibilities:</p> <ul style="list-style-type: none"> • <u>Advise</u> County on matters & policies affecting veterans, servicemembers & their families • <u>Oversee</u> the 1/3 VSHSL allocation for veterans • <u>Serve</u> also as the Chapter 73.08 RCW required Veterans Advisory Board, with responsibilities relating to the King County Veterans Program and to the VSHSL 	<p style="text-align: center;">Responsibilities:</p> <ul style="list-style-type: none"> • <u>Advise</u> County on matters & policies affecting seniors, caregivers & healthy aging • <u>Oversee</u> the 1/3 VSHSL allocation for seniors • <u>Jointly oversee</u> with Veterans Committee the allocation for seniors set aside for capital facilities and regional health and human services for seniors who are also veterans until conditions in Ordinance 18555 Section 4.B.2. have been satisfied 	<p style="text-align: center;">Responsibilities:</p> <ul style="list-style-type: none"> • <u>Advise</u> County on matters & policies affecting vulnerable populations • <u>Oversee</u> the 1/3 VSHSL allocation for vulnerable populations
--	---	---

King County Veterans Program and Veterans’ Advisory Board. The King County Veterans Program (KCVP) has served low-income, homeless, disabled, at-risk veterans and their families since the 1950s. The KCVP is mandated by state law and is funded by King County taxpayers.³ Levy proceeds from the VHSL (2005-2017) and VSHSL (2018-current) have provided funding to supplement and establish additional veterans’ services in King County.

Ordinance 18785, enacted in September 2018, established and codified the current state-required Veterans’ Advisory Board (VAB). K.C.C. 2A.300.530 directs that the VAB shall be composed solely of the appointed members of the Veterans Committee of the VSHSL Advisory Board, and that a person's appointment to the Veterans Committee constitutes that person's appointment to King County Veterans’ Advisory Board.

K.C.C. 2A.300.530 further provides that in the event the convergence of the VSHSL Advisory Board’s Veterans Committee and the VAB becomes impractical or unfeasible, the Executive is required to transmit a proposed ordinance to provide for the continuation of the VAB within 120 days from the effective date of its separation from the VSHSL Advisory Board’s Veterans Committee. Until the effective date of such ordinance, the VSHSL Advisory Board’s Veterans Committee would remain the members of the VAB until removed, replaced, reappointed, or otherwise continued under the provisions of the ordinance to continue the VAB.

ANALYSIS

Proposed Substitute Ordinance 2023-0374.2 would make changes to the VSHSL Advisory Board, amending King County Code 2A.300.540 in accordance with recommendations from the levy’s implementation plan (Ordinance 19719).

³ State law (Chapter RCW 73.08) requires the legislative authority in each county to create a veterans’ assistance fund that is funded through a property tax of their respective counties and overseen by a Veterans’ Advisory Board (VAB). Per RCW 73.08.010(1), county veterans’ assistance programs shall be funded, at least in part, by the veterans’ assistance fund created under the authority of RCW 73.08.080. RCW 73.08.035 only veterans are eligible to serve as VAB members.

The proposed changes would include separating the state-required Veterans Advisory Board (VAB) from the VSHSL Advisory Board's Veterans Committee. The proposed ordinance would also remove the Board's current sunset clause, align terms and definitions with Ordinance 19604, and allow for a board per diem.

VAB Separation from the VSHSL Advisory Board Veterans Committee. According to the Executive, the existing VAB reviewed and consulted on the structure and separation of the VAB and the VSHSL Advisory Board's Veterans Committee.

The Executive has separately transmitted legislation (Proposed Ordinance 2024-0015) to continue the VAB as a standalone advisory board and update its structure. Executive staff indicate that the existing VAB would continue meeting until new appointments are made, which are anticipated to occur within 90 days of council's adoption of the separately transmitted ordinance.

According to Executive staff, the standalone VAB is envisioned to advise the Executive and the Council specifically on activities that are resourced by the Veterans Relief Fund, while the VSHSL Advisory Board's Veterans Committee would advise on broader veterans' needs. In other words, it is not anticipated that there would be an overlap of duties between the two boards.

Aligning K.C.C. 2A.300.540 with Ordinance 19604. Proposed Ordinance 2023-0374 would also align terms and definitions in K.C.C. 2A.300.540 with Ordinance 19604, such as updating "vulnerable populations" to "resilient communities" consistent with terminology defined in Ordinance 19604 and removing the Board's current sunset date.

Board Per Diem. Additionally, the proposed ordinance would allow (but not require) for board members to receive a per diem. The Department of Community and Human Services (DCHS) indicates it does not have an immediate intention of implementing a per diem but believe it is possible in the future. DCHS is currently examining what similar boards provide for its members and if a per diem is a viable option.

Potential policy issues. Staff have identified some potential policy issues as summarized below. The issues below represent policy choices for the committee to consider.

Rotation provision for Council-nominated seats. K.C.C. 2A.300.540 currently provides that when at least one council-nominated position on all the VSHSL Advisory Board's committees becomes available, the Council may pass a motion to rotate the council nominations for appointment to the available positions on the Board's committees. Whether to maintain or amend this provision represents a policy choice.

Expanding membership eligibility of the VSHSL Advisory Board's Veterans Committee. Members of the VSHSL Advisory Board's Veterans Committee must currently be veterans, consistent with state law requirements for a VAB. However, if the VAB becomes a separate standalone advisory board, then the VSHSL Advisory Board is no longer required to comport with state law requirements. Therefore, whether to maintain or

expand the membership eligibility for the VSHSL Advisory Board's Veterans Committee is a policy choice.

Summary of RPC Action. On March 13th, the Regional Policy Committee passed Proposed Ordinance 2023-0374, as amended, with a "Do Pass" recommendation. The proposed ordinance was amended in committee with Amendment 1 that makes technical and clarifying edits to the proposed ordinance, including updating Statement of Fact #6, removing a provision related to the initial board's first meeting that has been accomplished, and clarifying that a per diem rate would be established by ordinance.

Next steps and key dates. Proposed Ordinance 2023-0374 was dually referred first to the Regional Policy Committee, as a mandatory referral, and then to the Committee of the Whole. Subsequently, on April 16th, the legislation was rereferred from the Committee of the Whole to the Health and Human Services Committee. It is important to note that if either the Health and Human Services Committee or the full Council were to amend the proposed ordinance, then the proposed ordinance would need to be rereferred to the Regional Policy Committee for its consideration before moving to the full Council for possible final action.

INVITED

- Leon Richardson, Adult Services Division Director, Department of Community and Human Services

ATTACHMENTS

1. Proposed Substitute Ordinance 2023-0374.2
2. Transmittal Letter
3. Fiscal Note



KING COUNTY

Signature Report

Ordinance

ATTACHMENT 1

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Proposed No. 2023-0374.2

Sponsors Zahilay

1 AN ORDINANCE relating to the veterans, seniors,
2 and human services levy advisory board; and
3 amending Ordinance 18792, Section 1, as amended,
4 and K.C.C. 2A.300.540.

5 STATEMENT OF FACTS:

- 6 1. In July 2017, Ordinance 18555 placed a six-year veterans, seniors, and
7 human services levy on the general ballot. King County voters approved
8 the 2018-2023 veterans, seniors, and human services levy in November
9 2017 to plan, provide, administer, and evaluate a wide range of regional
10 health and human services and capital facilities for veterans and military
11 servicemembers and their respective families, seniors and their caregivers,
12 and vulnerable populations.
- 13 2. In 2018, Ordinance 18722 adopted the Veterans, Seniors, and Human
14 Services Levy Governance Plan which created and prescribed the
15 composition and duties of the board to oversee the expenditure of the
16 veterans, seniors, and human services levy proceeds.
- 17 3. In 2018, Ordinance 18792 adopted and established the veterans,
18 seniors, and human services levy advisory board described in the
19 Veterans, Seniors, and Human Services Levy Governance Plan, to oversee

20 the distribution of the veterans, seniors, and human services levy proceeds
21 consistent with subsections 4.A and B. of Ordinance 18555. K.C.C.
22 2A.300.540 codified Ordinance 18792 and will expire on July 1, 2025.

23 4. In 2023, Ordinance 19604 placed a renewal of the veterans, seniors,
24 and human services levy on the ballot. King County voters approved the
25 renewal in August 2023 by seventy-one percent to fund regional health
26 and human services and capital facilities for veterans and military
27 servicemembers and their respective families, seniors and their caregivers,
28 and resilient populations, for 2024-2029. The ordinance also requires the
29 continuation of the veterans, seniors, and human services levy advisory
30 board to serve in its capacity in accordance with K.C.C. 2A.300.540, and
31 for the levy's required implementation plan to make recommendations for
32 any refinements to the levy's governance. The ordinance also updated
33 several terms reflected in K.C.C. 2A.300.540.

34 5. On August 17, 2023, the King County veterans advisory board
35 reviewed and consulted on the structure and separation of the veterans
36 advisory board and the veterans, seniors, and human services levy
37 advisory board veterans committee.

38 6. On October 12, 2023, the Executive transmitted the 2024-2029
39 Veterans, Seniors, and Human Services Levy Implementation Plan to
40 guide implementation of the 2024-2029 veterans, seniors, and human
41 services levy. The adopted plan, adopted in Ordinance 19719, includes

42 recommendations for refinements to the veterans, seniors, and human
43 services levy advisory board specified in K.C.C. 2A.300.540.

44 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

45 SECTION 1. Ordinance 18792, Section 1, and K.C.C.2A.300.540 are
46 hereby amended as follows:

47 A. The definitions in this subsection apply throughout this section unless
48 the context clearly requires otherwise.

49 1. "Caregiver" means a person (~~((who, without pay, cares for or~~
50 ~~supervises another person who requires such care or supervision due to disability,~~
51 ~~chronic illness or, in the case of a senior, age-related decline. Government-~~
52 ~~provided benefits or financial assistance provided directly to a person for being a~~
53 ~~caregiver are not considered "pay" for this definition))~~ who cares for or supervises
54 another person who requires care or supervision due to disability, chronic illness
55 or a need for support in activities of daily living. "Caregiver" includes individuals
56 providing care for a family member or someone with whom they have an ongoing
57 personal relationship independent of their caregiver roles.

58 2. "Military servicemember" means a person who is serving as either an
59 active duty, national guard member or a reservist member of the (~~(U.S. Army,~~
60 ~~Navy, Marines, Air Force or Coast Guard, or in the National Guard)) United~~
61 States armed forces;

62 3. "Priority populations" means veterans and military servicemembers
63 and their respective families, seniors and their caregivers, and resilient
64 communities.

65 4. "Regional health and human services" means a wide range of those
66 services, programs, operations and capital facilities that promote outcomes
67 relating to healthy living, housing stability, financial stability, social engagement,
68 service system improvement and service system access to meet basic human
69 needs and promote healthy living and healthy communities, consistent with
70 Ordinance 18555, Ordinance 19604, or any successive levy ordinances, unless
71 otherwise required by ordinance.

72 5. "Regional impact initiatives" means those regional health and human
73 services that provide or support responses to issues that affect all three of this
74 levy's priority populations and which regional health and human services can help
75 address such as, but not limited to, nonprofit health and human services workforce
76 stability, language access, responding to the regional homelessness crisis or
77 addressing community safety.

78 6. "Resilient communities" means persons or communities that are
79 susceptible to reduced health, housing, financial or social stability outcomes due
80 to systemic and historical exposure to trauma, violence, poverty, isolation, bias,
81 racism, stigma, discrimination, disability or chronic illness. Examples of resilient
82 communities include but are not limited to: communities of color; immigrant and
83 refugee communities; persons with disabilities; survivors of domestic violence
84 and other gender-based violence; persons who identify as lesbian, gay, bisexual,
85 transgender, queer, questioning, intersex or asexual; and survivors of human
86 trafficking.

87 ~~((5-))~~ 7. "Senior" means a person who is at least fifty-five years old.

88 ~~((4.))~~ 8. "Technical assistance and capacity building" means ~~((assisting~~
89 ~~small organizations, partnerships and groups to enable those entities to provide~~
90 ~~regional health and human services and capital facilities funded by the levy~~
91 ~~proceeds. "Technical assistance and capacity building" may include, but is not~~
92 ~~limited to, providing or funding legal, accounting, human resources and~~
93 ~~leadership development services and support.))~~ assistance for providers of
94 regional health and human services responding to requests for proposals or
95 assistance to implement, improve, or expand their delivery of regional health and
96 human services in King County.

97 ~~((5.))~~ 9. "Veteran" means a person who has served as either an active
98 duty, national guard member or a reservist member of the ~~((U.S. Army, Navy,~~
99 ~~Marines, Air Force or Coast Guard, or in the National Guard))~~ United States
100 armed forces.

101 ~~((6.))~~ 10. "Veterans, seniors, and human services levy" means the
102 ~~((levy))~~ levies approved in 2017 and 2023 in accordance with Ordinance 18555,
103 Ordinance 19604, and any successive levies, unless otherwise required by
104 ordinance.

105 ~~((7. "Vulnerable populations" means persons or communities that are~~
106 ~~susceptible to reduced health, housing, financial or social stability outcomes~~
107 ~~because of current experience of or historical exposure to trauma, violence,~~
108 ~~poverty, isolation, bias, racism, stigma, discrimination, disability or chronic~~
109 ~~illness. "Vulnerable populations" include, but are not limited to: survivors of~~
110 ~~domestic violence; survivors of sexual assault; survivors of human trafficking,~~

111 ~~including labor trafficking and sex trafficking; survivors of commercial sexual~~
112 ~~exploitation; persons who identify as lesbian, gay, bisexual, transgender, queer or~~
113 ~~intersex; persons with a disability; African Americans and other persons of color~~
114 ~~who have been disproportionately impacted by policies and practices resulting in~~
115 ~~housing instability or housing insecurity; family caregivers for persons with a~~
116 ~~disability; immigrants and refugees; low-income residents of rural communities;~~
117 ~~persons living in poverty; persons at risk of or experiencing homelessness; youth~~
118 ~~involved in the child welfare system, including youth in the foster care system,~~
119 ~~and young adult alumni of the child welfare system; minors who have been~~
120 ~~separated from both parents and other relatives and are not being cared for by an~~
121 ~~adult who, by law or custom, is responsible for doing so; persons reentering~~
122 ~~society from criminal justice system involvement; and persons at risk of criminal~~
123 ~~justice system involvement due to disproportionate practices of enforcement,~~
124 ~~mental illness or substance use disorders.))~~

125 B. As required by Section 6.A. of Attachment A to Ordinance 18722, the
126 veterans, seniors, and human services advisory board is created.

127 C.1. The board shall consist of thirty members. The executive shall
128 appoint the members of the board in accordance with this section and subject to
129 confirmation by the council in accordance with K.C.C. 2.28.002. Members shall
130 be appointed to three year terms, except as provided in subsection C.4. of this
131 section. Elected officials are ineligible for board membership while they hold
132 office. All board members shall reside in King County. The board shall be
133 constituted in a committee format, with three ten-member committees:

134 a. the veterans committee, which shall ~~((also constitute the entirety of~~
135 ~~King County's veterans advisory board required by chapter 73.08 RCW. In~~
136 ~~accordance with RCW 73.08.035, nominees to serve on the veterans committee~~
137 ~~shall be solicited by the council from either the local branches of nationally~~
138 ~~recognized veterans' service organizations or the veterans' community at large, or~~
139 ~~both. Lists of nominees received by the council shall be provided to the executive~~
140 ~~who shall provide such lists to the city of Seattle and the Sound Cities Association~~
141 ~~for their consideration in nominating, in accordance with this section, persons to~~
142 ~~serve on the veterans committee. Members of the veterans committee must be~~
143 ~~veterans as defined in RCW 73.08.005(5) and no fewer than a majority of the~~
144 ~~veterans committee members shall be members from nationally recognized~~
145 ~~veterans' service organizations)) be comprised of veterans;~~

146 b. the seniors committee, which shall be comprised of seniors,
147 caregivers for seniors, or other community members with relevant expertise or
148 experience serving seniors or their caregivers. At least a majority of the members
149 serving on the seniors committee shall be at least fifty-five years old; and

150 c. the ~~((vulnerable populations))~~ resilient communities committee,
151 which shall be comprised of individuals who are members of a ~~((vulnerable~~
152 ~~population))~~ resilient community or other community members with relevant
153 expertise or experience serving ~~((vulnerable populations))~~ resilient communities.
154 A potential ~~((vulnerable populations))~~ resilient communities committee member's
155 contribution to the committee's representativeness of the diversity of ~~((vulnerable~~
156 ~~populations))~~ resilient communities in King County shall be considered in

157 selecting a potential (~~vulnerable populations~~) resilient communities committee
158 member for nomination or appointment.

159 2.a. The King County council shall nominate to the executive for
160 appointment to the board eighteen eligible persons. Six of the persons shall be
161 nominated to serve on the veterans committee, six of the persons shall be
162 nominated to serve on the seniors committee, and six of the persons shall be
163 nominated to serve on the (~~vulnerable populations~~) resilient communities
164 committee. Of the persons nominated by the council, each councilmember shall
165 nominate for appointment two persons (~~who reside in the member's council~~
166 ~~district~~). Nominations by the council for appointment to serve on the initial
167 board shall include: a (~~resident~~) nominee from each of council districts one,
168 two, three, seven, eight, and nine to serve on the initial veterans committee; a
169 (~~resident~~) nominee from each of council districts three, four, five, six, seven,
170 and eight to serve on the initial seniors committee; and a (~~resident~~) nominee
171 from each of council districts one, two, four, five, six, and nine to serve on the
172 initial (~~vulnerable populations~~) resilient communities committee. When at least
173 one council-nominated position on all of the board's committees becomes
174 available, meaning the incumbent has served two terms on the board, is not
175 nominated by council to serve an additional term on the board or declines
176 nomination by council to serve an additional term on the board, the council may
177 pass a motion to direct council district rotation for the council nominations for
178 appointment to the available positions on the board's committees;

179 b. The city of Seattle shall nominate to the executive for appointment to
180 the board three eligible persons, one to serve on the veterans committee, one to
181 serve on the seniors committee, and one to serve on the ~~((vulnerable populations))~~
182 resilient communities committee;

183 c. The Sound Cities Association, or its successor, shall nominate to the
184 executive for appointment to the board three eligible persons, one to serve on the
185 veterans committee, one to serve on the seniors committee, and one to serve on
186 the ~~((vulnerable populations))~~ resilient communities committee; and

187 d. The Seattle-King County Advisory Council for Aging and Disability
188 Services, or its successor, shall nominate to the executive for appointment to the
189 board two eligible persons to serve on the seniors committee.

190 3.a. If the executive does not appoint a person nominated under
191 subsection C.2. of this section, then the executive shall request that the
192 nominating entity nominate another eligible person. The executive shall identify
193 in the appointment letter for each board member both the nominating entity and to
194 which of the three committees the board member is being appointed.

195 b. In addition to those board members who the executive appoints after
196 nomination under subsection C.2. of this section, the executive shall appoint two
197 eligible persons to be members of the veterans committee of the board and two
198 eligible persons to be members of the ~~((vulnerable populations))~~ resilient
199 communities committee of the board.

200 4.a. Of the board's initial veterans committee members, the six council-
201 nominated members and one of the members appointed by the executive under
202 subsection C.3.b. of this section shall be appointed to initial terms of two years.

203 b. Of the board's initial seniors committee members, the six council-
204 nominated members and one of the Seattle-King County Advisory Council for
205 Aging and Disability Services-nominated members shall be appointed to initial
206 terms of two years.

207 c. Of the board's initial (~~vulnerable populations~~) resilient
208 communities committee members, the six council-nominated members and one of
209 the members appointed by the executive under subsection C.3.b. of this section
210 shall be appointed to initial terms of two years.

211 d. A person may serve no more than one additional term on the board
212 after completing the person's first term, whether the first term is a partial or full
213 term.

214 e. If a board member vacates before the expiration of the member's
215 term a board position that was nominated by one of the entities listed in
216 subsection C.2. of this section, the entity that nominated the person to the board
217 position shall nominate an eligible replacement to serve out the balance of the
218 vacated term. If a board member vacates before the expiration of the member's
219 term a board position that was appointed by the executive under subsection C.3.b.
220 of this section, the executive shall appoint an eligible replacement to serve out the
221 balance of the vacated term.

222 (~~(5-)~~) D. The board shall:

223 1. ~~((e))~~Oversee the distribution of veterans, seniors, and human services
224 levy proceeds dedicated to promoting housing stability, healthy living, financial
225 stability, social engagement, and service system access and improvement for
226 ~~((veterans and military servicemembers and their respective families, seniors and~~
227 ~~their caregivers and vulnerable populations, consistent with Ordinance 18555,~~
228 ~~Section 4.B.1. through 4.B.3.)) the levy's priority populations;~~

229 ~~((b.))~~ 2. ~~((e))~~Oversee the distribution of veterans, seniors, and human
230 services levy proceeds for regional impact initiatives including investments for
231 technical assistance and capacity building ~~((investments, consistent with~~
232 ~~Ordinance 18555, Section 4.A.));~~

233 ~~((e.))~~ 3. ~~((a))~~Adopt bylaws governing how the board discharges its
234 duties, which bylaws shall specifically provide for a procedure by which the
235 board or any of its committees may identify and provide advice to the county
236 council or the executive on matters that affect the veterans, seniors, and human
237 services levy specifically or the veterans, seniors, and human services levy's
238 priority populations generally;

239 ~~((d. transmit a report by July 1 each year, beginning in 2019, to the~~
240 ~~executive, county council and the regional policy committee, or its successor, on~~
241 ~~the state of the veterans, seniors and human services levy, the fiscal and~~
242 ~~performance management of the veterans, seniors and human services levy and on~~
243 ~~the veterans, seniors and human services levy's accomplishments from January~~
244 ~~through December of the preceding year;)) 4. Review and consult on annual~~

245 reports on the veterans, seniors, and human services levy that are required by

246 ordinance and that the executive provides to the county council, the regional
247 policy committee or its successor, and the community;

248 ~~((e-))~~ 5. ~~((e))~~ Elect annually from its membership a chair and two vice
249 chairs. The vice chairs shall be elected from each of the two committees to which
250 the elected chair does not belong so that board leadership includes all three
251 committees; and

252 ~~((f))~~ 6.a. ~~((e))~~ Collaborate amongst the board's committees to achieve
253 investment and oversight coordination of the entire veterans, seniors, and human
254 services levy, with each committee specifically focused on overseeing the
255 expenditure of proceeds for its respective veterans, seniors, and human service
256 levy priority population and each committee specifically focused on providing
257 advice on matters that uniquely affect its respective veterans, seniors, and human
258 service levy priority population~~((:))~~.

259 ~~((H))~~ b. The veterans committee shall oversee the distribution of the
260 portion of the veterans, seniors, and human service levy's proceeds expended for,
261 ~~((purposes identified in Ordinance 18555, Section 4.B.1))~~ regional health and
262 human services for veterans, military servicemembers, and their respective
263 families. The veterans committee may also provide advice to the executive and
264 council on matters uniquely affecting veterans, military servicemembers and their
265 respective family members in King County~~((:))~~.

266 ~~((Z))~~ c. The seniors committee shall oversee the distribution of the
267 portion of the veterans, seniors, and human service levy's proceeds expended for
268 ~~((purposes identified in Ordinance 18555, Section 4.B.2))~~ regional health and

269 human services for seniors and their caregivers. The seniors committee may also
270 provide advice to the executive and council on matters uniquely affecting seniors
271 and their caregivers in King County((;

272 ~~(3) Until such time that the conditions in either Ordinance 18555,
273 Section 4.B.2.(a) or (b) are satisfied, the seniors committee and veterans
274 committee will jointly oversee the distribution of the portion of the veterans,
275 seniors and human services levy's proceeds restricted by Ordinance 18555,
276 Section 4.B.2., which sets aside funds for capital facilities and regional health and
277 human services for seniors who are also veterans or military servicemembers and
278 their respective caregivers and families. After the conditions in either Ordinance
279 18555, Section 4.B.2.(a) or (b) have been satisfied, the veterans committee shall
280 not have any oversight responsibility regarding levy proceeds expended under
281 Ordinance 18555, Section 4.B.2.; and~~

282 ~~4. The vulnerable populations)).~~

283 d. The resilient communities committee shall oversee the distribution
284 of the portion of the veterans, seniors, and human services levy's proceeds
285 expended for ~~((purposes identified in Ordinance 18555, Section 4.B.3))~~ regional
286 health and human services for resilient communities. The ~~((vulnerable~~
287 ~~populations))~~ resilient communities committee may also provide advice to the
288 executive and council on matters uniquely affecting ~~((vulnerable populations))~~
289 resilient communities that are served by the veterans, seniors, and human services
290 levy in King County.

291 ~~((D. The board shall hold its first meeting by the later of March 30, 2019, or sixty~~
292 ~~days from the date on which at least six members have been appointed to each of the~~
293 ~~board's committees.~~

294 ~~E. This section expires July 1, 2025))~~ E. In accordance with K.C.C.
295 2.28.006, the executive may propose and the council by ordinance may provide
296 for per diem compensation for the board.

297 F. If the veterans, seniors, and human services levy expires or changes
298 such that subsection D. of this section becomes impracticable, the executive shall
299 within one hundred twenty days from the date of the expiration or change transmit

300 to the council a proposed ordinance to provide for the repeal or amendment of
301 subsection D. of this section.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Rod Dembowski, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, _____.

Dow Constantine, County Executive

Attachments: None



King County

Dow Constantine

King County Executive

401 Fifth Avenue, Suite 800

Seattle, WA 98104-1818

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October 16, 2023

The Honorable Dave Upthegrove
 Chair, King County Council
 Room 1200
 C O U R T H O U S E

Dear Councilmember Upthegrove:

I am pleased to transmit legislation related to the Veterans, Seniors, and Human Services Levy (VSHSL). This includes the Implementation Plan 2024-2029 as required by Ordinance 19604, and the following three VSHSL-related proposed Ordinances that would, if enacted, continue the work funded by the VSHSL to support the King County region's veterans, seniors, and resilient communities. This transmittal package includes the following proposed legislation:

- a proposed Ordinance that would, if enacted, adopt the plan to govern the VSHSL's strategies, programs, and expenditures from January 1, 2024 through December 31, 2029;
- a proposed Ordinance that would, if enacted, provide supplemental budget appropriation to the VSHSL Fund to support VSHSL programs and activities in 2024;
- a proposed Ordinance that would, if enacted, extend the purposes of King County Code (KCC) 4A.200.747 to allow the VSHSL Fund to be used for the levy passed by voters in August 2023 and all subsequent levy lid lifts related to the same purpose, and
- a proposed Ordinance that would, if enacted, amend KCC 2A.300.540 to extend the VSHSL Advisory Board in accordance with Ordinance 19604 and implement changes to the Code as recommended in the VSHSL Implementation Plan, including separating the Veterans Advisory Board from the VSHSL Board's veterans subcommittee and aligning terms and definitions with Ordinance 19604.

Approval of this proposed legislation would support services to improve overall health and well-being, create thriving communities, and reduce disparities throughout King County, including investing in the people who support those in need.

In May 2023, King County enacted Ordinance 19604, placing the renewal of the VSHSL on the ballot for King County voter consideration. On August 1, 2023, King County voters approved King County Proposition 1 by more than 71 percent, renewing the levy. Ordinance 19604 also required transmittal of an implementation plan to identify and describe how levy

The Honorable Dave Upthegrove

October 16, 2023

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proceeds would be used to achieve measurable results for veterans, seniors, and resilient communities.

The levy is expected to generate approximately \$551.3 million in revenue between 2024 and 2029, according to the King County Office of Economic and Financial Analysis's August 2023 forecast. The VSHSL funds a wide range of programs that connect veterans, military service members, and their families, as well as individuals and families in need, with affordable housing, employment, behavioral health treatment, and other services and resources to sustain a happy and healthy life.

Specifically, my plan prioritizes the following investments and outcomes for the 2024-2029 VSHSL:


- **Supporting veterans** by building the nation's strongest local veterans program and continuing to reduce veteran homelessness.
- **Expanding accessibility of social connection and other critical supports for seniors** by bolstering senior centers and other services that made a difference to seniors during the COVID-19 pandemic.
- **Strengthening communities and building resiliency** by deepening investments in the human services workforce and supports for survivors of gender-based violence.

The enclosed plan describes the forecasted expenditure of levy proceeds consistent with Ordinance 19604. It identifies and describes strategies to stabilize the nonprofit human services workforce as well as expand access to counseling and other behavioral health services. The plan also describes a robust framework to assess and report on how well the VSHSL is achieving its results and how it coordinates with other County human services initiatives. The Implementation Plan also describes how the VSHSL's results will be made available digitally to the Council and community, as directed by Ordinance 19604. Lastly, the plan makes recommendations to continue the VSHSL Advisory Board for levy governance.

Thank you for your continued support of the Veterans, Seniors, and Human Services Levy.

If your staff have questions, please contact Leo Flor, Department of Community and Human Services, at 206-477-4384.

Sincerely,

 for

Dow Constantine
King County Executive

Enclosure

cc: King County Councilmembers

ATTN: Stephanie Cirkovich, Chief of Staff
Melani Hay, Clerk of the Council

The Honorable Dave Upthegrove

October 16, 2023

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Karan Gill, Chief of Staff, Office of the Executive

Penny Lipsou, Council Relations Director, Office of the Executive

Leo Flor, Director, Department of Community and Human Services



King County

**Metropolitan King County Council
Health and Human Services**

STAFF REPORT

Agenda Item:	15	Name:	Miranda Leskinen
Proposed No.:	2024-0115	Date:	June 4, 2024

SUBJECT

An ordinance to make updates to the King County Veterans' Advisory Board.

SUMMARY

Proposed Ordinance 2024-0115 would make changes King County Code 2A.300.530 regarding the King County Veterans' Advisory Board (VAB) to reflect its establishment as a standalone board. Currently, the Code directs that the VAB be composed of appointed members of the Veterans Committee of the Advisory Board for the Veterans, Seniors, and Human Services Levy (VSHSL). In other words, a person's appointment to the Levy Board's Veterans Committee currently also constitutes that person's appointment to the VAB.

This item is a companion ordinance to Proposed Substitute Ordinance 2023-0374, which updates King County Code 2A.300.540 regarding the Advisory Board for the Veterans, Seniors, and Human Services Levy in alignment with recommendations in the VSHSL adopted Implementation Plan, including the Plan's recommendation to separate the VAB from the Levy Board's Veterans Committee.

BACKGROUND

King County Veterans Program and Veterans Advisory Board. The King County Veterans Program (KCVP) has served low-income, homeless, disabled, at-risk veterans and their families since the 1950s. The KCVP is mandated by state law, funded by King County taxpayers, and overseen by a veterans' advisory board (VAB).¹ It is important to note that levy proceeds (VHSL and VSHSL) have provided funding to supplement and establish additional veterans' services in King County.

Ordinance 18785, enacted in September 2018, established and codified the current VAB for King County. K.C.C. 2A.300.530 directs that the VAB shall be composed solely of the appointed members of the Veterans Committee of the VSHSL Advisory Board, and that

¹ Per RCW 73.08.010(1), county veterans' assistance programs shall be funded, at least in part, by the veterans' assistance fund created under the authority of RCW 73.08.080. Per RCW 73.08.035, only persons are eligible to serve as VAB members.

a person's appointment to the Veterans Committee also constitutes that person's appointment to the VAB.

K.C.C. 2A.300.530 further provides that in the event the convergence of the Levy Board's Veterans Committee and the VAB becomes impractical or unfeasible, the Executive is required to transmit a proposed ordinance to provide for the continuation of the VAB within 120 days from the effective date of its separation from the VSHSL Advisory Board's Veterans Committee. Until the effective date of such ordinance, the Levy Board's Veterans Committee would remain the membership of the VAB until removed, replaced, reappointed, or otherwise continued under the provisions of the ordinance to continue the VAB.

Recommendation to Separate the VAB from the VSHSL Advisory Board's Veterans Committee. The adopted VSHSL Implementation Plan for 2024-2029, which is the governing plan for the administration and implementation of the VSHSL, includes recommendations for refinements to the Levy's Advisory Board, including a recommendation to separate the VAB from the Levy Board's Veterans Committee.

ANALYSIS

Proposed Ordinance 2024-0115 would make changes King County Code 2A.300.530 regarding the King County Veterans' Advisory Board (VAB) to reflect its establishment as a standalone board. Currently, County Code directs that the VAB be composed of appointed members of the Veterans Committee of the Advisory Board for the Veterans, Seniors, and Human Services Levy. In other words, a person's appointment to the Levy Board's Veterans Committee currently also constitutes that person's appointment to the VAB.

This item is a companion ordinance to Proposed Substitute Ordinance 2023-0374.2, which updates King County Code 2A.300.540 regarding the Advisory Board for the Veterans, Seniors, and Human Services Levy in alignment with recommendations of the Levy's adopted Implementation Plan, including the Plan's recommendation to separate the VAB from the Levy Board's Veterans Committee.

Executive staff indicate that the existing VAB would continue meeting until new appointments are made, which are anticipated to occur within 90 days of the Council's adoption of PO 2024-0115.

According to Executive staff, the standalone VAB is envisioned to advise the Executive and the Council specifically on activities that are resourced by the Veterans Relief Fund, while the VSHSL Advisory Board's Veterans Committee would advise on broader veterans' needs. In other words, it is not anticipated that there would be an overlap of duties between the two boards.

Proposed VAB Composition and Duties. Per the transmitted ordinance, the VAB would be appointed of nine members to be appointed by the Executive. This would represent no change from current practice regarding VAB membership size, though the VAB currently (via the appointment process for the VSHSL Advisory Board's Veterans

Committee) directs that VAB membership consist of six Council nominees, one City of Seattle nominee, and two Executive appointees. The proposed ordinance, regarding appointments, states that prior to a person's appointment to the standalone VAB, the Executive would electronically provide notice to the Council (via the Clerk of the Council) identifying the name, biography, and term of each proposed VAB member. Unless the Council were to pass a motion requesting changes to the proposed appointments, the appointment would proceed as proposed.

The proposed ordinance also directs that only King County residents who are also veterans would be allowed to serve on the VAB, which is the same as current practice.

Duties of the VAB are outlined below and would remain the same under the proposed ordinance, aside from the VAB being required to annually elect a Chair from its membership:

- Annually elect a chair (new duty as a standalone board);
- Advise the Executive and the County Council on the needs of local indigent veterans, the resources available to local indigent veterans and programs that could benefit the needs of local indigent veterans and their families;
- Advise the Department of Community and Human Services, or its successor, on the administration of the King County Veterans Program; and
- Meet at least four times per year to conduct the business of the Board.

As a standalone board, the proposed ordinance sets forth membership terms for the VAB, which would be staggered for the initial board as follows:

- One-third of positions with 2-year initial term;
- One-third of positions with 3-year initial term; and
- Remaining positions with 4-year initial term.

All subsequent terms would be for four years, though the transmitted ordinance states that a person could not serve on the Board for more than four consecutive years. According to Executive staff, this provision aims to encourage fresh perspectives and the infusion of new ideas and energy into the board, and in turn promote diversity, continuous improvement, and adaptability. In practice, according to Executive staff, a board member who completes their term but is interested in serving on the Board again would step down for one or more years before potentially reapplying for another term.

Board administrative support would be provided by the King County Department of Community and Human Services (DCHS).

AMENDMENT

Striking Amendment S1 would make technical and clarifying edits in the proposed ordinance; align appointment criteria to the requirements for a county veterans' advisory board with state law; make board appointments subject to Council confirmation consistent with King County Code; and add language to address board vacancies. Title Amendment T1 would make a grammatical correction to the ordinance's title.

INVITED

- Leon Richardson, Adult Services Division Director, Department of Community and Human Services

ATTACHMENTS

1. Proposed Ordinance 2024-0115
2. Striking Amendment S1
3. Title Amendment T1
4. Transmittal Letter
5. Fiscal Note



KING COUNTY

Signature Report

Ordinance

ATTACHMENT 1

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Proposed No. 2024-0115.1

Sponsors Mosqueda

1 AN ORDINANCE relating to the King County veterans
2 advisory board; and amending Ordinance 18785, Section 1,
3 and K.C.C. 2A.300.530.

4 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

5 SECTION 1. Ordinance 18785, Section 1, and K.C.C. 2A.300.530 are hereby
6 amended to read as follows:

7 A. As required by (~~Section 6.B. of Attachment A to Ordinance 18722,~~
8 ~~the Veterans, Seniors and Human Services Levy Governance Plan~~)) chapter 73.08
9 RCW, the King County veterans advisory board is created.

10 B. The board shall be composed (~~solely of the appointed members of the~~
11 ~~veterans committee of the King County veterans, seniors and human services levy~~
12 ~~advisory board. A person's appointment to the veterans committee of the King~~
13 ~~County veterans, seniors and human services levy advisory board shall constitute~~
14 ~~that person's appointment to King County veterans advisory board. A person's~~
15 ~~resignation, removal or completion of service from the veterans committee of the~~
16 ~~King County veterans, seniors and human services levy advisory board shall~~
17 ~~constitute that person's resignation, removal or completion of service from the~~
18 ~~King County veterans advisory board~~)) of nine members to be appointed by the
19 executive, in accordance with this section.

20 C. (~~(If the King County veterans, seniors and human services levy~~
21 ~~advisory board expires or changes such that subsection B. of this section becomes~~
22 ~~impracticable, the executive shall within one hundred twenty days from the date~~
23 ~~of the expiration or change transmit to the council a proposed ordinance to~~
24 ~~provide for the continuation of the King County veterans advisory board. Until~~
25 ~~the effective date of the ordinance to provide for the continuation of the King~~
26 ~~County veterans advisory board, the members of the veterans committee of the~~
27 ~~veterans, seniors and human services levy advisory board at the time of the~~
28 ~~expiration or change shall remain the members of the King County veterans~~
29 ~~advisory board until removed, replaced, reappointed or otherwise continued under~~
30 ~~the provisions of the new ordinance to continue the King County veterans~~
31 ~~advisory board.)) Board members must reside in King County and be veterans as
32 defined in RCW 73.08.005.~~

33 D. (~~The board shall annually elect from its membership a chair. In~~
34 ~~accordance with the Veterans, Seniors and Human Services Levy Governance~~
35 ~~Plan, the board member elected as either the chair or a vice chair of the King~~
36 ~~County veterans, seniors and human services levy advisory board shall be the vice~~
37 ~~chair of the board. The chair and vice chair of the board shall act in those~~
38 ~~capacities only when the board is acting in its capacity as the veterans advisory~~
39 ~~board.)) Before appointing members to the committee, the executive shall provide
40 notice to the council, setting forth the name, biography and term of each proposed
41 committee member. The executive shall send the notice electronically to the clerk
42 of the council, who shall retain an electronic copy and provide an electronic copy~~

43 to all councilmembers, the council chief of staff, and the lead staff for the
44 committee of the whole, or its successor. Unless the council passes a motion
45 requesting changes to the proposed appointments within thirty days following
46 receipt of the executive's notice, the executive may proceed with appointments in
47 the notice.

48 E. The board shall:

49 1. Annually elect from its membership a chair;

50 ~~((1-))~~ 2. Advise the executive and the county council on the needs of
51 local indigent veterans, the resources available to local indigent veterans and
52 programs that could benefit the needs of local indigent veterans and their families;

53 ~~((2-))~~ 3. Advise the department of community and human services, or its
54 successor, on the administration of the King County veterans program. For the
55 purposes of this subsection ~~((E.2-))~~ E.3., "King County veterans program" means
56 King County's chapter 73.08 RCW-required veterans assistance program; and

57 4. Meet at least four times per year to conduct the business of the board.

58 ~~((Meetings of the King County veterans, seniors and human services levy~~
59 ~~advisory board shall not count towards the fulfillment of the requirement in this~~
60 ~~subsection.))~~

61 F. The executive shall establish initial terms of appointment, with one-
62 third of positions having an initial term of two years, one-third of positions having
63 an initial term of three years and the remainder of the positions having an initial
64 term of four years. All subsequent terms shall be for four years. A person shall
65 not serve on the board for more than four consecutive years.

66 G. The department of community and human services shall provide
67 ongoing administrative support to the board.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Rod Dembowski, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, ____.

Dow Constantine, County Executive

Attachments: None

S1

June 4, 2024
Striking Amendment

[M. Leskinen] Sponsor: Mosqueda
Proposed No.: 2024-0115.1

1 **STRIKING AMENDMENT TO PROPOSED ORDINANCE 2024-0115, VERSION**

2 **1**

3 On page 1, beginning on line 4, strike everything through page 4, line 67, and insert:

4 "BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

5 SECTION 1. Ordinance 18785, Section 1, and K.C.C. 2A.300.530 are hereby
6 amended to read as follows:

7 A. As required by (~~Section 6.B. of Attachment A to Ordinance 18722,~~
8 ~~the Veterans, Seniors and Human Services Levy Governance Plan~~)) chapter 73.08
9 RCW, the King County veterans' advisory board is created.

10 B. The King County veterans' advisory board shall be composed (~~solely~~
11 ~~of the appointed members of the veterans committee of the King County veterans,~~
12 ~~seniors and human services levy advisory board. A person's appointment to the~~
13 ~~veterans committee of the King County veterans, seniors and human services levy~~
14 ~~advisory board shall constitute that person's appointment to King County veterans~~
15 ~~advisory board. A person's resignation, removal or completion of service from~~
16 ~~the veterans committee of the King County veterans, seniors and human services~~
17 ~~levy advisory board shall constitute that person's resignation, removal or~~
18 ~~completion of service from the King County veterans advisory board~~)) of nine

19 members to be appointed by the executive, in accordance with this section and
20 RCW 73.08.035 solicitation requirements. In accordance with K.C.C. 2.28.002,
21 appointments are subject to confirmation by the council.

22 C. ~~((If the King County veterans, seniors and human services levy~~
23 ~~advisory board expires or changes such that subsection B. of this section becomes~~
24 ~~impracticable, the executive shall within one hundred twenty days from the date~~
25 ~~of the expiration or change transmit to the council a proposed ordinance to~~
26 ~~provide for the continuation of the King County veterans advisory board. Until~~
27 ~~the effective date of the ordinance to provide for the continuation of the King~~
28 ~~County veterans advisory board, the members of the veterans committee of the~~
29 ~~veterans, seniors and human services levy advisory board at the time of the~~
30 ~~expiration or change shall remain the members of the King County veterans~~
31 ~~advisory board until removed, replaced, reappointed or otherwise continued under~~
32 ~~the provisions of the new ordinance to continue the King County veterans~~
33 ~~advisory board.)) Board members must reside in King County and be veterans as
34 defined in RCW 73.08.005. No fewer than a majority of the board members shall
35 be members from nationally recognized veterans' service organizations. Members
36 shall be appointed to four-year terms, except as provided in subsection E. of this
37 section.~~

38 D. ~~((The board shall annually elect from its membership a chair. In~~
39 ~~accordance with the Veterans, Seniors and Human Services Levy Governance~~
40 ~~Plan, the board member elected as either the chair or a vice chair of the King~~
41 ~~County veterans, seniors and human services levy advisory board shall be the vice~~

42 ~~chair of the board. The chair and vice chair of the board shall act in those~~
43 ~~capacities only when the board is acting in its capacity as the veterans advisory~~
44 ~~board.~~

45 ~~E.))~~ The board shall:

46 1. Annually elect from its membership a chair;

47 2. Advise the executive and the county council on the needs of local
48 indigent veterans, the resources available to local indigent veterans and programs
49 that could benefit the needs of local indigent veterans and their families;

50 ~~((2.))~~ 3. Advise the department of community and human services, or its
51 successor, on the administration of the King County veterans' program. For the
52 purposes of this subsection ~~((E.2.))~~ D.3., "King County veterans' program" means
53 King County's chapter 73.08 RCW-required veterans' assistance program; and

54 4. Meet at least four times per year to conduct the business of the board.

55 ~~((Meetings of the King County veterans, seniors and human services levy~~
56 ~~advisory board shall not count towards the fulfillment of the requirement in this~~
57 ~~subsection.))~~

58 E. The executive shall establish initial terms of appointment, with one-
59 third of positions having an initial term of two years, one-third of positions having
60 an initial term of three years and the remainder of the positions having an initial
61 term of four years. If a member vacates the member's position before the
62 expiration of the member's term, the executive shall appoint an eligible
63 replacement to serve out the balance of the vacated term, subject to confirmation

64 by council. A person shall not serve on the board for more than four consecutive
65 years.

66 F. The department of community and human services shall provide ongoing
67 administrative support to the board."

68 **EFFECT prepared by M. Leskinen: Makes technical and clarifying edits; aligns**
69 **appointment criteria to the requirements for a county veterans' advisory board per**
70 **RCW 73.08.035; makes board appointments subject to Council confirmation in**
71 **accordance with K.C.C. 2.28.002; and adds language to address board vacancies.**

T1

June 4, 2024
Title Amendment

[M. Leskinen]

Sponsor: Mosqueda

Proposed No.: 2024-0115.1

1 **TITLE AMENDMENT TO PROPOSED ORDINANCE 2024-0115, VERSION 1**

2 On page 1, line 1, after "County" strike "veterans" and insert "veterans"

3 **EFFECT prepared by *M. Leskinen*: *Makes a grammatical correction in the***
4 ***ordinance's title***



King County

Dow Constantine

King County Executive

401 Fifth Avenue, Suite 800

Seattle, WA 98104-1818

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April 8, 2024

The Honorable Dave Upthegrove
 Chair, King County Council
 Room 1200
 C O U R T H O U S E

Dear Councilmember Upthegrove:

This letter transmits a proposed Ordinance that would, if enacted, amend King County Code (KCC) 2A.300.530 to update the organization and membership requirements of the King County Veterans Advisory Board (VAB). This proposed Ordinance follows a separate proposed Ordinance (2023-0374) under consideration by the Council that would separate Veterans, Seniors, and Human Services Levy (VSHSL) Advisory Board functions from VAB duties. If enacted, these proposed Ordinances would complete the legislative process to provide for the continuation of the VAB as a distinct body.

The Revised Code of Washington 73.08.035 requires each county in the state to establish a veterans' advisory board to provide advice on the needs of indigent veterans, as well as on the resources and programs that could benefit them and their families. Since 2018, consistent with Ordinance 18785, the Veterans Committee of the VSHSL Advisory Board has served as the VAB for King County. The Department of Community and Human Services states that, due to differing state and local requirements for meeting cadence, Board members' roles and responsibilities, and scope of the Board's duties, continuing this practice is no longer a viable approach.

In August 2023, King County voters approved the renewed VSHSL. The Council adopted implementation plan for the levy via Ordinance 19719 in December 2023. Once enacted, this proposed Ordinance would support the adopted implementation plan's recommendation to separate the VAB from the VSHSL Advisory Board, thereby clarifying the roles of each body. As described in the implementation plan, an independent VAB will allow its members to focus fully on their required responsibilities as directed by state law.

If your staff have questions, please contact Kelly Rider, Acting Director, Department of Community and Human Services, at 206-263-5780.

The Honorable Dave Upthegrove

April 8, 2024

Page 2

Sincerely,



for

Dow Constantine

King County Executive

Enclosure

cc: King County Councilmembers

ATTN: Stephanie Cirkovich, Chief of Staff

Melani Pedroza, Clerk of the Council

Shannon Braddock, Deputy County Executive, Office of the Executive

Karan Gill, Chief of Staff, Office of the Executive

Mina Hashemi, Strategic Partnership Director, Office of the Executive

Penny Lipsou, Council Relations Director, Office of the Executive

Kelly Rider, Acting Director, Department of Community and Human Services



King County

**Metropolitan King County Council
Health and Human Services Committee**

STAFF REPORT

Agenda Item:	16	Name:	Sam Porter, Sherrie Hsu, and Melissa Bailey
Proposed No.:	2024-0011	Date:	June 4, 2024

SUBJECT

An Ordinance that would adopt the Crisis Care Centers Levy Implementation Plan governing Levy expenditures from 2024 through 2032.

SUMMARY

Proposed Ordinance 2024-0011 would adopt the Implementation Plan (Plan) to direct Crisis Care Centers Levy expenditures from 2024 through 2032. Until the Plan is adopted, only attributable election costs and up to \$1 million for initial planning activities may be expended from Levy proceeds. This item was dually referred on January 16, 2024, to the Regional Policy Committee, as a mandatory referral, and then to the Health and Human Services Committee. The item was voted out of the Regional Policy Committee, as amended, at a special committee meeting on May 17, 2024, and a summary of adopted amendments is provided in Table 12 of this staff report. Today is the third Council staff briefing to the Health and Human Services Committee on the proposed legislation, with the committee anticipated to take action at today’s meeting.

Of note, the Executive has concurrently transmitted two additional companion ordinances to the Council: Proposed Ordinance 2024-0012 to make a supplemental appropriation of approximately \$86 million to support initial Levy activities, and Proposed Ordinance 2024-0013 to empower the King County Behavioral Health Advisory Board to serve as the Levy’s advisory body. Proposed Ordinance 2024-0012 was referred to the Budget and Fiscal Management Committee, and Proposed Ordinance 2024-0013 was dually referred to the Regional Policy Committee, as a nonmandatory referral, and then to the Health and Human Services Committee.

BACKGROUND

In 2023, Ordinance 19572 authorized the placement of a proposition on the April 25, 2023 special election ballot for voter approval to create a new nine-year levy (2024-2032) to support the creation of five new regional Crisis Care Center facilities distributed throughout the county, with one center focused on serving youth.¹ The Levy also

¹ King County Elections, April 25, 2023, Official Final Elections Results, <https://aqua.kingcounty.gov/elections/2023/april-special/results.pdf>

prioritizes the restoration of behavioral health residential treatment capacity and expansion of treatment availability and sustainability in King County as well as supporting behavioral health workforce needs. The initial Levy rate is \$0.145 per \$1,000 of assessed value in 2024 and is projected to generate a total of approximately \$1.2 billion in revenues during the nine-year Levy period.²

Ordinance 19572, Section 7, requires an implementation plan to direct Levy expenditures from 2024 through 2032, and must include the following:

- A list and description of the Levy's purposes, strategies and allowable activities;
 - The Strategies shall at least include:
 - Planning, capital, operations, and services investments for the Centers,
 - Capital and maintenance investments for mental health residential treatment capacity;
 - Investments to increase attraction to, retention in, and sustainability of the behavioral health workforce;
 - Establishment and maintenance of Levy and capital reserves;
 - Activities that promote post-crisis stabilization, including housing stability, for persons receiving or discharging from Levy-funded services;
 - A plan for the initial period of the Levy prior to initiation of operations of the first Crisis Care Center for the provision of mobile and site-based behavioral health activities that promote access to behavioral health services for persons experiencing or at risk of a behavioral health crisis;
 - Technical assistance and capacity building for organizations applying for or receiving Levy funding, including a strategy or strategies to promote inclusive care at Levy-funded facilities for racial, ethnic, and other demographic groups that experience disproportionate rates of behavioral health conditions in King County;
 - Capital facility siting support, communication, and city partnership activities,
 - Levy administration activities and activities that monitor and promote coordination, more effective crisis response, and quality of care within and amongst Crisis Care Centers, other behavioral health crisis response services in King County, and first responders; and
 - Performance measurement and evaluation activities.
- A financial plan;
- A description of federal, state, philanthropic and other dollars that might be used to accelerate, enhance, compliment or sustain the Levy's purposes;
- A description of the role of Medicaid and private insurance;
- A description of the collaborative process between King County and cities to site new facilities;
- A summary of community and stakeholder engagement process to inform the Plan;
- A process to make substantial adjustments to the financial plan in the future;
- A description of a proposed Levy advisory board; and
- A description of the Levy's online annual report.

² King County Office of Economic Financial Analysis (OEFA) August 2023 revenue forecast

The Plan was required to be transmitted by December 31, 2023, and be accompanied by a proposed ordinance to “establish or empower“ a levy advisory body as described in Ordinance 19572 ("Levy ordinance"). Table 1 defines some key terminology included in the Levy ordinance.

Table 1. Definitions for Key Levy Terminology per Ordinance 19572

Term	Definition
<p>Crisis Care Center (CCC)</p>	<p>A facility or a group of facilities providing same-day access to multiple types of behavioral health crisis stabilization services, which may include, but are not limited to, those described in RCW 71.24.025(20), as amended. A crisis care center shall endeavor to accept (at least for initial screening and triage) any person seeking care. Facilities should include a behavioral health urgent care clinic with walk-in and drop-off client screening and triage 24-hours per day, 7 days per week; access to onsite assessment by a designated crisis responder; a 23-hour observation unit for short-term, onsite stabilization; and a crisis stabilization unit that provides short-term, onsite behavioral health treatment for up to 14-days.</p>
<p>Four King County Crisis Response Zones</p>	<ol style="list-style-type: none"> 1. <u>North</u>: Cities of Bothell, Duvall, Kenmore, Kirkland, Lake Forest Park, Shoreline, Skykomish and Woodinville, plus the unincorporated areas within King County Council District 3 that are north or northeast of the city of Redmond; 2. <u>Central</u>: City of Seattle, plus all unincorporated areas within King County Council Districts 2 and 8; 3. <u>South</u>: Cities of Algona, Auburn, Black Diamond, Burien, Covington, Des Moines, Enumclaw, Federal Way, Kent, Maple Valley, Milton, Normandy Park, Pacific, Renton, SeaTac and Tukwila, plus all unincorporated areas within King County Council District 5, 7, and 9; and 4. <u>East</u>: Cities of Beaux Arts, Bellevue, Carnation, Clyde Hill, Hunts Point, Issaquah, Medina, Mercer Island, Newcastle, North Bend, Redmond, Sammamish, Snoqualmie and Yarrow Point, plus the unincorporated areas within King County Council District 3 that are east or southeast of the city of Redmond, plus all unincorporated areas within King County Council District 6.
<p>Regional Behavioral Health Services and Capital Facilities</p>	<p>Programs, services, activities, operations, staffing and capital facilities that: promote mental health and wellbeing and that treat substance use disorders and mental health conditions; promote integrated physical and behavioral health; promote and provide therapeutic responses to behavioral health crises; promote equitable and inclusive access to mental health and substance use disorder services and capital facilities for those racial, ethnic, experiential and geographic communities that experience disparities in mental health and substance use disorder conditions and outcomes; build the capacity of mental health and substance use disorder service providers to improve the effectiveness, efficiency, and equity, of their services and operations; provide transportation to care for persons receiving, seeking, or in need, of mental health or substance use disorder services; promote housing stability for persons receiving or</p>

	<p>leaving care from a facility providing mental health or substance use disorder services; promote service and response coordination, data sharing, and data integration amongst first responders, mental health and substance use disorder providers, and King County staff; promote community participation in Levy activities, including payment of stipends to persons with relevant lived experience who participate in Levy activities whose employment does not already compensate them for such participation; administer, coordinate and evaluate Levy activities; apply for federal, state and philanthropic moneys and assistance to supplement Levy proceeds; and promote stability and sustainability of the behavioral health workforce.</p>
<p>Residential Treatment</p>	<p>Licensed, community-based facilities providing twenty-four-hour on-site care for persons with mental health conditions, substance use disorders, or both, in a residential setting.</p>

ANALYSIS

The transmitted Crisis Care Centers Levy Implementation Plan, which is Attachment A to Proposed Ordinance 2024-0011, appears to include all components required by Ordinance 19572. Appendix B to the Plan provides a crosswalk between the requirements and the responsive sections of the Plan. This section of the staff report provides analysis of the transmitted Plan as follows:

- Plan overview
- Community and stakeholder engagement
- Description of the Levy purposes, strategies, and allowable activities:
 - Create, site, and operate five Crisis Care Centers (including local jurisdiction collaboration)
 - Restore, expand, and sustain residential treatment capacity
 - Strengthen the community behavioral health workforce
 - Early crisis response investments
 - Capacity building and technical assistance
 - Evaluation, administration, and reserves
- Financial plan
- Levy Advisory Board
- Annual report
- Potential policy issues
- Next steps and key dates

Implementation Plan Overview. Ordinance 19572 requires the Executive to transmit a proposed levy implementation plan by December 31, 2023, for council review and adoption by ordinance, to direct Levy expenditures from 2024 through 2032. Until an implementation plan is adopted, Levy proceeds can only be used to pay for attributable election related costs and no more than \$1 million for initial planning activities.

The Executive transmitted the proposed Plan on December 29, 2023. The Plan appears to be responsive to the requirements of Ordinance 19572 and includes an outline of the Crisis Care Centers clinical model, strategies to create and operate the five Centers,

restore and expand residential treatment capacity, strengthen the community behavioral health workforce. Additionally, the Plan recommends early crisis response investments to be implemented prior to the facilities coming online.

As required by Ordinance 19572, the Plan describes the community and stakeholder engagement process that was utilized to inform the development of the Plan, as described in more detail in the next section of this staff report. It also proposes an annual reporting process to provide the Council and the community with information about Levy progress consistent with the requirements of Ordinance 19572.

The included financial plan, based on the King County Office of Economic Financial Analysis (OEFA) August 2023 revenue forecast, proposes planned expenditures across the levy's eight strategies to achieve its Paramount and Supporting Purposes and includes a discussion of the role of Medicaid, and a description of the process for substantial adjustments to the financial plan in the event such action is warranted.

The Plan proposes that the King County Behavioral Health Advisory Board (BHAB) be "empowered" to serve as the advisory body for the Levy. This proposal would be effectuated through Proposed Ordinance 2024-0013, which was transmitted at the end of December 2023, concurrent to the Plan's transmittal to the Council.

Community and Stakeholder Engagement. To inform the strategies in the transmitted Plan, DCHS staff engaged community partners including behavioral health agencies, people with lived experiences of behavioral health crises, and frontline behavioral health workers. In addition to informing the strategies, DCHS plans to take the community feedback into account during future procurement and operational phases of the Levy.

As required by Ordinance 19572, the Plan includes a summary of the process and key findings of the community and stakeholder engagement process used to inform the Plan. DCHS' engagement included³:

- *64 interviews with key informants*, including 12 with youth behavioral health providers and 11 with providers who have expertise in culturally and linguistically appropriate services;
- *40 community meeting presentations*, with 11 including participants with lived experience of mental health/substance use conditions;
- *20 site and field visits*, including 10 behavioral crisis facilities and 7 mental health residential facilities;
- *16 community engagement meetings*, averaging approximately 49 attendees per meeting and focusing on crisis system, youth, and substance use service partners; and
- *9 focus groups*, including youth, peer specialists, veterans and active military servicemembers, and aging and older adults.

The Plan summarizes themes from DCHS' community engagement, which are included in Table 2.⁴

³ Plan, Figure 11. See Appendix F of the implementation plan for a complete list of community engagement activities.

⁴ Plan, Figure 14.

Table 2. Summary of Community Engagement Themes

Theme	Description
Theme A: Implement Clinical Best Practices in Crisis Services	Input on how best to design a crisis care center clinical model most likely to improve the health and wellbeing of people experiencing a behavioral health crisis in King County, including a welcoming and safe environment, person-centered and recovery-oriented care, culturally and linguistically appropriate services, integrated care for people who use substances, promoting least restrictive care, special considerations for serving youth and young adults, and additional clinical considerations.
Theme B: Increase Access to Care for Populations Experiencing Behavioral Health Inequities	Communities voiced the importance of having crisis care centers in desirable locations that are geographically accessible and accessible to transportation, as well as the importance of reaching out to diverse communities.
Theme C: Challenges of Community Resource Limitations	Community partners, including people with lived experience and behavioral health providers, frequently raised important questions about access to ongoing community-based care after a person receives care at a crisis care center as well as emphasizing care coordination and peer engagement.
Theme D: Interim Solutions While Awaiting Crisis Care Centers	Community members advocated for interim solutions to be implemented while awaiting crisis care centers to come online, such as increasing community-based responses and approaches to addressing the overdose crisis.
Theme E: Residential Treatment Facility Preservation and Expansion	Residential treatment providers described the value of residential treatment but identified significant challenges such as a lack of capital resources, and excessive wait times.
Theme F: Behavioral Health Workforce Development	Feedback from community partners, as well as subject matter experts, identified significant obstacles to developing the behavioral health workforce, including low wages, barriers to retention, need for more professional development opportunities, staff burnout, limited collaboration with schools, and lack of workforce representation.
Theme G: Accountability Mechanisms and Ongoing Community Engagement	Community partners expressed a strong preference to continue to be involved in future phases of the Levy, particularly around holding the County accountable, including through defining measures of success and by continuing to engage during future planning phases.

In addition to these themes, the Plan states that DCHS received extensive feedback from community partners about the importance of centering health equity in the Plan. In response, DCHS developed the behavioral health equity framework to guide Levy

implementation. The behavioral health equity framework includes: a representative behavioral health workforce, equitable access to behavioral health crisis care, culturally and linguistically appropriate services, and quality improvement and accountability.^{5,6}

Description of the Levy Purposes, Strategies, and Allowable Activities. The Plan's required list and description of the Levy purposes, strategies, and allowable activities begin on page 54. The Paramount Purpose and Supporting Purposes 1 and 2 remain as they appeared in Ordinance 19572 as follows:

- Paramount Purpose: Establish and operate a regional network of five crisis care centers in King County, with at least one in each of the four crisis response zones and one serving youth.⁷
- Supporting Purpose 1 (Residential Treatment): Restore the number of mental health residential treatment beds to at least 355⁸ and expand the availability and sustainability of residential treatment in King County.
- Supporting Purpose 2 (Workforce): Increase the sustainability and representativeness of the behavioral health workforce in King County by expanding community behavioral health career pathways, sustaining and expanding labor-management workforce development partnerships, and supporting crisis workforce development.

The strategies and allowable activities to achieve the Levy's purposes are summarized in Table 3. Figure 18 on page 58 of the Plan shows the direct and indirect links between each Strategy and each of the three purposes of the CCC Levy.

⁵ The Behavioral Health Equity Framework is depicted in Figure 12 of the Plan.

⁶ The Plan notes that Ordinance 19572 reinforces this approach by listing that a function of behavioral health facilities is to promote equitable and inclusive access to mental health and substance use disorder services for racial, ethnic, experiential, and geographic communities that experience disparities in mental health and substance use disorder conditions and outcomes.

⁷ Ordinance 19572 refers to the fifth Center as serving, "persons younger than nineteen years old." According to Executive staff, the ages of people who can be served at a Crisis Care Center is regulated by the Washington State Department of Health and each of the three clinical components of a Center have different age limitations. This is described in more detail in the Strategy 1 section of this staff report.

⁸ This amount is based on the 355 residential treatment beds that existed in King County in 2018. Since 2018, 115 beds have been lost due to rising operating and maintenance costs, aging infrastructure, and insufficient resources to repair facilities. This is described in more detail on page 7 of the plan.

Table 3. CCC Levy Strategies

Strategy	Summary Description
<p><u>Strategy 1</u> Create and Operate Five Crisis Care Centers</p>	<ul style="list-style-type: none"> • Capital funding to create and maintain five crisis care centers • Operating funding to support crisis care center personnel costs, operations, services, and quality improvement • Post-crisis follow-up for people after leaving a crisis care center
<p><u>Strategy 2</u> Restore, Expand, and Sustain Residential Treatment Capacity</p>	<ul style="list-style-type: none"> • Capital resources to restore mental health residential treatment capacity to at least 355 beds in King County • Capital resources to expand and sustain residential treatment capacity
<p><u>Strategy 3</u> Strengthen the Community Behavioral Health Workforce</p>	<ul style="list-style-type: none"> • Resources to expand community behavioral health career pathways, including investments to stabilize and sustain King County’s community behavioral health workforce and increase workforce representativeness • Resources to expand and sustain labor management workforce development partnerships, including support for apprenticeships • Resources to support the development of the region’s behavioral health crisis workforce, including crisis care center workers
<p><u>Strategy 4</u> Early Crisis Response Investments</p>	<ul style="list-style-type: none"> • Resources to expand community-based crisis service capacity starting in 2024, before crisis care centers are open • Resources starting in 2024 to respond faster to the overdose crisis
<p><u>Strategy 5</u> Capacity Building and Technical Assistance</p>	<ul style="list-style-type: none"> • Resources to support the implementation of the Levy’s strategies • Support for capital facility siting • Build capacity for culturally and linguistically appropriate services
<p><u>Strategy 6</u> Evaluation and Performance Measurement</p>	<ul style="list-style-type: none"> • Resources to support Levy data collection, evaluation, and performance management • Analyses of the Levy’s impact on behavioral health equity
<p><u>Strategy 7</u> CCC Levy Administration</p>	<ul style="list-style-type: none"> • Investments in Levy administration, community engagement, information technology systems infrastructure, and designated crisis responder (DCR) accessibility⁹
<p><u>Strategy 8</u> CCC Levy Reserves</p>	<ul style="list-style-type: none"> • Provide for and maintain Levy reserves¹⁰

⁹ DCR's are the only people in Washington state who can involuntarily detain someone in psychiatric and secure withdrawal facilities under chapter 71.05 RCW and chapter 71.34 RCW. In King County, DCR's are employees of the Department of Community and Human Services, Behavioral Health and Recovery Division, Crisis and Commitment Services Section.

¹⁰ This Strategy creates a fund reserve equal to 60 days of budgeted expenditures, less capital expenses, consistent with King County Comprehensive Financial Management Policies (2016).

Strategy 1: Create and Operate Five Crisis Care Centers. The first Strategy would fulfill the Paramount Purpose of the Levy by creating and operating five Crisis Care Centers across King County thus providing, "a new front door"¹¹ and "no wrong door,"¹² access for people in behavioral health crisis. The Plan contains an "initial vision" for operations that would be refined, "during procurement and implementation phases based on improved understanding of community needs, to incorporate rapid advancements in the evidence base for effective behavioral health care, to satisfy future federal and state regulatory guidance and licensing rules, and using continuous quality improvement practices that respond to performance data and community accountability."¹³ The Plan states that DCHS intends for the Centers to incorporate best practices that include, "trauma-informed, recovery-oriented, person-centered, culturally and linguistically appropriate, integrated [care], delivered in the least restrictive setting."¹⁴

Clinical Model for Adults and Youth. The Crisis Care Centers clinical model is based on Ordinance 19572, the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Guidelines for Behavioral Health Crisis Care, the Levy's community engagement process including key informant interviews with subject matter experts and community partners, and site visits to 10 behavioral health crisis facilities in Washington, California, and Arizona. According to the transmitted Plan, the clinical model has three components:

1. 24/7 Behavioral Health Urgent Care,
2. 23-Hour Observation Unit, and
3. 16-bed Crisis Stabilization Unit.

Services provided in these settings include assessment, triage, interventions, and referrals. Facilities would be operated by a provider selected by DCHS through a competitive procurement process. The Plan states that the youth Center would operate with the same clinical model in a specialized child and adolescent behavioral health setting. According to the plan, youth under age 18¹⁵, including those who are unaccompanied by parents or caregivers as permitted by state law, may seek care in any of the Centers and be transferred to an age appropriate setting as needed.

Individuals may access services at one of the Centers by self-presenting to the behavioral health urgent care clinic or being transported by first responders including mobile crisis or co-responder teams, emergency medical services, and law enforcement. Individuals transported by first responders would access the 23-hour observation unit through a dedicated entrance. Everyone presenting to a Crisis Care

¹¹ Plan pg. 58

¹² Plan pg. 63

¹³ Plan pg. 58

¹⁴ Plan pg. 60

¹⁵ Ordinance 19572 stated age 19 as the upper limit for youth receiving services. Age limits for people served at crisis care centers is regulated by the Washington State Department of Health (DOH) which currently requires people 18 and older to be served as adults. Executive staff state that, "the proposed Implementation Plan refines the ballot measure ordinance's requirement that one of the five crisis care centers will specialize in serving persons younger than 19 years old by aligning the age restriction for this center with state regulatory rules and clinical best practices." Executive staff also state that there are active DOH rulemaking activities and state legislation related to serving minors under age 18 in 23-hour observation units. Currently, this type of facility may only serve adults aged 18 and older.

Center will receive an initial screening for mental health and substance use disorder service needs, social service needs, and medical stability, after which, a clinical team would work with the person to "make shared decisions about what services and supports they need." ¹⁶ People may be triaged to a more appropriate setting if they are not medically stable or are not presenting with a behavioral health need.

Designated Crisis Responder Access. In accordance with Ordinance 19572, in circumstances that require it, designated crisis responders (DCRs) would provide onsite assessment for involuntary treatment. The Plan states that if a DCR deems involuntary treatment necessary a Crisis Care Center may provide services until a bed is available in a psychiatric hospital or evaluation and treatment facility. Executive staff state that an individual could be held on a single bed certification¹⁷ at a Center if there is a waiting period before transfer to a more appropriate setting. DCHS indicates that they will monitor the use of single bed certifications in Crisis Care Centers and intend to report on involuntary holds placed within the Centers as part of their annual reporting process. Allowable activities under Strategy 7, Levy Administration, could include satellite offices and transportation cost to reduce DCR response times and expedite DCR's ability to access Crisis Care Centers.

Operational Activities. The Plan states that Crisis Care Centers will be funded to operate 24/7. Allowable operational activities under Strategy 1 include costs related to personnel, pharmaceuticals, language access and linguistically appropriate services, health information technology, client transportation and other indirect operating costs.^{18,19}

Post-Crisis Stabilization. The Plan provides for post-crisis stabilization activities to support long-term recovery for people engaged at a Center. The Plan states that Strategy 1 resources would be used to create a post-crisis follow-up program to serve all the Centers. Services and allowable activities for post-crisis stabilization under Strategy 1 include:

- Funding a program staffed with clinicians and peer specialists to engage people served at Crisis Care Centers and link them to community-based services and supports for mental health and substance use needs.
- Services may include proactive contacts after discharge, care coordination with new and existing providers, brief interventions to address acute needs while awaiting linkage to additional services, and peer support to enhance engagement and support people to access the services they need.

The Plan states that culturally and linguistically appropriate post-crisis follow-up services are a priority and DCHS would make funding available specifically for behavioral health agencies that demonstrate "significant experience in providing culturally and linguistically appropriate services to provide post-crisis, follow-up

¹⁶ Plan pg. 64-65

¹⁷ Single bed certifications are regulated under 182-300-0100 WAC and allow a person detained under the Involuntary Treatment Act (ITA) to be held at a facility not certified under chapter 246-341 WAC. <https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/wac-182-300-0100-single-bed-certification>

¹⁸ Client transportation costs may include drivers and vehicle costs, bus passes, taxi vouchers, and other assistance.

¹⁹ Plan pg. 69

services." As needed, post-crisis follow-up providers would connect clients with existing housing resources whenever possible and DCHS intends to coordinate its divisions' work when possible to increase housing supports for people experiencing homelessness who receive care at a Crisis Care Center.

Activities under Strategy 1 would also authorize expenditures for, "limited housing stability resources necessary to support post-crisis stabilization."²⁰ The Plan makes it clear that housing is not a primary purpose for Levy dollars and would be insufficient if used for this purpose. However, if additional funding becomes available, housing investments are among the priorities for increasing allocations to the different strategies. This is discussed in further in the finance section of this staff report.

Levy Oversight. According to the Plan, DCHS will assume responsibility for oversight of Levy-supported Crisis Care Center operations, ensuring that operations are functioning as intended. DCHS will support Center operators as operators coordinate with regional partners and help develop protocols and procedures for referrals from hospitals, first responder drop-offs, medical stability criteria, and the transfer process between Crisis Care Centers for youth. The Plan also states that DCHS intends to engage Center operators and providers throughout the system including first responders²¹, crisis lines, co-responder programs, and mobile crisis teams to develop, "protocols, workflows, clinical convenings about shared treatment plans, and other coordination activities."²²

The Plan states that DCHS will support Crisis Care Center operators to monitor and promote quality of care and develop continuous quality improvement practices and intends to require operators to report "near-real-time data on wait times, length of stay, occupancy, and other measures of capacity and throughput to inform policies that can be adjusted to ensure that Centers are consistently accessible." The Plan states that Center operators "should" develop certified electronic health record systems and DCHS "will support their efforts to do so." Such systems would "track standardized information, automatically update and interface with care coordination and quality improvement platforms, and utilize best practices for documentation, including approaches to gathering demographic information needed to inform equity analyses." Although Strategy 7 (Levy Administration) includes "electronic health record interoperability improvements", the report does not clearly state that electronic health record systems in each Crisis Care Center will be required to interface with other Crisis Care Center health record systems.

The Plan states that DCHS intends to support Crisis Care Center operators to promote awareness and outreach about services to populations experiencing behavioral health inequities in an effort to be responsive to community feedback received during the community engagement process.

Capital Facility Development and Siting Process. This section of the staff report summarizes the Plan's public interest and siting requirements for Crisis Care Center

²⁰ DCHS anticipates that resources within this Strategy "will be inadequate to meet the behavioral health needs of all people who access Crisis Care Centers." Complementary investments from philanthropy, and the state and federal governments would be needed. P. 70

²¹ This includes law enforcement and emergency medical services

²² Plan pg. 75

facilities, types of eligible capital facility developments, a summary of the procurement and siting process (including the role of local jurisdictions), and the alternative siting process.

According to the Plan, DCHS would conduct a competitive procurement to identify the Crisis Care Center operator(s). Selected Operators would then lead capital facility development of the Centers in coordination with the County, the applicable local jurisdiction or jurisdictions, and community partners.²³ In accordance with Ordinance 19572, the Plan allows Levy proceeds to be used to develop and construct facilities which may include purchasing land; acquiring an existing facility; planning, design, building renovation or expansion; new construction; or other capital pre-development and development costs. Ongoing capital facility maintenance costs for Crisis Care Centers would also be allowed by the Plan in accordance with Ordinance 19572.

In alignment with Ordinance 19572, the Plan requires at least one Crisis Care Center be established in each of the four crisis response zones as defined in the Ordinance and maintains that clients' access would not be restricted to the Center located in the zone where they reside.

Public Interest Requirements. The Plan establishes five public interest requirements intended to ensure facilities receiving Levy revenue continue to operate as Crisis Care Centers, "life of the building or construction investments and that their development complies with County priorities."²⁴ Public interest requirements defined in the Plan include the following:

1. 50-year use requirement;
2. Operator cap;
3. Leased facility restrictions;
4. Environmental sustainability standards; and
5. Equity impacts.

The first requirement would be that facilities acquired or constructed with Levy proceeds remain as Crisis Care Centers for a minimum of 50 years. Executive staff indicate that this 50-year use requirement is aligned with best practices and other similar capital facility use commitment periods required by public capital funding programs and could be enforced through a covenant recorded against the property.

The second requirement is that a single operator may operate a maximum of three Centers funded by Levy proceeds. The Plan states that this is intended to ensure the Levy is not overly reliant on a single operator.

The third requirement is that if a Center operates in a leased facility, the operator must pursue ownership of the facility when possible. In this scenario, if an operator does not have an agreement to purchase the facility in place, then Levy proceeds shall not be used to make capital improvements. The Plan allows the DCHS Director to authorize exceptions, "if the exception is not inconsistent with the Levy's paramount purpose." If an exception is made, the DCHS Director would be required to notify Council within 90 days of approving the exception.

²³ Plan pg. 78

²⁴ Plan pg. 80

The fourth public interest requirement is that Crisis Care Center facilities should be designed and operated in alignment with environmental sustainability standards that will be defined in contracts. The Plan states that these will be informed by King County's Strategic Climate Action Plan, Green Building Ordinance, and Equity and Social Justice strategies for capital projects.

The last public interest requirement is that Crisis Care Centers should promote behavioral health equity, which DCHS will take into consideration when selecting operators. Although "behavioral health equity" is not defined in the public interest requirements, the Plan outlines a behavioral health equity framework that includes four focus areas:

1. Increase equitable access to behavioral health care.
2. Expand availability of culturally and linguistically appropriate behavioral health services.
3. Increase representativeness of the behavioral health workforce.
4. Promote accountability to health equity.

Crisis Care Center Site Requirements. The Plan establishes minimum requirements to ensure Crisis Care Center facilities can support the clinical model, offer meaningful transportation access, meet accessibility and zoning requirements, and meet state behavioral health facility licensure requirements. The five requirements are:

1. Sufficient size, defined as approximately 30,000 to 50,000 square feet of clinical space within one building, multiple adjacent buildings, or buildings connected by transportation for clients;
2. Transportation access with preference given to sites with "meaningful access to public transportation, convenient access for ambulances and first responders, proximity to major transportation arterials, and free public access for any person;"
3. ADA accessibility with preference given to "facility designs that incorporate the principles of universal design, meaning they are accessible to all people to the greatest extent possible without the need for adaption or specialized design;"
4. Crisis Care Center facilities are an eligible use under relevant zoning and permitting; and
5. The site can satisfy state licensure requirements.

According to the plan, there are four allowable Crisis Care Center capital development scenarios:

1. Pre-existing facility: Centers could be incorporated into a facility that is already providing crisis stabilization services if it is compatible with Crisis Care Center requirements.
2. Facility acquisition: A Center may be developed through acquiring, renovating, or expanding an existing facility.
3. New construction: A new facility could be built.
4. Multiple facilities: A Center may be developed with multiple buildings that are "geographically adjacent [or] non-contiguous if transportation is provided between facilities."²⁵

²⁵ Plan pg. 82

A proposal may combine two or more of these scenarios and DCHS will accept proposals from multi-organizational partnerships to develop and operate a Crisis Care Center. The plan states that DCHS may prefer procurement proposals that co-locate the Centers with other facilities that complement Crisis Care Center services such as community health clinics, outpatient behavioral health clinics, sobering or post-overdose recovery centers, or affordable and permanent supportive housing.

Procurement and Siting Process. Ordinance 19572 requires that the Plan include a description of the process by which King County and partner cities shall collaborate to support siting of new levy-funded capital facilities. The Plan states that DCHS intends to give preference for operator proposals “that have received a statement of support from the local jurisdiction or jurisdictions that contain the facility or facilities.”²⁶ The statement of support is defined in the Plan as including, but not limited to the following criteria:

- Support for a Crisis Care Center to be developed and operated by the proposed operator.
- Support for the proposed Crisis Care Center facility site and confirmation that the site meets or is likely to meet the jurisdiction’s zoning and other relevant local development requirements.²⁷
- If a specific site is not yet identified, willingness to support the proposed operator in identifying a site that complies with the jurisdiction’s zoning and other local development requirements.
- Commitment to supporting the proposed operator in engaging community members regarding the siting, development, and ongoing operations of a Crisis Care Center facility.

The Plan states that King County intends to “support jurisdictions located within specific crisis response zones to coordinate with potential facility operators and to identify and recommend crisis care center facility sites.”²⁸ The Plan outlines the three-step Crisis Care Center procurement and siting process as 1.) pre-procurement, 2.) procurement, and 3.) siting. As described in the Plan, DCHS will engage with local jurisdictions in each phase. During pre-procurement, before operators have been selected, DCHS will provide technical support to both potential host jurisdictions and potential operators to “advance interjurisdictional alignment and partnerships between potential facility operators and jurisdictions.” During the procurement phase, DCHS will select operators through a competitive process, and will prefer operators that can, “demonstrate support from jurisdictions located within the crisis response zone where the Center is proposed, with a focus on the host jurisdiction.”²⁹ Once operators have been selected, DCHS will offer operators and host jurisdictions technical assistance to support community engagement and provide communications assistance through Strategy 5 with grants to offset community engagement, communications, and partnership building costs.

Alternative Siting Process. The Plan provides for an “alternative siting process if, by December 31, 2026, there is not a “viable proposal with jurisdictional support” in a crisis

²⁶ Plan pg. 82

²⁷ Nothing in this requirement shall be interpreted to require a jurisdiction to inappropriately preempt, influence, interfere with, or pre-judge a ministerial or administrative determination.

²⁸ Plan pg. 83

²⁹ Plan pg. 84

response zone for an adult Crisis Care Center, or anywhere in the county for a youth Center. This process would allow King County to “proactively site and open” an adult Crisis Care Center in a specific response zone that does not have a viable proposal with jurisdictional support, or a youth Center in King County if there is not yet a viable proposal that has a host jurisdiction support. The Plan states that this alternative process is intended to ensure King County can fulfill the requirements of Ordinance 19572 by the end 2032.

The Plan states that the Executive may only commence the alternative siting process after a notification letter is transmitted to the Council describing the decision, issued no earlier than January 1, 2027. This letter would be filed with the Council Clerk and provided to all councilmembers and members of the Regional Policy Committee. The Plan does not require action on the part of the aforementioned bodies before the alternative siting process is commenced.

Sequencing and Timing of Implementation Activities. Given the allowable development scenarios, parties, and steps involved throughout implementation, there are significantly variable timelines for opening the five Crisis Care Centers. The Plan states that DCHS's intention is to prioritize opening the Centers as quickly as possible by opening the first competitive procurement process in 2024 after the Plan is adopted. The first procurement could result in award contracts for a total of three Centers. Capping the first procurement at a max of three awards is intended to provide additional planning time for organizations interested in submitting a proposal but who will not be ready in 2024, and to manage the timeline of expenditures with available Levy proceeds. Another procurement will occur in 2025 to award the remaining contracts, with a final procurement in 2026 if any of the five Centers still remain.

The Plan's ideal timeline would result in up to three Crisis Care Centers opening in 2027 followed by at least one more each year, and all five open by 2030. Potential factors that could impact this timeline are depicted in Table 4 that also appears as Figure 32 on page 87 of the Plan.

Table 4. Potential Factors Impacting CCC Development Timelines

Development Phase	Potential Factors Impacting Timeline	Responsible Parties
Siting	<ul style="list-style-type: none"> • Site identification and feasibility analysis • Community engagement • Environmental impact review • Zoning and permitting 	<ul style="list-style-type: none"> • CCC operator • Local jurisdictions • DCHS supports community engagement
Design	<ul style="list-style-type: none"> • Programming and clinical processes • Schematic design and design development • Washington State Department of Health (DOH) licensing review • Construction and permit documents • Design review process 	<ul style="list-style-type: none"> • Design team • CCC operator • Local jurisdictions • King County • WA Department of Health
Construction	<ul style="list-style-type: none"> • Supply chains • Macroeconomic conditions • Certificate of occupancy inspections • Labor availability 	<ul style="list-style-type: none"> • Vendors and contractors • CCC operator • Local jurisdictions
Facility Activation	<ul style="list-style-type: none"> • Equipment and furniture installation • IT installation and stocking supplies • Facility licensing • Labor supply • Staff onboarding and training 	<ul style="list-style-type: none"> • CCC operator • Local jurisdictions • Washington DOH • Other licensing entities

The Plan states that DCHS would work to mitigate timeline delays by expediting the first procurement in 2024, providing clear and transparent communications with parties involved in the development process, supporting jurisdictions as described in Strategy 5 (Technical Assistance and Capacity Building), and giving preference to proposals that can be developed and operated more rapidly, including existing facilities or those that meet the requirements to be a Crisis Care Center and are already under development. The Plan retains the authority for DCHS to choose to redistribute funds, alter siting location, or release additional procurements if it is determined that the development and opening timeline proposed by selected operators are no longer viable. DCHS would work closely with selected operators to avoid this to the extent possible.

Strategy 2: Restore, Expand, and Sustain Residential Treatment Capacity.

Strategy 2 of the Plan is intended to restore, expand, and sustain residential treatment capacity in King County. Since 2018, one-third of mental health residential treatment capacity has been lost due to increased operating and maintenance costs, aging infrastructure, and insufficient resources to repair facilities resulting in facility closures.³⁰ Levy Supporting Purpose 1 is to restore the number of mental health residential treatment beds to at least 355, which was the bed census in 2018. Allowable activities under Strategy 2 include:

1. Costs to develop and construct residential treatment facilities including purchasing land, acquiring an existing facility, planning and design, building renovation or expansion, new construction and other capital pre-development and development costs;

³⁰ Plan pg. 7

2. Costs to make capital improvements to existing facilities including repair, renovation, and expansion or enhancement to maintain or improve operations; and
3. Capital maintenance costs for residential treatment facilities.

The Plan states that DCHS intends to accelerate the distribution of resources for Strategy 2 in 2024 through a combined procurement process with MIDD. Although procurement is intended to begin in early 2024, awards will not be distributed until the Plan is adopted. This procurement would focus on preservation of existing treatment facilities and development of new residential treatment facilities.

Strategy 3: Strengthen the Community Behavioral Health Workforce. Strategy 3 would directly support the Levy's Supporting Purpose 2 to increase the sustainability and representativeness of the behavioral health workforce in King County. The three categories of allowable activities intended to strengthen the community behavioral health workforce include:

1. Community behavioral health career pathways;
2. Labor-management workforce development; and
3. Crisis workforce development.

Community behavioral health career pathways is intended to support recruitment, training, retention, and wellbeing of workers through tuition assistance, stipends for paid internships, clinical supervision costs, professional licensure fees, grants to promote worker wellbeing, and clinical training. The Plan states that at least 25 percent of funding for this activity will be used to increase the representativeness of community behavioral health workers. Executive staff state that the funding intended to increase representativeness is expected to include "targeted recruitment efforts, education stipends and other strategies that lower barriers to peers, people with low incomes, and people of color being able to access and compete for jobs in behavioral health. DCHS intends to initially support provider-driven proposals. In reviewing proposals, DCHS will ask providers to describe how they will use resources to increase the representativeness of their workers."

Strategy 3 aims to sustain and expand labor-management workforce development partnerships, including apprenticeship programs and labor-management partnership training funds. Funding under this Strategy would sustain and expand a Washington State registered apprenticeship program that offers behavioral health apprenticeships. Career paths linked to this program include peer counselors, substance use disorder professionals, and behavioral health technicians. Eligible costs include, but are not limited to, salary and benefit costs for apprenticeships, employer and apprentice incentives, and program planning and recruitment costs.

Crisis workforce development activities supported under this Strategy are intended to encourage people to join the workforce to staff the Crisis Care Centers. As stated in the Plan, crisis services are unique and require specialized skill in de-escalation, risk assessment, triage decision-making, and motivational interviewing. Investments to recruit, train, retain, develop, and support the wellbeing of behavioral health crisis workers as described in the plan would include:

- Increase wages for workers;

- Improve benefits for workers;
- Reduce the cost of living for workers, such as housing, education, or child care;
- Support the professional development of workers to improve service quality; and
- Support worker wellbeing through activities such as supervision and mentorship, covering staff time for self-directed program development and quality improvement initiatives, and access to behavioral health benefits.

The Plan clarifies that, “Funds for these activities will be distributed to both Crisis Care Center operators and post-crisis follow-up providers through a competitive procurement process.” The Plan recognizes that wages for all of the behavioral health workforce is an important factor in recruitment and retention but, “Crisis Care Centers Levy resources are insufficient to increase wages meaningfully and consistently across the regions' entire community behavioral health workforce.”³¹ Therefore the Plan prioritizes funds to support wages for the Crisis Care Centers’ workforce in line with Ordinance 19572. If additional funds become available, the Plan authorizes DCHS to develop and administer activities to increase wages for the broader behavioral health workforce through Strategy 3.

The Plan states that DCHS intends to make rapid initial progress toward fulfilling Supporting Purpose 2 by allocating proceeds to Strategy 3 in 2024.³² Early investments would be made toward all three categories of allowable activities in Strategy 3.

Strategy 4: Early Crisis Response Investments. According to the Plan, before Crisis Care Center facilities are open, Levy revenue would be allocated to make early investments beginning in 2024 (after the Plan is adopted) to enhance the existing crisis behavioral health network in King County. Allowable activities under Strategy 4 would:

- Increase community-based crisis response through contract expansion with existing mobile crisis teams for adults and youth;
- Expand a pilot program that embeds behavioral health counselors in 911 call centers and redirects behavioral health calls to specialized counselors in lieu of law enforcement;
- Expanding access to naloxone and other relevant public health supplies through vending machines and other distribution systems to decrease fatal overdoses; and
- Invest in capital facilities to treat substance use disorders, especially those that are already permitted and can create faster in-person access to substance use disorder crisis services such as post-overdose recovery, sobering, and metabolizing services. This could take the form of facility renovation, expansion, new construction, or other capital development or improvement costs. One facility expected to be funded by this Strategy is the 3rd Avenue post-overdose recovery center in Seattle.

Strategy 5: Capacity Building and Technical Assistance. Strategy 5 is intended to provide funding for capacity building and technical assistance for Crisis Care Center

³¹ Plan pg. 91

³² Procurement awards would not be made until after the Plan is adopted in accordance with Ordinance 19572.

operators, providers, and local jurisdictions to support implementation of the Levy's strategies.

Allowable activities for the Centers and residential treatment facility operators include support with predevelopment planning for capital facilities; capital financial planning; facility siting, design, and construction; and post-construction facility activation. Crisis Care Center operators could receive support under this strategy to deliver high quality clinical services, comply with regulatory requirements, and provide inclusive care for populations experiencing behavioral health inequities. Activities could include implementing national health care standards for providing culturally and linguistically appropriate services, developing clinical policies and procedures, and adopting de-escalation and least restrictive best care practices.

Providers with expertise in culturally and linguistically appropriate services could receive support under this strategy to increase organizational capacity by increasing administrative infrastructure, data and information technology systems, health insurance billing infrastructure, and workforce development.

Local jurisdictions could receive grants under this strategy to offset a portion of costs incurred directly related to siting behavioral health capital facilities funded by the Levy including meeting facilitation, production of communication materials, event costs, translation and interpretation costs, and costs to reduce barriers for community members to participate in related community engagement activities. The Plan states that grants will be prioritized for purposes that expedite opening Crisis Care Center facilities funded in 2024 - 2026 and may not be used to offset siting costs incurred by other parties or that are not directly attributed to facility siting. DCHS could also provide support with interjurisdictional and facility operator partnerships.

Strategy 6: Evaluation and Performance Measurement. The Plan includes a high-level description of how DCHS will assess the impact of the Levy through evaluation and performance measurement activities. Activities to be funded under this Strategy include DCHS' costs to measure, analyze, evaluate, and report the impact and results of the Levy to inform quality improvement initiatives, and costs related to in-depth evaluations of the Levy which may include contracts with third parties. Executive staff indicate that appropriation and position authority for 5 full-time equivalent positions (FTEs) are requested in the proposed appropriation ordinance³³ to support Strategy 6 as appears in Table 5.

³³ Proposed ordinance 2024-0012

Table 5. DCHS CCC Levy Evaluation and Performance Staffing

Classification	Working Title	Allocation in PO 2024-0012
Project/Program Manager 3	Data & Evaluation Manager	\$202,126
Evaluator – Senior	Crisis Services Senior Evaluator	\$165,219
Human Services Data Scientist	Crisis Services Data Scientist	\$163,985
Evaluator	Crisis Services Evaluator	\$147,827
Evaluator	Crisis Services Evaluator	\$147,827
	Total	\$826,984

Page 119 of the transmitted Plan describes four principles in Section VII to guide evaluation and performance measurement including transparent and community informed, person-centered, continuous improvement, and equity. The Plan states that the evaluation and performance measurement framework will focus on reporting measures relevant to monitoring performance of the Levy, advancing continuous quality improvement, and generating clear and actionable evaluation products for the public. The approaches to achieve this include using population level indicators to measure need, characterize baseline conditions, and track trends; performance measurement to determine program processes and outcomes that can be used to assess how well a strategy is working; and in-depth evaluation activities to deepen learning and understand Levy investment effectiveness.

The Plan states that the Levy is intended to impact “two priority populations” of people seeking immediate and in-person crisis care (Paramount Purpose), and people seeking residential treatment (Supporting Purpose 1). DCHS will measure how the Levy, within the overall public behavioral health system, provides services to these two priority populations. DCHS will measure and report on the impact of the Levy through a results-based accountability framework by assessing: “how much did we do, how well did we do it, and is anyone better off?”³⁴ DCHS intends to require contracted service providers to regularly report on Levy programs and strategies and collect data in a consistent manner. Data requested will include: individuals served; the nature of service provided; and associated outcomes to support the implementation of Strategy 1 and 2. To support the implementation of Strategy 3 pertaining to the workforce, DCHS plans to collect and monitor performance measures that describe behavioral health agency attributes such as workforce characteristics, activities conducted, and associated outcomes. Individual level data may be collected on clients or agency staff under these three strategies “to disaggregate measures by race, ethnicity, or other demographics at both the program level and across programs for analysis within strategies and result areas.”³⁵ The Plan states that DCHS will include proposed performance measures in procurement materials to communicate contract expectations and likely reporting requirements but intends to collaborate with selected service providers on final plans for performance measurement to ensure they include meaningful measures and are feasible.

³⁴ Plan pg. 121

³⁵ Plan pg. 122

DCHS intends to align Levy performance evaluation and reporting with other dedicated human services funding initiatives including programs funded by the Mental Illness and Drug Dependency (MIDD) tax, Best Starts for Kids (BSK), the Veterans, Seniors, and Human Services Levy (VSHSL), and Health Through Housing (HTH). The plan states that by 2026, Crisis Care Centers Levy data will be included in the consolidated human service dashboard managed by DCHS.³⁶

Strategy 7: Levy Administration. Allowable activities under Strategy 7 support the administration of Levy programs over nine years. This includes DCHS staff costs, third party consulting and technical assistance for the department, and indirect administrative costs. Executive staff indicate that 23 FTEs and 2 TLT are included in the proposed appropriation ordinance,³⁷ 24 of whom would support Strategy 7 as appears in Tables 6 and 7.

³⁶ Plan pg. 124

³⁷ Proposed Ordinance 2024-0012

Table 6. DCHS CCC Levy Admin Staffing Planned for 2024

Classification	Working Title	Allocation in PO 2024-0012
Managing Psychiatrist	Crisis Operations Medical Director	\$403,595
Senior Deputy Prosecuting Attorney	BHRD Attorney	\$300,000
Strategic Planning Manager 2	BHRD Assistant Deputy Director	\$235,914
Special Projects Manager IV	Director of Provider Success	\$224,647
Strategic Planning Manager 1	Director of Crisis Care Centers	\$204,874
Government Relations Administrator	Local Government and Community Engagement Manager	\$199,360
Data Systems Special Projects Manager 2 (TLT, 3 years)	Data Systems Special Projects Manager	\$194,874
Special Projects Manger 2	SUD Strategic Planning Manager	\$194,874
Special Projects Manager 2	CCC Levy Capital Programs Manager	\$194,874
Special Projects Manger 1	CCC Finance Lead	\$187,712
Project/Program Manager 4	Behavioral Health Workforce Manager	\$179,599
Project/Program Manager 4	CCC Operations Manager	\$179,599
Business Finance Officer 3	CCC Fiscal Specialist	\$169,297
HR Analyst – Senior	HR Analyst – Senior Recruiter	\$166,884
Contracts Specialist III	DCHS Contracts Specialist III	\$165,812
Project/Program Manager 3	CCC Levy Project Manager	\$159,494
Project/Program Manager 3	CCC Levy Project Manager	\$159,494
Project/Program Manager 3	Crisis Care Centers Project Manager	\$159,494
Communications Specialist IV	Senior Communications Manager	\$155,841
Project/Program Manager 2	Behavioral Health Workforce Project Manager	\$147,051
Project/Program Manager 2	Provider Relations/Contracts specialist	\$147,051
Project/Program Manager 2	Community Engagement Liaison	\$147,051
Business Finance Officer 1	CCC Accounts Payable	\$125,496
Administrative Specialist 2	Administrative Specialist	\$99,484
Education Consultant 1 (TLT, 18 months)	Naloxone and Overdose Prevention Health Education Specialist	\$98,991
	Total	\$4,601,362

Table 7. DCHS CCC Levy Admin Staffing Anticipated for 2025-2027

Classification	Working Title	Budget
Project/Program Manager 2	Provider Relations/Contracts Specialist	2025
Project/Program Manager 2	Provider Relations/Contracts Specialist	2025
Project/Program Manager 3	CCC Clinical Quality Specialist	2026-27
Project/Program Manager 3	CCC Care Coordination Manager	2026-27
Social Services Professional	Hospital Liaison	2026-27
Social Services Professional	Hospital Liaison	2026-27
Social Services Professional or Project/Program Manager 3	Utilization Management, Residential Treatment	2026-27
Project/Program Manager 3	CCC Behavioral Health Housing Coordinator	2026-27
Billing Analyst	Crisis Care Center Medical Biller	2026-27
Functional Analyst 2	Functional Analyst	2026-27

Additional allowable activities under Strategy 7 include costs related to organizing community engagement efforts including providing translation and interpretation services. If needed, costs to reduce DCR response times to Crisis Care Centers (such as establishing satellite offices or transportation costs) would be an allowable expenditure under Strategy 7. Data systems infrastructure and technology are also included as allowable activities under Strategy 7.

Strategy 8: Levy Reserves. The Plan states that the Levy will maintain fund reserves as directed by King County Ordinance 19572. The annual expenditure plan includes a fund reserve equal to 60 days of budgeted expenditures, less capital expenses, consistent with King County Comprehensive Financial Management Policies.

Financial plan. The Plan includes a financial plan with estimated levy collections and estimated levy expenditures.

Estimated Levy Collections. Table 8 shows a summary of the estimated annual revenue forecast from 2024 to 2032, based on the King County OEFA August 2023 revenue forecast. This forecast assumes an initial Levy rate of 14.5 cents per \$1,000 assessed property value, with annual increases (limit factor) of up to 1 percent. The revenue forecast assumes a 99 percent revenue collection rate and an annual interest revenue at a rate of 0.5 percent. The Levy is anticipated to bring in a total of \$1.2 billion over nine years.

The March 2024 OEFA forecast was adopted by the Forecast Council on March 15. Based on the updated March 2024 OEFA forecast, no significant changes to levy allocations are projected. The estimated total levy revenue remains \$1.2 billion over nine years.

**Table 8. 2024-2032 CCC Levy Estimated Collections
(Based on August 2023 OEFA Forecast)**

2024	2025	2026	2027	2028	2029	2030	2031	2032
\$117.9M	\$120.4M	\$123.1M	\$125.8M	\$128.5M	\$131.3M	\$134.1M	\$137.1M	\$140.0M

**2024-2032 CCC Levy Estimated Collections
(Based on March 2024 OEFA Forecast)**

2024	2025	2026	2027	2028	2029	2030	2031	2032
\$119.5M	\$122.2M	\$125.0M	\$127.9M	\$130.8M	\$133.8M	\$136.8M	\$139.9M	\$143.0M

Proposed Expenditure Plan. Table 9 shows a summary of the Levy's annual expenditure plan from 2024 to 2032. This includes the following one-time costs:

- Election costs for King County Proposition 1 in the April 2023 election.
- Planning costs: Initial planning costs permitted under Ordinance 19572.

Table 9. Proposed Annual CCC Levy Allocations by Strategy (in Millions)³⁸

	2024	2025	2026	2027	2028	2029	2030	2031	2032	Strategy Total
Strategy 1:	\$16.2	\$59.9	\$54.8	\$72.6	\$97.9	\$73.1	\$82.1	\$84.1	86.1	\$626.8³⁹
Strategy 2:	\$42.0	\$33.3	\$40.1	\$48.6	\$1.5	\$1.6	\$1.7	\$1.9	\$2.1	\$173.0
Strategy 3:	\$7.5	\$11.8	\$13.0	\$16.4	\$19.9	\$22.4	\$23.9	\$24.2	\$24.6	\$163.7
Strategy 4:	\$8.2	\$6.2	\$7.4	\$7.5	\$7.6	\$7.7	\$7.5	\$7.6	\$7.7	\$67.7
Strategy 5:	\$1.8	\$2.0	\$2.1	\$1.4	\$1.7	\$2.2	\$2.1	\$1.7	\$1.6	\$16.6
Strategy 6:	\$0.8	\$1.1	\$1.1	\$1.2	\$1.2	\$1.2	\$1.3	\$1.3	\$1.4	\$10.7
Strategy 7:	\$5.1	\$7.6	\$9.0	\$9.3	\$9.6	\$9.8	\$9.8	\$9.7	\$10.0	\$80.0
Election Costs	\$3.5	-	-	-	-	-	-	-	-	\$3.5
Planning Costs	\$1.0	-	-	-	-	-	-	-	-	\$1.0
	\$85.9	\$122.1	\$127.6	\$157.0	\$139.5	\$118.1	\$128.5	\$130.6	\$133.6	\$1.2 Billion⁴⁰

Sequence and Timing. According to the Plan, before opening, a Crisis Care Center would need to at least satisfy the following processes:

- County-administered procurement and contracting process;

³⁸ Totals may not sum exactly due to rounding

Strategy 1: Create and Operate Five Crisis Care Centers

Strategy 2: Restore, Expand, and Sustain Residential Treatment Capacity

Strategy 3: Strengthen the Community Behavioral Health Workforce

Strategy 4: Early Crisis Response Investments

Strategy 5: Capacity Building and Technical Assistance

Strategy 6: Evaluation and Performance Measurement Activities

Strategy 7: Levy Administration

³⁹ Includes \$204.9 million in projected Medicaid funding

⁴⁰ Does not include reserves

- A city or other local jurisdiction defined land use, zoning, and/or permitting process; and
- A state department-defined licensing process.

The Plan notes that these processes are administered by three separate levels of government and introduce substantial potential variability to the capital development timeline for a Crisis Care Center.

Procurement Timeline. DCHS intends to prioritize opening five Centers as quickly as possible to meet urgent needs of people experiencing behavioral health crises. DCHS intends to select the operator(s) through an annual competitive procurement, with rounds in 2024, 2025, and 2026 if needed to select the Crisis Care Center operator(s).

- The first procurement round in 2024 will prefer proposals that can be developed and begin serving people rapidly. This round may include a single review deadline, multiple review deadlines, or a rolling review of applications, with the ability to make awards at different times within the round. This round would award contracts for a maximum of three Centers. According to the Plan, the purpose of this cap is to provide additional planning time for organizations interested in submitting a procurement proposal in 2025; and to manage the timeline of expenditures against when Levy proceeds are available.
- The 2025 procurement round will not have a cap on the number of awards.
- The 2026 procurement round will only be held if operators for any Centers have not yet been selected.

Implementation Timeline. According to the Plan, Levy funding to support the Centers' capital facility development and operating costs are anticipated to begin in 2025 and increase over time as Centers are developed and become operational.

In 2026, the first Center is anticipated to open. By 2027, up to three Centers are anticipated to be open; by 2028, up to four Centers; by 2029, up to five Centers; and by 2030, all five Centers open would be open.

Rapid Progress on Supporting Purposes. The Plan provides information on how DCHS will make rapid progress on the two supporting purposes.

Supporting Purpose One: To make rapid initial progress on Supporting Purpose One (Residential Treatment), DCHS plans to leverage a broader behavioral health capital facility improvement procurement process in early 2024 that incorporates other funding sources, including MIDD. Strategy 2's 2024 allocation would support capital improvement and maintenance costs of existing residential treatment facilities and the development of new residential treatment facilities.

DCHS opened a combined behavioral health capital procurement in early 2024 to award capital improvement funding for residential treatment facility operators to help stabilize the sector and prevent additional closures, and to award capital funding for new residential treatment facility development. King County Ordinance 19712 appropriated

MIDD funding for this purpose. DCHS intends to also procure proposals to support capital improvement and maintenance costs of existing residential treatment facilities.

DCHS released a request for applications (RFA) on January 18, 2024, that may award both MIDD and Crisis Care Centers Levy resources for residential treatment facilities preservation and development of new residential treatment facilities. Crisis Care Centers Levy resources allocated through the RFA would only be used for mental health residential treatment capital improvements and repairs. According to Executive staff, the purpose of a single, integrated RFA is to 1) expedite allocation of Levy capital resources to stabilize the mental health residential treatment sector and prevent the loss of additional bed capacity; and 2) streamline the RFA process for behavioral health providers and reduce administrative burden.

Levy resources will not be awarded until after Council approval of the proposed implementation plan and relevant budget appropriations.

Supporting Purpose Two: To make rapid initial progress on Supporting Purpose Two (Behavioral Health Workforce), DCHS plans to begin the procurement and contract processes for activities in early 2024 to expedite distribution of resources soon after the Plan is adopted. Early workforce investments planned for 2024 include community behavioral health career pathways, labor-management workforce development partnerships, and crisis workforce development. These would help strengthen King County's community behavioral health workforce, support the development of the behavioral health worker pipeline, and prepare to build the crisis specialty skills of behavioral health workers in King County.

Government and Philanthropic Funding. This Plan assumes no federal, state, or philanthropic resources would contribute to achieving the Levy's purposes, except for state and federal Medicaid funding. The plan indicates that the Executive will seek investments from government and philanthropic partners to augment Levy proceeds.

- The Executive will seek government funding through the county's annual legislative agenda and policymaker engagement activities, including briefings, work sessions, and public hearings. DCHS anticipates coordinating the Levy with federal and state crisis service initiatives and investments to maximize resource coordination and crisis system integration.
- The Executive will seek philanthropic funding by sharing opportunities for partners to amplify the impact of Levy proceeds with targeted funding support.

Additional government and philanthropic investments could reduce the amount of Levy proceeds needed to meet the Plan's strategies. If this occurs, then Levy proceeds could expand funding for Strategies.

Role of Medicaid. The Levy financial plan assumes that Medicaid would pay for approximately 40 percent of the Centers' operating and service activities and approximately 40 percent of the post-crisis follow-up program's operating and service

activities (under Strategy 1). Levy proceeds would be used to pay for the remaining 60 percent of operating and service costs not covered by Medicaid.

DCHS developed this 40 percent assumption by analyzing the county's historical crisis service health insurance billing codes and utilization data, estimating likely health insurance coverage payer mix of people who may access a Crisis Care Center, and by reviewing Medicaid funding rates at comparable facilities in the state:

- Billing codes and utilization data: 29-50 percent of client population was eligible for Medicaid, with 34 percent average rate of people accessing crisis services. DCHS estimates that the Crisis Care Centers' payer mix will be higher than this 34 percent average because crisis care centers are anticipated to disproportionately serve people who are eligible for Medicaid.
- Comparable facilities in the state: 24 to 86.5 percent of operating and service costs covered by Medicaid.

According to Executive staff, if actual Medicaid paid costs are significantly higher than the 40 percent assumption, then there may be resources for additional investments. These would follow the "Priorities for Increasing Allocations Due to Additional Funding" outlined in the plan.⁴¹ If actual Medicaid paid costs are significantly lower than the 40 percent assumption, then other investments may need to be reduced or reserves spent to fulfill the Levy's paramount purpose. These adjustments would follow "Funding Priorities if Levy Proceed Allocations Must be Reduced Due to Funding that is Less than Projected" outlined in the plan.⁴² Strategy 1 (Create and Operate Five Crisis Care Centers) is identified as the top priority to fully fund if there is a change in available funding.

Substantial Adjustments. In the Plan, a substantial adjustment is defined as a change or series of changes within the same calendar year to a strategy's annual funding allocation 5 percent or \$500,000, whichever is greater.

If, without Council direction or concurrence, the Executive determines a substantive adjustment to the funding allocations specified in the Levy's financial plan is needed, then the Executive will transmit a notification letter to Council detailing the scope of and rationale for the changes. The Executive may send such notification letters as frequently as twice per year when needed. The Executive will electronically file the letter with the Clerk of the Council, who will retain an electronic copy and provide an electronic copy to all councilmembers, the Council Chief of Staff and the lead staff for the Committee of the Whole, or its successor. Unless the Council passes a motion rejecting the contemplated change within 30 days of the Executive's transmittal, the Executive may proceed with the change as set forth in the notification letter.

Reduced Funding. If projected revenue or health insurance funding assumptions are less than the plan's projections, the Executive would identify substantial adjustments based on the priorities below:

⁴¹ Figure 47. Priorities for Increasing Allocations Due to Additional Funding on page 117

⁴² Figure 46. Funding Priorities if Levy Proceed Allocations Must be Reduced Due to Funding that is Less than Projected on page 117

- Priority 1. Maintain funding or minimize reductions to strategies with a direct link to accomplishing the Paramount Purpose (establish and operate a regional network of five Crisis Care Centers in King County).
- Priority 2. Maintain funding or minimize reductions to strategies with a direct link to accomplishing Supporting Purpose 2 (increase sustainability and representativeness of community behavioral health workforce in King County through recruitment, retention, and training activities).
- Priority 3. Maintain or minimize reductions to strategies with a direct link to accomplishing Supporting Purpose 1 (restore the number of mental health residential treatment beds to at least 355 and expand the availability and sustainability of residential treatment in King County).

Increased Funding. If projected revenue or health insurance funding assumptions are more than the Plan's Levy projections, the Executive would increase allocations based on the priorities below. Note that changes due to additional Levy revenue or other funding sources that do not reduce another strategy's allocation and that follow these priorities are not considered a substantial adjustment.

- Priority 1. Ensure at least 60 days of operating reserves funded.
- Priority 2. Increase funding to Strategy 1 (Create and Operative Five Crisis Care Centers) up to \$25 million in any single year.
- Priority 3. Increase funding to Strategy 3 (Strengthen Community Behavioral Health Workforce) up to \$25 million in any single year.
- Priority 4. Increase funding to Strategy 2 (Restore, Expand, and Sustain Residential Treatment Capacity) up to amount needed to restore number of beds up to 355 beds.
- Priority 5. Fund creation and operation of additional Crisis Care Center facilities, components of facilities, or other facilities that Levy data shows would benefit Crisis Care Center clients and are allowed under the Levy ordinance.

Prorating considerations. RCW 84.52.043 establishes a maximum aggregate property tax rate of \$5.90 per \$1,000 of assessed valuation for counties, cities, fire districts, library districts, and certain other junior taxing districts. Under state law, if a taxing district reaches its statutory rate limitation, that district can only collect the amount of tax revenue that would be produced by that statutory maximum levy rate. In other words, if the aggregate of taxing districts exceeds the \$5.90 limit, the tax district's levies would have to be reduced so that the \$5.90 aggregate collection limit is not exceeded. Reductions are made in accordance with a district hierarchy established under RCW 84.52.010. In general, countywide levies are the most senior taxing districts and would be the last to be reduced, or pro-rated, under state law.⁴³

Prorating mitigation is identified as an eligible expenditure in the Levy ordinance to reduce the Levy's impact on applicable metropolitan park district, fire districts, and local hospital districts in an amount up to the lost revenue to the individual district resulting from prorating, to the extent the Levy was a demonstrable cause of the prorating,

⁴³ State law currently removes regular park and recreation district property tax levies from the \$5.90 limit if levied on an island within a county with a population over two million (i.e., Vashon Island). This exemption, unless changed by state law, expires January 1, 2027. (Chapter 117, Laws of 2021)

and if the Council has authorized the expenditure by ordinance. Note that the districts would be required to use Levy proceeds for purposes consistent with the Levy purposes.

Supplantation considerations for King County. Under state law,⁴⁴ a levy lid lift proposition may only be used for the specific limited purpose of the levy, as identified in the ballot title. In addition, state law allows for levy funds to be used to provide for existing programs and services, provided the levy funds are used to supplement, but not supplant existing funds. Existing funding is determined based on actual spending in the year in which the levy is placed on the ballot. Existing funding excludes lost federal funds, lost or expired state grants or loans, extraordinary events not likely to reoccur, changes in contract provisions beyond the control of the taxing district receiving the services, and major nonrecurring capital expenditures.

For the Crisis Care Centers Levy, this prohibition on supplantation means that Levy funds may be used for entirely new programs and services—in any amount over the life of the Levy—and to fund existing programs and services, but only in an amount additional to the amounts the County spent on those programs or services in 2023, unless one of the exceptions noted earlier applies.

Advisory body. In accordance with Ordinance 19572, the Plan includes a description of the composition, duties of, and process to establish the advisory body for the Levy. The Plan is also accompanied by a separate proposed ordinance that would empower the advisory body (Proposed Ordinance 2024-0013⁴⁵).

Using a Preexisting Board. The Executive is proposing to use the Behavioral Health Advisory Board (BHAB) as the advisory body for the Levy.^{46,47} BHAB is the advisory body for the King County Behavioral Health – Administrative Services Organization (BH-ASO). King County BH-ASO is the administrative entity within the Behavioral Health and Recovery Division of DCHS that contracts with the Washington State Health Care Authority to manage non-Medicaid behavioral health services, behavioral health block grants, and other behavioral health funds, with a focus on crisis services.

The Plan asserts that the BHAB has relevant expertise related to King County crisis services and is well positioned to advise the Executive and the Council regarding the Levy. Additionally, the plan states that centralizing advisory duties within the BHAB will ensure there is a single advisory body for the County's continuum of crisis services, and

⁴⁴ RCW 84.55.050.

⁴⁵ Proposed Ordinance 2024-0013 may be taken up after the Plan. According to DCHS, there "are no specific timing considerations related to ordinance -0013 that would prevent DCHS from implementing time sensitive aspects of the implementation plan, such as releasing 2024 Levy funded procurements. However, consideration of -0013 soon after adoption during spring 2024 will be important to allow time to recruit and establish the expanded board consistent with CCC levy requirements in time to advise on early decisions that will shape levy services. The board's early duties will include, but are not limited to, fulfilling its role in the levy's first annual reporting cycle in 2025."

⁴⁶ Ordinance 19572 allows for a preexisting county board or commission with relevant expertise to serve as the Levy's advisory body.

⁴⁷ <https://kingcounty.gov/en/legacy/depts/community-human-services/mental-health-substance-abuse/boards.aspx>

that this approach is intended to avoid system fragmentation and promote an integrated approach to managing crisis services at the system level.

Board Duties. The BHAB is responsible for advising the King County BH-ASO on the design and implementation of publicly funded behavioral health services.⁴⁸ The Plan and Proposed Ordinance 2024-0013 would expand the BHAB's duties to include those required in Ordinance 19572, which are:

- Advise the Executive and Council on matters pertaining to the Levy;
- Annually visit each existing Crisis Care Center; and
- Report on the Levy to the Council and the community through annual online reports beginning in 2025.

The BHAB's additional duties related to the Levy would go into effect on the effective date of Proposed Ordinance 2024-0013.

Board Composition. The Plan states that the BHAB's board member composition requirements and advisory duties can be expanded to include advising on the Levy while still complying with state requirements.⁴⁹ To illustrate this point, the plan includes a matrix comparing the Levy's advisory board composition requirements with the existing statutory and contractual composition requirements of BHAB.^{50,51} That matrix is included in Table 10.

⁴⁸ King County Behavioral Health Advisory Board Bylaws

⁴⁹ While the requirements of the BHAB and the Levy advisory body are currently compatible, the Plan recognizes that state law and contracts may be updated during the Plan's term. If BHAB requirements are updated by the state in a way that is no longer compatible with the Levy, or if the Executive determines a different advisory body will better serve effective administration of the Levy, the Plan notes that the Executive may propose an ordinance to the Council to update the Levy's advisory board structure.

⁵⁰ See Figure 49 on page 129 of the Plan.

⁵¹ BHAB membership requirements and duties are established in the RCW 71.24.300, WAC 182-538C-252, King County's BHASO contract with the HCA, and K.C.C. 2A.300.050.

Table 10. Existing and Proposed BHAB Membership Requirements

Matrix of BHAB Membership Requirements						
Underlying Legal Authority	Membership Requirement					
	At least 51% people with lived experience of a behavioral health condition ⁵²	At least 2 people who have received crisis stabilization services	Representative of King County's demographics ⁵³	At least 1 representative of each crisis response zone ⁵⁴	At least 2 members with professional training in behavioral health crisis care	At least 1 law enforcement representative
Ordinance 19572	Compatible	Required	Required	Required	Required	Compatible
RCW 71.24.300	Compatible	Compatible	Required	Compatible	Compatible	Required
WAC 182-538C-252	Required	Compatible	Required	Compatible	Compatible	Required
HCA BHASO Contract	Required	Compatible	Required	Compatible	Compatible	Required

In addition to the requirements highlighted in Table 10, the Plan notes that BHAB members may not be employees, managers, or other decision makers of providers that contract with the KC BH-ASO and who have the authority to make policy or fiscal decisions on behalf of the provider. Additionally, no more than four elected officials may serve on the BHAB. These are required by the County's contract with the HCA and appear in King County Code 2A.300.050.

The Plan and Proposed Ordinance 2024-0013 state that the expanded BHAB would be comprised of no fewer than nine and no more than 18 members who serve three-year terms.⁵⁵ Currently, the BHAB's maximum number of members is an odd number (15 members); changing to an even maximum number of members would be a policy choice. According to Executive staff, other advisory boards operate with an even number of members (such as the VSHSL Advisory Board and the Children and Youth Advisory Board). DCHS does not consider an even number of seats to be a challenge because boards and commissions are typically working toward consensus and not a simple majority. If the Regional Policy Committee and the Council prefer the BHAB to have an odd number of board members, DCHS would recommend changing the

⁵² Lived experience and/or self-identify as a person in recovery from a behavioral health condition or be a parent or legal guardian of a person with lived experience of a behavioral health condition.

⁵³ Demographics such as race and ethnicity, gender identity, sexual orientation, people who identify as members of experiential communities, and other demographic groups and identities. Examples of "experiential communities" include persons who have been incarcerated, persons who are survivors of gender-based violence, persons who have been subject to involuntary treatment under Washington's Involuntary Treatment Act, military veterans, immigrants, and refugees.

⁵⁴ The crisis response zones (North, East, South, and Central) are defined in Ordinance 19572.

⁵⁵ BHAB members may serve a maximum of two consecutive terms, in addition to any partial terms. This would remain the same; there are no proposed changes to term limits in the Plan or PO 2024-0013.

number of seats to 19 (rather than 17) to ensure there are enough seats to fulfill board member requirements.

Board Leadership. BHAB members currently elect a chair and vice chair to serve one-year terms.⁵⁶ The Executive is proposing to increase those terms to two years with the intent of supporting BHAB leadership continuity. Executive staff state the change would give board leaders more time to get oriented in their new role and then provide leadership for a longer period of time. DCHS plans to discuss this proposed change with BHAB members at the March 2024 BHAB meeting.

Changing the amount of time that a board member serves as chair or vice chair is reflected in Proposed Ordinance 2024-0013 but was inadvertently omitted in the transmitted Implementation Plan, which leaves the term for the chair and vice chair at one-year. If the Regional Policy Committee and the Council wish to adopt two-year terms for the chair and the vice chair, the Implementation Plan would need to be amended.

Recruitment and Appointment Process. According to the Plan, current members of the BHAB will continue to serve out their terms. As BHAB seats become vacant, the Executive will recruit new BHAB members, informed by the new composition requirements included in Table 10. Executive staff recognize that it has been difficult to fill vacant BHAB seats in the recent past, but they are optimistic that adding Levy oversight to the Board's responsibilities will help recruit and retain board members.

The Executive is proposing a new appointment process to the BHAB, which is described in the Plan and included in Proposed Ordinance 2024-0013. Under the new process, the Executive would transmit a notification letter, either in aggregate or individually, that includes the name, biography, and term of each prospective member to the Council before appointing any member to BHAB.⁵⁷ The Executive would be able to proceed with the appointments in the notification letter unless the Council passes a motion requesting changes to the proposed appointments within 30 days of the transmittal.⁵⁸ Executive staff say the rationale for this change is to "streamline and expedite the process, including increasing predictability for those selected. The proposal is intended to maintain Council engagement and oversight while promoting Executive flexibility to quickly move forward appointments with a diverse range of intersecting identities."

This proposed appointment process does not align with requirements in the King County Charter. According to the Charter, the Executive shall appoint the members of all boards and commissions⁵⁹ and the appointments by the Executive shall be subject to

⁵⁶ K.C.C.2A.300.050.D.1. Note, the Code currently states the chair is elected annually; however, Executive staff confirm that the vice chair is also an elected position per the BHAB's bylaws.

⁵⁷ The Executive would electronically file the letter with the Clerk of the Council, who would retain an electronic copy and provide an electronic copy to all councilmembers, the Council Chief of Staff, and the lead staff for the Committee of the Whole, or its successor.

⁵⁸ Under the current process, appointees are allowed to exercise the powers of office beginning 30 days after being appointed by the Executive; however, they remain subject to confirmation by the Council. The appointee may begin exercising the powers of office sooner than 30 days if the Council confirms the appointment earlier (see K.C.C. 2.28.003.B.).

⁵⁹ Section 340.10 of the King County Charter

confirmation by a majority of the County Council.⁶⁰ The Plan (and Proposed Ordinance 2024-0013) would need to be amended to align with the Charter.

Board Member Compensation. The County Code states that BHAB members shall serve without compensation.⁶¹ The Plan (and Proposed Ordinance 2024-0013) proposes to allow BHAB members with lived experience to be compensated for "their time devoted to the official work of BHAB, in accordance with King County Office of Equity [and Racial] and Social Justice guidance and DCHS financial policies."

The Council may, by ordinance, provide for per diem compensation for members of specific boards and commissions.⁶² It is a policy choice whether to provide compensation to BHAB members.

Annual report. The Levy ordinance requires the Levy's advisory body to report annually to the Council and the community on the Levy's progress through online reports beginning in 2025. It also states that the Plan shall describe how the Executive will provide the annual report to the Clerk of the Council, all councilmembers, and all members and alternate members of the Regional Policy Committee, or its successor.

Report Process. The Plan notes that DCHS staff will generate the annual report in alignment with reporting requirements. Then, the Levy's advisory body, proposed to be the Behavioral Health Advisory Board, will certify the report along with a letter confirming that the online report is updated with the previous year's data and is ready for review prior to its transmission to the Council.

The Executive, on behalf of the advisory body, will transmit a letter to the Council that confirms the availability of the annual report online and provides a web link to it, summarizes the annual report, including key data and conclusions, and identifies how the annual report meets the requirements of Ordinance 19572. Consistent with the requirements in Ordinance 19572, the Executive will also transmit a motion that would acknowledge receipt of the letter and completion of the online annual report requirement. The Executive will be prepared to provide a briefing at the invitation of the Council or its committees, including the Regional Policy Committee. The Executive will also make the report available to the community through DCHS' communication channels.

According to the Plan, the first report will be made available by August 15, 2025, and will cover information for calendar year 2024. Subsequent annual reports will continue to be provided by August 15 of the following year until August 15, 2033.

Report Content. Consistent with the requirements in the Levy ordinance, the Plan states that the online annual report will include the:

- Total expenditure of Levy proceeds by crisis response zone, Levy purpose, and Strategy reported by King County ZIP Code; and

⁶⁰ Section 340.40 of the King County Charter. Additionally, Section 240 of the Charter states "the county council may pass motions to confirm or reject appointments by the county executive".

⁶¹ K.C.C. 2A.300.050.F.

⁶² K.C.C. 2.28.006

- Number of individuals receiving Levy funded services by crisis response zone, Levy purpose, and Strategy reported by the King County ZIP Code where the individuals resided at the time of services.

The online annual report will also include:

- An overview of Levy accomplishments during the previous calendar year, and any changes DCHS intends to make or direct to improve performance in the following year, when applicable;
- The Levy's fiscal and performance measurement during the applicable calendar year; and
- A map or summary describing the Levy's geographic distribution.

ZIP Code Reporting. DCHS intends to report expenditures by ZIP Code data for all services that operate from a fixed brick and mortar location and align methodology practices based on available data or modeling with approaches implemented in 2023 for Best Starts for Kids and those planned for the Veterans, Seniors, and Human Services Levy (VSHSL) consistent with the adopted VSHSL Implementation Plan for 2024-2029.⁶³

The Plan also states: "DCHS evaluators may calculate expenditures by ZIP Code through service provider location and program participant residence. Both approaches provide an understanding on the spread of expenditures across King County. For example, Levy partners may provide a mix of virtual, mobile, and in-person programs and services. Reporting by service provider location may not fully capture the service reach. Alternatively, reporting by program participant residence may not capture difficulties participants may have accessing services, including transportation. Many program participants access programs in more than one way. Using more than one methodology to assess expenditures by ZIP code can help deepen understanding of how programs are accessible to people throughout the County."

Additionally, the Plan notes that the collection of program participant ZIP Code data may be limited for some programs in certain Levy strategies. For example, limitations include activities associated with mobile programs or programs serving people experiencing homelessness, refugees, people experiencing acute crisis, or people who are survivors of domestic violence. The Plan also states that geographic information may not be available or relevant for programs and strategies that invest in systems and environment change and strategies that support systemwide workforce capacity building. ZIP Code collection also may not be possible for programs required to use an existing data system that the Levy cannot revise, or when a legal framework prevents the sharing of these data. The Plan states that all reporting by ZIP Code will continue to abide by privacy and confidentiality guidelines.

⁶³ Best Starts for Kids Implementation Plan: 2022-2027. Page 87: "Best Starts will also develop and pilot a methodology beginning in 2022 for reporting program expenditures by ZIP Code based on available data or modeling. This methodology will need to account for expenditures for programs that are provided virtually, programs that do not operate from a single service location like home-based services, and systems-change work that has impacts in communities larger than a single ZIP Code." See: https://kingcounty.gov/~media/depts/community-human-services/best-starts-kids/documents/Best_Starts_for_Kids_Implementation_Plan_Approved_2021.ashx?la=en"

Potential Policy Issues. The Plan presents policy choices for this new revenue stream within the confines of the Levy ordinance. This section summarizes a noncomprehensive potential policy issues for consideration.

Proposed Allocation for Strategy Activities. The Plan's financial plan shows the projected revenue and approximate annual allocations for each Strategy but omits detail regarding how much of each Strategy allocation would be spent on allowable activities described in the Plan. Members may wish to consider modifying this section. Modification might take the form of including more detail for each Strategy-level allocation detail by providing a minimum or maximum for activities employed within each Strategy, reallocating money among Strategies, or including language to ensure certain programs or activities are eligible under specific Strategies. Additionally, members may wish to consider adjusting priorities for increasing or decreasing funding if projected revenue or health insurance funding is higher or lower than expected.

Council Review for Increased Funding. If projected revenue or health insurance funding assumptions are more than the Plan's Levy projections, the Executive would increase allocations based on the priorities outlined in the Plan. Changes due to additional Levy revenue or other funding sources that do not reduce another Strategy's allocation and that follow these priorities are not considered a substantial adjustment, and therefore would not be required to follow the Council notification and review process outlined for substantial adjustments. Whether to require increased funding allocations to undergo a Council review process is a policy consideration for the Council.

Public Interest Requirements. Members may wish to consider adding, modifying, or eliminating the requirements outlined in the Plan. Modification might include such things as defining "equity impact" and clarifying how operators could effectively assess their impact on this definition; or allowing for Council action prior to a leased facility exception being made.

Alternative Siting Process. Members may wish to consider eliminating or modifying the process. Modification might include allowing for action by the King County Council and Regional Policy Committee prior to commencing the alternative siting process.

Permissive Language. The Plan includes permissive language throughout that members may wish to consider making mandatory in parts. For example, the Plan states that operators "should" develop certified electronic health record systems and DCHS "will support their efforts to do so." Modifications to this could include eliminating the provision pertaining to electronic health records or changing "should" to "shall" to require operators to develop electronic health records. This policy choice exists for all instances of permissive language in the Plan.

Policy Development Criteria. The Plan states that medical stability criteria and other processes and procedures would be developed in collaboration with selected operators further into the implementation process. Members may wish to consider including guidelines for these criteria to ensure policies do not limit patient access due to things such as the patient's need to use a cane or to continue using prescriptions for methadone or buprenorphine.

Jurisdiction Demonstration of Support. The Plan states that DCHS will prefer Crisis Care Center procurement proposals that demonstrate support from the jurisdiction where a facility is proposed. The Plan provides a list of criteria that could be included in jurisdictions written statement of support for a proposed site.⁶⁴ Members may wish to consider adding or removing items from this list.

Legislative Schedule. In accordance with Section 5 of Ordinance 19572, until the Plan is adopted, Levy proceeds may only be used to pay for election costs and no more than \$1 million for initial planning activities. Proposed Ordinance 2024-0011 is a mandatory dual referral to both the Regional Policy Committee (RPC) and the Health and Human Services (HHS) Committee. The legislative schedule, identified in Table 11, contemplates three touches for each committee with all amendments going through the RPC at a special meeting, followed by HHS Committee action, and the final action at Full Council. Please note the last three dates are revised from the original schedule.

Table 11. Legislative Schedule for Proposed Ordinance 2024-0011⁶⁵

Action	Committee/ Council	Date	Amendment Deadline
Submitted to Clerk		Dec. 29	-
Introduction and referral	Full Council	Jan. 16	-
Exec Staff Briefing (RPC in control)	HHS	Feb. 6	-
Discussion Only – Exec Staff Briefing	RPC	Feb. 14	-
Policy Staff Briefing (RPC in control)	HHS	Mar. 5 <i>Deferred</i>	-
Discussion Only – Policy Staff Briefing	RPC	Mar. 13	-
Policy Staff Briefing (RPC in control)	HHS	Apr. 2	-
Member Work Session (RPC in control)	RPC	May 8	
Action	Special RPC	May 17 10 A.M.	Striker direction: May 9 Striker distribution: May 14 Line AMD direction: May 15
Action	HHS	June 4	-
Final Action	Full Council (Regular course)	June 18	-

⁶⁴ Plan pg. 83

⁶⁵ Dates updated from original schedule.

Previous Committee Questions and Answers. Executive staff provided responses to questions asked by members during RPC on February 14, March 13, and HHS on April 2. These questions and answers can be seen in Attachment 6 to this staff report.

Summary of May 17, 2024 RPC Action. Table 12 provides a summary of amendments to the transmitted ordinance that were adopted by the Regional Policy Committee on *May 17, 2024*.

Table 12. RPC Adopted Amendments to Proposed Ordinance 2024-0011

#	Sponsor	Amendment Description
S1	von Reichbauer	<ul style="list-style-type: none"> • Makes technical and clarifying changes. • Adds language to encourage CCC operators to become a Safe Place Site or Licensed Safe Place Agency. • Adds language stating that individuals treated at a crisis care center shall have access to post-crisis follow-up treatment planning. • Requires CCC's to work with community behavioral health providers, mobile crisis teams, co-responder teams, emergency medical services, or law enforcement to help facilitate transportation to CCC's from provider locations as needed and subject to available resources. • Adds language stating that CCC's with a crisis stabilization unit, a 23-hour crisis relief center, or both shall accept individuals transported by law enforcement, in accordance with state law, to those clinical components. • Requires CCC's to ensure prompt access to substance use disorder treatment on-site. • Requires the competitive procurement process to include an evaluation of how operators will ensure a therapeutic milieu for individuals with different needs such as age disparities, individuals with SUD needs, and people in active psychosis. • Adds DCHS monitorization of CCC utilization rates, and if persistent underutilization is identified at a particular center, requires that DCHS work with the provider to take steps to address the needs of that Center through activities such as increased outreach and use of mobile services; and adds reporting on an overview of this data in the annual report. • Adds a proposal review panel for each of the five competitive procurement process conducted for CCC's. The proposal review panels would have a

		<p>representative from each of the respective crisis response zones for their respective competitive procurement process, and one representative selected by the City of Seattle and Sound Cities Association (SCA) to review youth crisis care center operator proposals.</p> <ul style="list-style-type: none"> • Changes the language pertaining to the operator cap from “may operate a maximum of three“ CCC's to “should operate no more than three,” and revises the associated footnote. • Adds language to allow the Council to reject the Executive's commencement of the alternative siting process by motion within 30 days of the Executive’s transmittal of the alternative siting process notification letter. • Adds jurisdictions within the crisis response zone to the list of entities CCC operators will work with to determine criteria and protocols to manage new admissions when a center is at full capacity. • Adds language stating the Executive will assess the outcome of the investments to Strategy 2 as described in the financial plan, and whether the financial plan remains on target for these investments as part of the annual report. • Adds RPC notification to the annual report, career pathways, substantial financial adjustment, and BHAB members sections. • Adds SCA to Community Partners Consulted for evaluation priorities. • Adds language to have DCHS provide historical and current data in the annual report in a manner that can be used to analyze services and to make year-over-year comparisons. • Requires zip code activity-level data reporting in the annual report. • Adds increased communication to the Council, RPC, and SCA during procurement and siting process. • Adds a list of characteristics of sites with support from the host jurisdiction that will receive preference.
1 to S1	von Reichbauer	Replaces missing text in summary regarding the financial plan that was inadvertently deleted from in the May 17 version of the Plan.

3 to S1	Perry	Adds language to require DCHS to collect and report detailed data about how individuals arrive at a CCC, how DCHS should collaborate to secure data, and description of what the data would look like. The amendment would also add a component to the annual report to report on this data.
5 to S1	Birney	Replaces the non-scoring representative on the competitive procurement process review board, with a scoring subject matter expert representative that would recuse themselves from scoring for the remainder of the review process if there is an actual or perceived conflict of interest at any stage in the review process.
6 to S1	Moore	Adds language stating that crisis care center operators will create a 'Good Neighbor Policy' with the purpose of managing the relationship between the crisis care center and the neighboring community, and state minimum expectations for what the Policy should address.
7 to S1	Birney	Adds notification to RPC of BHAB appointments at transmittal.

INVITED

- Kelly Rider, Interim Director, Department of Community and Human Services (DCHS)
- Susan McLaughlin, Ph.D., Director, Behavioral Health and Recovery Division, DCHS
- Kate Baber, MsHA, MSW, Implementation Planning Director, Crisis Care Centers Initiative, DCHS
- Matt Goldman, M.D., M.S., Medical Director, Crisis Care Centers Initiative, DCHS

ATTACHMENTS:

1. Proposed Ordinance 2024-0011.2 (and its attachments)
 - Attachment A, Dated May 17, 2024
2. Transmittal Letter
3. Fiscal Note
4. Financial Plan
5. Executive Staff Crisis Care Centers Levy Implementation Plan Briefing Slides – February 2024
6. Executive Staff Responses to Member Questions, Dated April 2024



KING COUNTY

Signature Report

ATTACHMENT 1

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Ordinance

Proposed No. 2024-0011.2

Sponsors von Reichbauer, Zahilay and Mosqueda

1 AN ORDINANCE adopting the crisis care centers levy
2 implementation plan, required by Ordinance 19572, Section
3 7.A., to govern the expenditure of crisis care centers levy
4 proceeds from 2024 to 2032 to create a regional network of
5 five crisis care centers, restore and expand residential
6 treatment capacity, and increase the sustainability and
7 representativeness of the behavioral health workforce in
8 King County.

9 **STATEMENT OF FACTS:**

10 1. Federal and state investments in public behavioral health systems have
11 been inadequate for decades. As funding for behavioral health services
12 has remained inadequate, the needs of people in King County who are
13 living with mental health and substance use conditions, collectively
14 referred to as behavioral health conditions, have grown.

15 2. Among people enrolled in Medicaid in King County in 2022, 45,000
16 out of 88,000, which is 51 percent, of adults with an identified mental
17 health need did not receive treatment, and 21,000 of 32,000, which is 66
18 percent, of adults with an identified substance use need did not receive
19 treatment.

20 3. The gap in accessing behavioral health services is not evenly
21 experienced across King County's population. There are significant
22 inequities in service access and utilization among historically and
23 currently underserved communities. Black, Indigenous, and People of
24 Color populations are more frequently placed in involuntary treatment
25 while having the least access to routine behavioral health care.

26 4. The scale of suffering related to mental health conditions and substance
27 use remains persistently elevated. 1,229 people died by suicide in
28 Washington in 2021, equivalent to 15.3 out of every 100,000 people,
29 which is the 27th highest rate nationally. 292 people died by suicide in
30 King County in 2021. Suicide deaths increased nationally by 2.6 percent
31 from 2021 to 2022. Youth are especially impacted. According to the
32 2021 Healthy Youth Survey, 18.6 percent of King County's 8th graders
33 considered suicide in past year, and 8.8 percent made attempts. Among
34 Washington's 10th graders in 2021, 51.6 percent of gender-diverse youth
35 and 42.4 percent of youth identifying as LGBTQIA+ considered suicide,
36 and 22.7 percent and 17.9 percent attempted suicide, respectively.

37 5. Deaths related to drug overdose are increasing at unprecedented rates.
38 The annual number of overdose deaths in King County have nearly
39 doubled in just three years, from 508 deaths in 2020 to 1,001 in 2022, and
40 the number of fatal overdoses in 2023 has already exceeded that total.
41 There are significant disparities in overdose deaths by race and ethnicity.
42 The age-adjusted rate of fatal overdoses in King County is the highest in

43 the American Indian/Alaska Native community and is five times higher
44 than non-Hispanic White King County residents.

45 6. The Federal Substance Abuse and Mental Health Services
46 Administration ("SAMHSA") released its National Guidelines for
47 Behavioral Health Crisis Care in 2020. Those guidelines call for the
48 creation of crisis facilities, referred to by SAMHSA as "somewhere to go"
49 for people in crisis to seek help. SAMHSA's guidelines envision crisis
50 facilities as part of a robust behavioral health crisis system that also
51 includes the 988 Suicide and Crisis Lifeline, referred to as "someone to
52 call," and mobile crisis teams, described as "someone to respond."

53 7. As of December 2023, the Crisis Solutions Center, operated by
54 Downtown Emergency Service Center and requiring mobile team, first
55 responder or hospital referral for entry, is the only voluntary behavioral
56 health crisis facility for the entirety of King County, and a walk-in urgent
57 care behavioral health facility does not exist in King County. For youth in
58 King County, there is not a crisis facility option at all.

59 8. King County's behavioral health crisis service system relies heavily on
60 phone support and outreach services, with very few options of places for
61 persons to go for immediate, life-saving care when in crisis.

62 9. A coalition of community leaders and behavioral health providers
63 issued recommendations to Seattle and King County in an October 13,
64 2021, letter that included recommendations to "expand places for people

65 in crisis to receive immediate support" and "expand crisis response and
66 post-crisis follow up services."

67 10. Multiple behavioral health system needs assessments have identified
68 the addition of crisis facilities as top priorities to improve community-
69 based crisis services in King County. Such assessments include the 2016
70 recommendations of the Community Alternatives to Boarding Task Force
71 called for by Motion 14225, a Washington state Office of Financial
72 Management behavioral health capital funding prioritization and
73 feasibility study in 2018, and a Washington state Health Care Authority
74 crisis triage and stabilization capacity and gaps report in 2019.

75 11. King County is losing mental health residential treatment capacity that
76 is essential for persons who need more intensive supports to live safely in
77 the community due to rising operating costs and aging facilities that need
78 repair or replacement. As of October 2023, King County had a total of
79 240 mental health residential beds for the entire county, down 115 beds, or
80 nearly one third, from the capacity in 2018 of 355 beds.

81 12. As of October 2023, King County residents who need mental health
82 residential services must wait an average of 25 days before they are able to
83 be placed in a residential facility.

84 13. The 2023 King County nonprofit wage and benefits survey found that
85 employee compensation is a key factor contributing to nonprofit
86 employees leaving the sector, even though they are satisfied with their
87 jobs overall.

88 14. A 2023 King County survey of member organizations of the King
89 County Integrated Care Network found that found that there were
90 approximately 600 staff vacancies across the agencies that responded to
91 the survey, a 16-percent total vacancy rate at King County community
92 behavioral health agencies, and there is still a need to hire more behavioral
93 health workers to support the growing behavioral health care needs in the
94 community.

95 15. In September 2022, alongside a broad coalition of elected officials,
96 behavioral health workers and providers, emergency responders, and
97 businesses, the executive announced a plan to address King County's
98 behavioral health crisis and improve the availability and sustainability of
99 behavioral health care in King County through a nine-year property tax
100 levy known as the crisis care centers levy.

101 16. On February 9, 2023, King County adopted Ordinance 19572 to
102 provide for the submission of the crisis care centers levy to the voters of
103 King County.

104 17. King County voters considered the levy as Proposition No. 1 as part
105 of the April 25, 2023, special election, and fifty-seven percent of voters
106 approved it.

107 18. The passage of Proposition No. 1 authorized the crisis care centers
108 levy that will raise proceeds from 2024 to 2032 to create a regional
109 network of five crisis care centers, restore and expand residential

110 treatment capacity, and increase the sustainability and representativeness
111 of the behavioral health workforce in King County.

112 19. Ordinance 19572, Section 7.A., requires the executive to develop and
113 transmit for council review and adoption by ordinance an implementation
114 plan for the crisis care centers levy. The implementation plan, once
115 effective, will govern the expenditure of the levy's proceeds until the crisis
116 care centers levy expires in 2032. The required implementation plan is
117 Attachment A to this ordinance.

118 20. Ordinance 19572, Section 7.C., enumerates specific requirements for
119 the implementation plan. The crisis care centers levy implementation plan
120 2024-2032, dated May 17, 2024, Attachment A to this ordinance, responds
121 to the requirements set out by Ordinance 19572, Section 7.C., by:
122 describing the purposes of the levy; describing the strategies and allowable
123 activities to achieve the levy's purposes; describing the financial plan to
124 direct the use of levy proceeds; describing how the executive will seek and
125 incorporate federal, state, philanthropic and other resources when
126 available; describing the executive's assumptions about the role of
127 Medicaid funding in the financial plan; describing the process by which
128 King County and partner cities will collaborate to support siting of new
129 capital facilities that use proceeds from the levy for such facilities'
130 construction or acquisition; describing a summary and key findings of the
131 community engagement process; describing the process to make
132 adjustments to the financial plan; describing the advisory body for the

133 levy; describing measurable results and a coordinated performance
134 monitoring and reporting framework; describing how the levy's required
135 online annual report will be provided to councilmembers, the regional
136 policy committee or its successor, and the public; and describing how
137 crisis response zones described in the levy will promote geographic
138 distribution of crisis care centers.

139 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

140 SECTION 1. The crisis care centers levy implementation plan 2024-2032, dated

141 May 17, 2024, Attachment A to this ordinance, is hereby adopted to govern the
142 expenditure of crisis care centers levy proceeds as authorized under Ordinance 19572.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Rod Dembowski, Chair

ATTEST:

Melani Pedroza, Clerk of the Council

APPROVED this ____ day of _____, ____.

Dow Constantine, County Executive

Attachments: A. Crisis Care Centers Levy Implementation Plan 2024-2032, dated May 17, 2024

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Crisis Care Centers Levy Implementation Plan 2024-2032

May 17, 2024



King County

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165

166 **II. Executive Summary**

167 The Crisis Care Centers (CCC) Levy is a once-in-a-generation opportunity to transform how people
168 experiencing behavioral health crises can access specialized behavioral health care. This nine-year
169 property tax levy will create a countywide network of five crisis care centers, restore residential
170 treatment capacity, and strengthen King County’s community behavioral health workforce. The CCC
171 Levy is authorized by King County Ordinance 19572 (see [Appendix A and hereinafter referred to as](#)
172 [Ordinance 19572](#)).

173
174 **Crisis Care Centers Levy Purposes**

175 Ordinance 19572 defines the CCC Levy’s Paramount Purpose and two Supporting Purposes, which are
176 more fully described in Figure 1.

177
178 **Figure 1. Summary of Crisis Care Centers Levy Purposes**

Summary of Crisis Care Centers Levy Purposes	
Paramount Purpose	Crisis Care Centers: Establish and operate a regional network of five crisis care centers in King County, with at least one in each of the four crisis response zones and one serving youth.
Supporting Purpose 1	Residential Treatment: Restore the number of mental health residential treatment beds to at least 355 and expand the availability and sustainability of residential treatment in King County.
Supporting Purpose 2	Community Behavioral Health Workforce: Increase the sustainability and representativeness of the behavioral health workforce in King County by expanding community behavioral health career pathways, sustaining and expanding labor-management workforce development partnerships, and supporting crisis workforce development.

179
180 **Background**

181
182 **Unmet Behavioral Health Needs in King County**

183 As more developed at [Section III.C. Key Historical and Current Conditions](#) of this CCC Levy
184 Implementation Plan, federal and state investments in public behavioral health systems have been
185 inadequate for decades.¹ As funding for behavioral health services has remained inadequate, the needs
186 of people living with mental health and substance use conditions, generally referred to in this Plan
187 either singularly or collectively as behavioral health conditions, have grown. The gap between
188 behavioral health needs and available services is widening. Importantly, this gap is not evenly
189 experienced across King County’s population. There are significant inequities in service access and
190 utilization among historically and currently underserved communities.

191
192 The scale of suffering related to behavioral health conditions, remains persistently elevated, with deaths
193 by suicide are on the rise and an increasing risk to youth. Deaths related to drug overdose are
194 increasing at unprecedented rates.

¹ Center for American Progress, The Behavioral Health Care Affordability Problem, May 26, 2022 [[LINK](#)]

195 [Need for Crisis Care Centers](#)

196 The creation of specialized crisis facilities is frequently identified as a key strategy in the crisis service
197 continuum.² These facilities facilitate diverting people from emergency department and carceral settings
198 and serving people in higher quality specialized settings that can provide care using trauma-informed,
199 recovery oriented, and cultural humility best practices.³ Establishing and operating a regional network
200 of five crisis care centers in the County is the paramount purpose to be funded by the CCC Levy.

201
202 [Reduction in Residential Treatment Capacity](#)

203 Residential treatment is a community-based behavioral health treatment option for people who need a
204 higher level of care than outpatient behavioral health services can provide.⁴ As of October 2023, King
205 County had a total of 240 mental health residential treatment beds for the entire county, a decrease of
206 115 beds, down nearly one third from the capacity of 355 beds in 2018.⁵ One of the supporting purposes
207 to be funded by the CCC Levy is to restore the number of residential treatment beds to 355.

208
209 [Behavioral Health Workforce Needs](#)

210 The other supporting purpose to be funded by the CCC levy is to increase the number and diversity of
211 behavioral health workers. There is evidence that improving diversity among behavioral health workers
212 to better reflect the communities they serve may help reduce behavioral health disparities.⁶
213 Concomitant with developing a representative workforce must be the retention of those workers.

214
215 [Crisis Care Centers Levy Implementation Plan Methodology](#)

216 The CCC Levy Implementation Plan (Plan) is the product of an intensive process that began in June 2023
217 and concluded in December 2023. DCHS’s planning activities included engaging community partners,
218 soliciting of formal requests for information (RFIs), engaging with various Washington State
219 departments, consulting with national subject matter experts, coordinating with other County partners,
220 and convening internal workgroups within DCHS.

221
222 [Community Engagement Summary](#)

223 DCHS staff engaged community partners to inform this Plan, including participation from behavioral
224 health agencies, people with lived experiences of behavioral health crises, and frontline behavioral
225 health workers. See [Appendix F: Community Engagement Activities](#) for a complete list of community
226 engagement activities. Engagement activities are summarized in [Section III.E. Community Engagement
227 Summary](#).

² Continuum of care is the concept of an integrated system of care that guides and tracks patient over time through a comprehensive array of health services spanning all levels of intensity of care.

³ ME Balfour and ML Goldman, “Crisis and Emergency Services” in “Textbook of Community Psychiatry: American Association for Community Psychiatry, 2nd edition.” Wesley E. Sowers (Editor), Hunter L. McQuistion (Editor), Jules M. Ranz (Editor). Springer 2022, pp. 369-384.

⁴ King County Ordinance 19572 defines residential treatment as “a licensed, community-based facility that provides twenty-four-hour on-site care for persons with mental health conditions, substance use disorders, or both, in a residential setting” [\[LINK\]](#).

⁵ An additional four mental health residential beds have been lost since the passage of King County Ordinance 19572. BHRD monitors the number of available beds through a bed tracker list.

⁶ Chao, P.J., Steffen, J.J., and Heiby, E.M. (2012). The effects of working alliance and client-clinician ethnic match on recovery status. *Community Mental Health Journal* (48), 91-97 [\[LINK\]](#)

228 **Behavioral Health Equity Framework**

229 The success of the CCC Levy hinges not only on increasing access to behavioral health crisis services but
 230 also on reducing inequities in who can access that care. Inequities in who can access behavioral health
 231 care at the time of this Plan’s drafting are described in [Section III.C. Who Experiences Behavioral Health](#)
 232 [Inequities](#). During this Plan’s community engagement process, DCHS received extensive feedback from
 233 community partners about the importance of centering health equity in this Plan. In response, this Plan
 234 contains a behavioral health equity framework that will guide DCHS’s implementation of the CCC Levy.
 235 This framework is more fully described at [Section III.F. Behavioral Health Equity Framework](#).

237 **Crisis Care Centers Levy Strategies**

238 Ordinance 19572 requires this Plan to define strategies for how CCC Levy funds will be invested between
 239 2024 and 2032 to achieve the Levy’s purposes. This Plan’s strategies reflect Ordinance 19572
 240 requirements and input from community partners, subject matter experts, and DCHS staff. Figure 2
 241 summarizes the CCC Levy strategies. These strategies are more fully developed in [Section V. Crisis Care](#)
 242 [Centers Levy Strategies and Allowable Activities](#) of this Plan.

244 **Figure 2. Summary of the CCC Levy Strategies**

Summary of the CCC Levy Strategies	
Strategy	Summary Description
Strategy 1 Create and Operate Five Crisis Care Centers	<ul style="list-style-type: none"> • Capital funding to create and maintain five crisis care centers • Operating funding to support crisis care center personnel costs, operations, services, and quality improvement • Post-crisis follow-up for people after leaving a crisis care center
Strategy 2 Restore, Expand, and Sustain Residential Treatment Capacity	<ul style="list-style-type: none"> • Capital resources to restore mental health residential treatment capacity to at least 355 beds in King County • Capital resources to expand and sustain residential treatment capacity
Strategy 3 Strengthen the Community Behavioral Health Workforce	<ul style="list-style-type: none"> • Resources to expand community behavioral health career pathways, including investments to strengthen and sustain King County’s community behavioral health workforce and increase workforce representativeness • Resources to expand and sustain labor-management workforce development partnerships, including support for apprenticeships • Resources to support the development of the region’s behavioral health crisis workforce, including crisis care center workers
Strategy 4 Early Crisis Response Investments	<ul style="list-style-type: none"> • Resources to expand community-based crisis service capacity starting in 2024, before crisis care centers are open • Resources starting in 2024 to respond faster to the overdose crisis
Strategy 5 Capacity Building and Technical Assistance	<ul style="list-style-type: none"> • Resources to support the implementation of CCC Levy strategies • Support for capital facility siting • Build capacity for culturally and linguistically appropriate services
Strategy 6 Evaluation and Performance Measurement	<ul style="list-style-type: none"> • Resources to support CCC Levy data collection, evaluation, and performance management • Analyses of the CCC Levy’s impact on behavioral health equity

Summary of the CCC Levy Strategies	
Strategy	Summary Description
Strategy 7 CCC Levy Administration	<ul style="list-style-type: none"> Investments in CCC Levy administration, community engagement, information technology systems infrastructure, and designated crisis responder (DCR) accessibility⁷
Strategy 8 CCC Levy Reserves	<ul style="list-style-type: none"> Provide for and maintain CCC Levy reserves^{8,9}

245

246 **Crisis Care Centers Implementation Timeline**

247 DCHS intends to prioritize opening five crisis care centers as quickly as possible to meet the urgent
 248 needs of people experiencing behavioral health crises. DCHS plans to select crisis care center operators
 249 through an annual competitive procurement process starting in 2024. The first procurement round in
 250 2024 will prefer crisis care center proposals that can be developed and begin serving people rapidly.

251

252 **Restore, Expand, and Sustain Residential Treatment Capacity**

253 Supporting Purpose 1 of the CCC Levy, to restore, expand, and sustain residential treatment capacity
 254 will be implemented through Strategy 2. Sustaining residential treatment capacity means investing in
 255 existing residential treatment capital facilities to help prevent further facility closures. King County has
 256 lost one-third of its mental health residential treatment capacity since 2018. Strategy 2 funds and
 257 activities will be prioritized to support existing residential treatment operators to prevent further facility
 258 closures and restore King County’s mental health residential capacity to at least the 2018 level of 355
 259 beds.¹⁰

260

261 **Strengthen the Community Behavioral Health Workforce**

262 It takes people to treat people. Supporting Purpose 2 will be implemented through Strategy 3, by
 263 investing in activities to strengthen King County’s community behavioral health workforce. This strategy
 264 also directly supports the CCC Levy’s Paramount Purpose to establish and operate five crisis care centers
 265 by investing in the development of King County’s behavioral health crisis workforce, including crisis care
 266 center workers. Strategy 3’s workforce activities focus on helping more people get hired and make a
 267 career in community behavioral health.

268

269 **Financial Plan**

270 The financial plan is more fully described at the Plan’s Section VI.B. Financial Plan. It includes the CCC
 271 Levy’s expected annual revenues and expenditures between 2024 and 2032, with the projected
 272 amounts of annual investment for each of the CCC Levy’s strategies. The financial plan includes health
 273 insurance revenue assumptions, which account for the share of crisis care center expenses that are
 274 projected to be paid for by health insurance, including Medicaid. CCC Levy reserves are also depicted in
 275 the financial plan.

⁷ King County Crisis and Commitment Services offers evaluation of people with behavioral health disorders for involuntary detention in psychiatric and secure withdrawal facilities according to Washington law. The law for adults is RCW 71.05. [\[LINK\]](#) For youth 13 through 17 years of age the law is RCW 71.34. [\[LINK\]](#) Crisis and Commitment staff who perform these duties are referred to as Designated Crisis Responders (DCRs). [\[LINK\]](#)

⁸ Ordinance 19704 created the crisis care center fund to account for CCC Levy proceeds. [\[LINK\]](#)

⁹ This strategy creates a fund reserve equal to 60 days of budgeted expenditures, less capital expenses, consistent with King County Comprehensive Financial Management Policies (2016). [\[LINK\]](#)

276 **Evaluation and Performance Measurement**

277 The CCC Levy requires evaluation and performance measurements. This Plan focuses on reporting
278 measures relevant to monitoring performance of the CCC Levy, advancing continuous quality
279 improvement, and generating clear and actionable evaluation products for the public. It is critical that
280 the crisis services system can grow and evolve by building on what works well and improving what does
281 not. This process should be continuously informed by performance metrics, outcome data, client
282 experiences, and other relevant information. See [Section VII. Evaluation and Performance](#)
283 [Measurement](#) for more information about the CCC Levy’s evaluation and performance measurement
284 plan.

285
286 **Crisis Care Centers Annual Reporting**

287 Beginning in 2025, the Executive will make available an online annual report of the CCC Levy that is
288 publicly available to the community and all interested parties, including the King County Council and
289 Regional Policy Committee or its successor. The CCC Levy online annual report will detail each year’s
290 annual results. The first year’s report, to be provided by August 15, 2025, will report information from
291 calendar year 2024. Subsequent annual reports will continue to be provided by August 15 of the
292 following year until August 15, 2033. In consultation with Cities and the Sound Cities Association, as part
293 of the annual report DCHS will provide historical and current data in a manner that can be used to
294 analyze services and to make year-over-year comparisons. See VIII. Crisis Care Centers Levy Annual
295 Reporting for more information about the annual reporting requirements.

296
297 **Crisis Care Centers Levy Advisory Body**

298 Ordinance 19572 allows for the CCC Levy’s advisory body to be a preexisting King County board that has
299 relevant expertise. This Plan identifies [King County Behavioral Health Advisory Board \(BHAB\)](#) to serve as
300 the advisory body because it has the relevant expertise to advise the Executive and the Council on
301 matters relating to behavioral health care and crisis services in King County. The advisory body
302 ordinance that accompanies this Plan will expand BHAB’s membership requirements and duties to
303 include advising the Executive and the Council regarding the CCC Levy once it is enacted.

304
305 **Conclusion**

306 King County voters approved the Crisis Care Centers Levy on April 25, 2023. The nine-year levy begins on
307 January 1, 2024, starting an ambitious timeline to transform the region’s behavioral health crisis
308 response system, restore the region’s flagging mental health residential facilities, and reinforce the
309 workforce — the people — upon whom tens of thousands of King County residents depend for their
310 behavioral health. This Plan lays the path that King County, cities and other local jurisdictions, and
311 behavioral health providers must travel with urgency, common purpose, and strong partnership so that
312 future generations will have a safe, accessible, and effective place to go in a moment of mental health or
313 substance use crisis.

314
315 The Crisis Care Centers Levy provides the resources. This Plan sets the course. The task is now to King
316 County, cities, and providers to follow the course.

317 **III. Background**

318 **A. Department of Community and Human Services**

319 **Department Overview**

320 [King County’s Department of Community and Human Services \(DCHS\)](#) is responsible for implementing
321 the Crisis Care Centers (CCC) Levy. DCHS’s mission is to provide equitable opportunities for King County
322 residents to be healthy, happy, and connected to community. DCHS’s five divisions provide human
323 services for adults; behavioral health care across the lifespan; services supporting children, youth, and
324 young adults to thrive; services for people with developmental disabilities, and affordable housing and
325 homelessness prevention. The department manages more than \$1 billion annually in public funds to
326 ensure King County residents can access a broad range of services. DCHS is responsible for oversight and
327 management of five significant local human services plans and dedicated fund sources:

- 328 • Best Starts for Kids (BSK) voter-approved property tax levy;¹¹
- 329 • Health Through Housing (HTH) initiative funded through a County Council-adopted sales tax;¹²
- 330 • MIDD behavioral health sales tax fund adopted by the County Council;¹³
- 331 • Veterans, Seniors, and Human Services Levy (VSHSL) voter approved property tax levy,¹⁴ and,
- 332 • The Crisis Care Centers (CCC) Levy, a voter approved property tax levy.¹⁵

333

334 **Behavioral Health and Recovery Division**

335 [DCHS’s Behavioral Health and Recovery Division \(BHRD\)](#) is responsible for managing and funding
336 behavioral health services and programs for King County residents enrolled in Medicaid and other
337 people with low incomes,¹⁶ as well as all residents in need of behavioral health crisis services.
338 Approximately 70,000 County residents annually receive services through BHRD programs. BHRD
339 primarily contracts with community behavioral health agencies¹⁷ to provide a full continuum of services.
340 However, in some cases, like involuntary commitment services, BHRD-employed staff provide services
341 directly.¹⁸

342

343 **B. The Crisis Care Centers Levy and King County Ordinance 19572**

344 Ordinance 19572 defines the CCC Levy’s paramount and supporting purposes , which are summarized in
345 Figure 3 and further described in [Section IV. Crisis Care Centers Levy Purposes](#). A crosswalk matrix

¹¹ Best Starts for Kids (BSK) website [\[LINK\]](#)

¹² Health through Housing (HTH) website [\[LINK\]](#)

¹³ MIDD is referred to in King County Code and related legislation as the mental illness and drug dependency fund, tax, or levy. KCC 4A.500.300 and 4A.500.309 [\[LINK\]](#). See also the MIDD Behavioral Health Sales Tax Fund website. [\[LINK\]](#)

¹⁴ Veterans, Seniors and Human Services Levy (VSHSL) website [\[LINK\]](#)

¹⁵ King County Ordinance 19572 [\[LINK\]](#)

¹⁶ King County BHRD Provider Manual [\[LINK\]](#). People with low incomes are defined as falling below an income benchmark of 220% of the federal poverty level for adults and 300% of the federal poverty level for children.

¹⁷ In the context of this Plan, “community behavioral health agencies” means agencies that meet the requirements defined in the Revised Code of Washington Chapter 71.24 Community Behavioral Health Services Act [\[LINK\]](#), are licensed by the Washington State Department of Health as a community behavioral health agency as defined in Chapter 246-341 Washington Administrative Code [\[LINK\]](#) and are contracted with the King County Behavioral Health Administrative Services Organization or King County Integrated Care Network. Community behavioral health agencies must serve people who are enrolled in Medicaid health insurance to be eligible for CCC Levy funding through Strategy 3.

¹⁸ RCW 71.05 [\[LINK\]](#) and 71.34 [\[LINK\]](#). King County BHRD Crisis and Commitment Services website [\[LINK\]](#)

346 detailing how this Implementation Plan (Plan) addresses each of Ordinance 19572’s Plan requirements is
 347 included in [Appendix B](#). The background section provides additional context about the CCC Levy,
 348 including:

- 349 • Context about King County’s behavioral health system;
- 350 • The current and historical conditions that created the need for the CCC Levy;
- 351 • The methodology used to develop this Plan;
- 352 • The community engagement process that helped inform this Plan’s recommendations, and,
- 353 • Behavioral health equity framework to guide the implementation of this Plan.

354
 355 **Figure 3. Summary of Crisis Care Centers Levy Purposes**

Summary of Crisis Care Centers Levy Purposes	
Paramount Purpose	Crisis Care Centers: Establish and operate a regional network of five crisis care centers in King County, with at least one in each of the four crisis response zones and one serving youth.
Supporting Purpose 1	Residential Treatment: Restore the number of mental health residential treatment beds to at least 355 and expand the availability and sustainability of residential treatment in King County.
Supporting Purpose 2	Community Behavioral Health Workforce: Increase the sustainability and representativeness of the behavioral health workforce in King County by expanding community behavioral health career pathways, sustaining and expanding labor-management workforce development partnerships, and supporting crisis workforce development.

356
 357 **C. Key Historical and Current Conditions**

358 DCBS administers King County’s publicly funded behavioral health system, which is the primary source
 359 of care for people experiencing crises of mental health or substance use, generally referred to in this
 360 Plan either singularly or collectively as behavioral health conditions. This section summarizes the
 361 structure of King County’s behavioral health system, impacts of suicide and overdose deaths, behavioral
 362 health service gaps, and recent initiatives to strengthen crisis services.

363
 364 **Behavioral Health Service Funding Limitations and Opportunities**

365 Federal and state investments in public behavioral health systems have been inadequate for decades.¹⁹
 366 There are three primary funding sources, alongside other smaller funding sources, support community-
 367 based behavioral health services in King County, as shown in Figure 4. These include Medicaid, through
 368 the King County Integrated Care Network (KCICN), state funding, through the Behavioral Health
 369 Administrative Services Organization (BH-ASO), and local funding, through the MIDD Behavioral Health
 370 Sales Tax Fund.

371
 372 Medicaid, which combines state and federal resources and is subject to federal regulations, is
 373 administered in Washington by the Health Care Authority (HCA) and locally by the KCICN. Medicaid is an
 374 essential funding source, but it features two significant shortcomings:

¹⁹ Center for American Progress, The Behavioral Health Care Affordability Problem, May 26, 2022 [\[LINK\]](#)

- 375
- 376
- 377
- 378
- 379
- 380
- Medicaid reimburses less than care costs. King County’s analysis of preliminary results from a Washington State rate comparison study conducted by an actuarial firm determined that Medicaid payment rates in King County fall significantly short of provider costs to deliver care.²⁰
 - Medicaid does not reimburse at all for many essential costs. Medicaid is highly regulated and limits how and for whom funds may be used, including restrictions on important types of staff activities and creating new facilities through capital investments.²¹

²⁰ Behavioral Health Comparison Rate Development – Phase 2: Washington State Health Care Authority, Milliman Client Report, June 30, 2023.

²¹ Medicaid generally reimburses only for federally approved direct treatment services provided by licensed and credentialed providers to Medicaid-enrolled clients who earn less than 138 percent of the federal poverty level (FPL), which is \$18,700 for a single person or \$38,200 for a family of four.

Figure 4. King County Behavioral Health Funding Sources

	King County Integrated Care Network (KCICN)	Behavioral Health Administrative Services Organization (BH-ASO)	MIDD Behavioral Health Sales Tax	Other Behavioral Health Funding
Funding Source	Medicaid (federal and state)	State general funds; federal mental health and substance abuse block grants, and state funds for specific programs	King County's 0.1 percent MIDD Behavioral Health Sales Tax Fund ²²	Other funds from local and state governments. These include a mix of state grants, levy funds, and local taxes, and contracts with other local governments.
Proportion of Behavioral Health Funding	About 56 percent	About 11 percent	About 20 percent	About 13 percent
Administration	BHRD administers the KCICN and receives funding from HCA via five Medicaid managed care organizations ²³	HCA contracts with BHRD to administer the BH-ASO; HCA mandates investment priorities ²⁴	BHRD administers funds to complement Medicaid and state funding ²⁵	BHRD administers funds in compliance with specific grant and contract requirements, as applicable.
Systems and Services Funded	Over 40 behavioral health agencies provide integrated direct services across the behavioral health continuum, and partner with King County to create access to a high-quality, coordinated system of care ²⁶	Provides for regional crisis services for all residents through mobile crisis and regional crisis lines; covers services for people who are not eligible for Medicaid; staff to carry out the State's involuntary commitment statutes; and additional programs ²⁷	52 initiatives including prevention and early intervention; crisis diversion including King County's only crisis facility; recovery and reentry services; system improvements to expand access to care, and therapeutic courts.	Other funds primarily provide dedicated support for specific purposes, as identified by the revenue source's grantor or governing authority. A portion of these other funds are flexible and can be used generally for behavioral health programs and services.

²² MIDD is referred to in King County Code and related legislation as the mental illness and drug dependency fund, tax, or levy. KCC 4A.500.300 and 4A.500.309 [LINK]. See also the MIDD Behavioral Health Sales Tax Fund website [LINK].

²³ The KCICN Improves Access to Behavioral Health Care for Residents Furthest from Care. (2023) [LINK]

²⁴ Washington State Health Care Authority Behavioral Health Administrative Services Organization (BH-ASO) fact sheet [LINK]

²⁵ MIDD Implementation Plan [LINK]

²⁶ King County Integrated Managed Care (IMC) and Integrated Care Network (KCICN) Overview [LINK]

²⁷ Overview of The King Behavioral Health Administrative Services Organization (BH-ASO) [LINK]

383 Additional federal block grant and state general funds distributed from HCA to King County through the
384 BH-ASO come with prescriptive requirements. Between 2019 and 2022, Washington State’s BH-ASO
385 funding provided approximately \$24 million less in total than King County’s costs to fulfill its state-
386 mandated crisis service obligations during that period.²⁸ As a result, the County subsidizes state-
387 required BH-ASO functions with local MIDD Behavioral Health Sales Tax funds.²⁹

388
389 Years of consistently paying less in Medicaid and BH-ASO funds than it costs to provide care have
390 created a chronically underfunded behavioral health system that is challenged to meet growing needs or
391 make long term investments. The focus on funding services rather than facilities has been made worse
392 by limited state capital investment in community behavioral health facilities and workforce
393 development.^{30,31,32} These factors have combined to cause a loss of facilities and workforce and have
394 inhibited new facility-based capacity at the scale that King County needs. Despite these barriers, King
395 County is leading the state in regional service delivery innovation by creating the KCICN to make care
396 more integrated and effective and by braiding Medicaid, BH-ASO, and MIDD funds.

397

398 [Unprecedented Rates of Suicide and Overdose Deaths](#)

399 The scale of suffering related to behavioral health conditions remain persistently elevated. A total of
400 1,229 people died by suicide in Washington in 2021, equivalent to 15.3 out of every 100,000 people,
401 which is the 27th highest rate nationally.³³ King County accounted for 292 deaths by suicide in 2021.³⁴
402 Suicide deaths increased nationally by 2.6 percent from 2021 to 2022.³⁵ In the State of Washington,
403 suicide is the seventh leading cause of years of potential life lost, surpassing liver disease, diabetes, and
404 HIV.³⁶

405

406 Youth are especially impacted. According to the 2021 Healthy Youth Survey, 18.6 percent of King
407 County’s 8th graders considered suicide in past year, and 8.8 percent made attempts.³⁷ Among
408 Washington’s 10th graders in 2021, 51.6 percent of gender-diverse youth and 42.4 percent of youth

²⁸ BH-ASO state-mandated crisis service obligations for include Involuntary Treatment Act (ITA) functions including designated crisis responders (DCRs) to provide evaluations for involuntary treatment as well as related ITA court costs; inpatient hospitalization for people without Medicaid; the region’s crisis hotline; and other crisis services that are ineligible for Medicaid reimbursement.

²⁹ BH-ASO funds only provide for operating investments, and MIDD funding also mainly supports the operation of programs and services, with comparatively little funding used for behavioral health-related capital investments.

³⁰ Behavioral Health Capital Funding Prioritization and Feasibility Study (2018) [\[LINK\]](#).

³¹ Crisis Stabilization Services. Washington State Health Care Authority Report to the Legislature (2019). [\[LINK\]](#)

³² Crisis Response Improvement Strategy (CRIS) Committee - Initial Assessment of the Behavioral Health Crisis Response and Suicide Prevention Services in Washington and Preliminary Funding Recommendations (2021) [\[LINK\]](#).

³³ Centers for Disease Control - Suicide Rates by State [\[LINK\]](#)

³⁴ Washington State Vital Statistics (Deaths) – See “More From This Data Source” and select “Suicide” from drop-down list [\[LINK\]](#)

³⁵ Centers for Disease Control - Provisional Suicide Deaths in the United States, 2022 [\[LINK\]](#)

³⁶ O'Rourke MC, Jamil RT, Siddiqui W. Washington State Suicide Prevention and Awareness. [Updated 2023 Mar 6]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan. [\[LINK\]](#)

³⁷ Washington State Healthy Youth Survey fact sheets [\[LINK\]](#)

409 identifying as LGBTQIA+ considered suicide, and 22.7 percent and 17.9 percent attempted suicide,
410 respectively.^{38,39}

411
412 Deaths related to drug overdose are increasing at unprecedented rates. The annual number of overdose
413 deaths in King County have nearly doubled in just three years, from 508 deaths in 2020 to 1,001 in 2022,
414 and the number of fatal overdoses in 2023 has already exceeded this total.⁴⁰ Additionally, there are
415 significant disparities in overdose deaths by race and ethnicity. The age-adjusted rate of fatal overdoses
416 in King County is the highest in the American Indian/Alaska Native community and is five-times higher
417 than non-Hispanic White King County residents.⁴¹

418 419 [Unmet Behavioral Health Service Needs](#)

420 As funding for behavioral health services has remained inadequate, the needs of people with behavioral
421 health conditions, have only grown. The gap between behavioral health needs and available services is
422 widening. Importantly, this gap is not evenly experienced across King County's population. There are
423 significant inequities in service access and utilization among historically and currently underserved
424 communities, as described in the next subsection (see [Section III.C. Who Experiences Behavioral Health
425 Inequities](#)).

426
427 The National Council for Mental Wellbeing's 2022 access to care survey found that 43 percent of U.S.
428 adults who say they need care for behavioral health conditions did not receive that care due to
429 numerous barriers to accessing and receiving needed treatment.⁴² According to the 2021 National
430 Survey on Drug Use and Health (NSDUH), 1.06 million of the 1.18 million Washingtonians with substance
431 use disorders (90 percent) needed but did not receive treatment, including 51,000 of the 65,000
432 adolescents (79 percent), respectively.⁴³ The 2021 NSDUH also found that 1.2 million adults in
433 Washington received mental health services, which is 75 percent of the 1.6 million Washington adults
434 who were living with a mental health condition.⁴⁴

435
436 The national problem exists locally. Among people enrolled in Medicaid in King County in 2022, 45,000
437 out of 88,000 of adults with an identified mental health need did not receive treatment (51 percent),
438 and 21,000 of 32,000 adults with an identified substance use disorder need did not receive treatment
439 (66 percent).⁴⁵

440
441 Among Medicaid-enrolled children in Washington, 87,000 of the 223,000 children with mental health
442 treatment needs do not receive mental health treatment services (39 percent), and 27,000 of the 33,000

³⁸ Washington Department of Health - Adolescent Mental Health: Significant Challenges and Strategies for Improvement in Washington State [\[LINK\]](#)

³⁹ "LGBTQIA+" is an abbreviation for lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and other sexual orientations or gender identities.

⁴⁰ Washington State Department of Health – Opioid Data [\[LINK\]](#)

⁴¹ PHSKC Overdose Death Report (2022) [\[LINK\]](#)

⁴² National Council for Mental Wellbeing - 2022 Access to Care Survey - [\[LINK\]](#)

⁴³ 2021 National Survey on Drug Use and Health (NSDUH): State-Specific Tables [\[LINK\]](#)

⁴⁴ 2021 National Survey on Drug Use and Health (NSDUH): State-Specific Tables [\[LINK\]](#)

⁴⁵ Washington State Department of Social and Health Services, Cross-System Outcome Measures for Adults Enrolled in Medicaid [\[LINK\]](#)

443 children with substance use disorders (including those with co-occurring mental health disorders) do not
444 receive behavioral health treatment services (81 percent).⁴⁶

445

446 In 2022, there were 25,576 behavioral health crisis interactions with in-person crisis intervention and
447 stabilization programs in King County.⁴⁷ This is substantially less than the approximately 63,000
448 estimated crisis episodes that would typically occur in a population of approximately 2.3 million,
449 suggesting a lack of access to these essential services.⁴⁸

450

451 [Who Experiences Behavioral Health Inequities](#)

452 Behavioral health inequities include disparities in how mental health and substance use impact specific
453 populations and how well those populations can access behavioral health services.⁴⁹ It is also important
454 to consider how those populations that experience such disparities are impacted by social determinants
455 of behavioral health such as homelessness.⁵⁰

456

457 Given the breadth and complexity of these challenges, this section describes “populations experiencing
458 behavioral health inequities,” which is the term this Plan uses in subsequent sections. Background
459 research and available literature described in this section highlights behavioral health inequities based
460 on factors that include, but are not limited to, race and ethnicity, sexual orientation, gender identity,
461 language preference, disability, housing status, living in a rural region, and experiential communities
462 such as persons with legal system involvement, military veterans, immigrants, and refugees.

463

464 There are significant racial and ethnic disparities in access to behavioral health services. Black,
465 Indigenous, and People of Color (BIPOC) populations are more frequently placed in involuntary
466 treatment while having the least access to routine behavioral health care.⁵¹ People who identify as being
467 two or more races (24.9 percent) are more likely to report any mental illness within the past year than
468 any other race/ethnic group, followed by American Indian/Alaska Natives (22.7 percent), White (19
469 percent), and Black (16.8 percent).⁵² Among adults living with mental illness in 2021, White (52.4
470 percent) or Multiracial adults (52.2 percent) were more likely than Black (39.4 percent), Hispanic (36.1
471 percent), or Asian adults (25.4 percent) to have received any mental health services in the past year.⁵³

472

473 Emergency departments exhibit similar disparities, with Black populations waiting longer for care. In jails
474 and prisons, recidivism is significantly more likely among Black populations living with serious mental

⁴⁶ Washington State Department of Social and Health Services, Behavioral Health Treatment Needs and Outcomes among Medicaid-Enrolled Children in Washington State, November 2023 [\[LINK\]](#)

⁴⁷ King County Behavioral Health Crisis Service Utilization Data Sheet, December 2023.

⁴⁸ The Crisis Resource Need Calculator [\[LINK\]](#). The calculator estimates 230 monthly crisis episodes per population of 100,000, based on an analysis that examined national crisis care claims from Truven Commercial, Truven Medicaid, Medicare Limited Data Set 2018, as well as the estimated number of episodes served by first responders that do not lead to care according to the Treatment Advocacy Center’s Road Runners report.

⁴⁹ American Psychiatric Association - Mental Health Disparities: Diverse Populations [\[LINK\]](#)

⁵⁰ Compton, M. T., & Shim, R. S., The Social Determinants of Mental Health, 2015, FOCUS, 13(4), 419–425. [\[LINK\]](#); Fountain House, From Harm to Health: Centering Racial Equity and Lived Experience in Mental Health Crisis Response, 2021. [\[LINK\]](#)

⁵¹ Shea T, Dotson S, Tyree G, Ogbu-Nwobodo L, Beck S, Shtasel D. Racial and Ethnic Inequities in Inpatient Psychiatric Civil Commitment. *Psychiatr Serv.* 2022 Dec 1;73(12):1322-1329. [\[LINK\]](#)

⁵² American Psychiatric Association - Mental Health Disparities: Diverse Populations, 2017. [\[LINK\]](#)

⁵³ 2021 National Survey on Drug Use and Health (NSDUH) Annual National Report [\[LINK\]](#)

475 health conditions.^{54,55} Nearly one quarter of people killed by police displayed signs of a mental illness,
476 with significantly higher rates among the Black population.⁵⁶ People who are involved in the criminal
477 legal system more broadly are also more likely to be living with mental health and substance use
478 conditions, yet they have less access to community behavioral health services.⁵⁷

479
480 Within King County, individuals identifying as Black, African, or African American represented 20 percent
481 of people who received BHRD crisis services and 17 percent of people who died by overdose in 2022,
482 both of which are higher than the seven percent of people identifying as Black, African, or African
483 American in King County.^{58,59} In contrast, people identifying as Asian or Asian American represented
484 nine percent of individuals receiving BHRD crisis services and 13 percent of people receiving routine
485 behavioral health care in 2022, both of which are lower than the 21 percent of people in the King
486 County population who identify as Asian or Asian American.⁶⁰

487
488 Immigrants are at higher risk of experiencing mental health conditions, which is due to factors such as
489 higher acculturative stress, pre-migration experiences, discrimination, racism, economic hardship, and
490 stigmatization.⁶¹ Access to care among immigrant populations is also limited, particularly in areas with
491 higher concentration of Latin American immigrants.⁶² Similar trends have been observed in refugee
492 populations, with lack of access to mental health services despite higher rates of common mental health
493 conditions such as depression, anxiety, and post-traumatic stress disorder among migrants exposed to
494 adversity and refugees than among host populations.⁶³ Furthermore, language access has been shown
495 to impede access to mental health services. Among those who were likely to receive specialty mental
496 health services, people who preferred speaking Spanish had a significantly lower rate of mental health
497 care use.⁶⁴

498
499 Among people identifying as lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, or
500 other sexual orientations or gender identities (LGBTQIA+), studies have shown that depression, anxiety,
501 and substance use are two and a half times higher than the general population.⁶⁵ Fear of discrimination
502 may lead to some people avoiding care due to common experiences of providers denying care, using

⁵⁴ Opoku ST, Apenteng BA, Akowuah EA, Bhuyan S. Disparities in Emergency Department Wait Time Among Patients with Mental Health and Substance-Related Disorders. *J Behav Health Serv Res* 2018;45(2):204–18. [\[LINK\]](#)

⁵⁵ Veeh CA, Tripodi SJ, Pettus-Davis C, Scheyett AM. The interaction of serious mental disorder and race on time to reincarceration. *Am J Orthopsych* 2018;88(2):125-31. [\[LINK\]](#)

⁵⁶ Saleh AZ, Appelbaum PS, Liu X, Scott Stroup T, Wall M. Deaths of people with mental illness during interactions with law enforcement. *Int J Law Psychiatry*. 2018 May-Jun;58:110-116. [\[LINK\]](#)

⁵⁷ Bonfine N, Wilson AB, Munetz MR. Meeting the Needs of Justice-Involved People With Serious Mental Illness Within Community Behavioral Health Systems. *Psychiatr Serv*. 2020 Apr 1;71(4):355-363. [\[LINK\]](#)

⁵⁸ King County Behavioral Health Crisis Service Utilization Data Sheet, December 2023.

⁵⁹ Public Health Seattle & King County - Overdose deaths data dashboard [\[LINK\]](#)

⁶⁰ King County Department of Community and Human Services - Data Dashboard [\[LINK\]](#)

⁶¹ Markova V, Sandal GM, Pallesen S. Immigration, acculturation, and preferred help-seeking sources for depression: comparison of five ethnic groups. *BMC Health Serv Res*. 2020 Jul 11;20(1):648. [\[LINK\]](#)

⁶² Jing F, Li Z, Qiao S, Ning H, Zhou S, Li X. Association between immigrant concentration and mental health service utilization in the United States over time: A geospatial big data analysis. *Health Place*. 2023 Sep;83:103055. [\[LINK\]](#)

⁶³ World Health Organization, “Mental health and forced displacement,” 31 August 2021 [\[LINK\]](#)

⁶⁴ Byhoff E, Dinh DH, Lucas JA, Marino M, Heintzman J. Mental Health Care Use by Ethnicity and Preferred Language in a National Cohort of Community Health Center Patients. *Psychiatr Serv*. 2023 Oct 26. [\[LINK\]](#)

⁶⁵ Kates, J., Ranji, U., Beamesderfer, A., Salganicoff, A., & Dawson, L. (2016). Health and access to care and coverage for lesbian, gay, bisexual, and transgender individuals in the U.S. [\[LINK\]](#)

503 harsh language, or blaming the patient’s sexual orientation or gender identity as the cause for an
504 illness.⁶⁶

505
506 Of the approximately 36,000 people who have severe, chronic intellectual and developmental
507 disabilities (IDD) in King County, an estimated one third have a co-occurring mental health condition.⁶⁷
508 However, in 2022 the Washington State Department of Social and Health Services reported that people
509 with IDD and their families have difficulty accessing behavioral health services due to a lack of resources,
510 communication barriers, and inadequate training among behavioral health providers.⁶⁸

511
512 Access to behavioral health services is also limited among people experiencing homelessness. A recent
513 survey found that only 18 percent of people experiencing homelessness had received either mental
514 health counseling or medications in the prior 30 days despite 66 percent reporting current mental
515 health symptoms.⁶⁹ The same survey describes barriers such as lacking access to a phone, needing to
516 stay with belongings to prevent theft, and avoiding services due to past experiences of traumatic or
517 unsupportive interactions with health care providers.

518
519 Among U.S. military veterans who experience depression and PTSD, disparities in access to mental
520 health services have been described as a major factor contributing to the high suicide rates among
521 veterans.⁷⁰ People living in rural areas in the U.S. also experience significant disparities in mental health
522 outcomes despite having similar prevalence of mental illness to those living in metropolitan areas.⁷¹

523
524 **Need for Places to Go in a Crisis**
525 With so many people unable to access treatment when they need it, crisis care centers and similar
526 facilities can help. The Federal Substance Abuse and Mental Health Services Administration (SAMHSA)
527 released its National Guidelines for Behavioral Health Crisis Care in 2020.⁷² These guidelines call for the
528 creation of crisis facilities, referred to by SAMHSA as “somewhere to go,” for people in crisis to seek
529 help. SAMHSA’s guidelines envision crisis facilities as part of a robust behavioral health crisis system that
530 also includes the 988 Suicide and Crisis Lifeline, referred to as “someone to call,” and mobile crisis
531 teams, described as “someone to respond.”⁷³

⁶⁶ Kates, J., Ranji, U., Beamesderfer, A., Salganicoff, A., & Dawson, L. (2016). Health and access to care and coverage for lesbian, gay, bisexual, and transgender individuals in the U.S. [\[LINK\]](#)

⁶⁷ The Arc of King County – What is IDD? [\[LINK\]](#)

⁶⁸ Developmental Disabilities Administration, Washington State Department of Social and Health Services, Best practices for co-occurring conditions: Serving people with intellectual and developmental disabilities and mental health conditions, October 1, 2022. [\[LINK\]](#)

⁶⁹ Kushel, M., Moore, T., et al. (2023). Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness. UCSF Benioff Homelessness and Housing Initiative. [\[LINK\]](#)

⁷⁰ Hester RD. Lack of access to mental health services contributing to the high suicide rates among veterans. *Int J Ment Health Syst.* 2017 Aug 18;11:47. [\[LINK\]](#)

⁷¹ Morales DA, Barksdale CL, Beckel-Mitchener AC. A call to action to address rural mental health disparities. *J Clin Transl Sci.* 2020 May 4;4(5):463-467. [\[LINK\]](#)

⁷² Substance Abuse and Mental Health Services Administration. (2020). National Guidelines for Behavioral Health Crisis Care - Best Practice Toolkit. [\[LINK\]](#);

⁷³ Substance Abuse and Mental Health Services Administration. (2020). National Guidelines for Behavioral Health Crisis Care - Best Practice Toolkit. [\[LINK\]](#); Substance Abuse and Mental Health Services Administration: National Guidelines for Child and Youth Behavioral Health Crisis Care. Publication No. PEP22-01-02-001 Rockville, MD: Substance Abuse and Mental Health Services Administration, 2022. [\[LINK\]](#)

532 King County's behavioral health crisis service system relies heavily on phone support and mobile
533 response, with very few options for people to go for immediate, life-saving care when in crisis. At the
534 time of this Plan's drafting, King County has just one behavioral health crisis facility, called the Crisis
535 Solutions Center (CSC) in Seattle.⁷⁴ With a limited capacity of 46 beds across two levels of care, this
536 facility is only able to accept referrals through mobile crisis teams, first responders, and hospitals. For
537 youth in King County, there is no crisis facility option at all.

538
539 With no specialty behavioral health setting in King County to walk in and receive care if a person is
540 experiencing a behavioral health crisis, the front door to crisis services at the time of this Plan's drafting
541 is typically hospital emergency departments, where people seeking help for a behavioral health crisis
542 may often spend hours or even days waiting for care.⁷⁵ People experiencing a crisis, especially those in
543 public spaces, are frequently engaged by law enforcement and may end up in jail if they have committed
544 a crime while in distress.⁷⁶

545
546 The creation of specialized crisis facilities is frequently identified as a key strategy in the crisis service
547 continuum. These facilities enable diverting people from emergency department and carceral settings
548 and serving people in a higher quality specialized settings that can provide care using trauma-informed,
549 recovery oriented, and cultural humility best practices.^{77, 78, 79} Multiple local behavioral health system
550 needs assessments have arrived at a similar conclusion. The 2016 recommendations of the King County
551 Community Alternatives to Boarding Task Force called for by Motion 14225 included a recommendation
552 to expand crisis diversion capacity.⁸⁰ Similar conclusions were reached in needs assessments by the
553 Washington State Office of Financial Management behavioral health capital funding prioritization and
554 feasibility study in 2018, a Washington State Health Care Authority crisis triage and stabilization capacity
555 and gaps report in 2019, and the Initial Assessment of the Behavioral Health Crisis Response and Suicide
556 Prevention Services from the Crisis Response Improvement Strategy (CRIS) Committee in 2021.^{81,82,83}

⁷⁴ Downtown Emergency Services Center (DESC) - Crisis Solutions Center fact sheet [\[LINK\]](#); the CSC was established in 2011 through a significant ongoing investment from the MIDD behavioral health sales tax fund. Medicaid funds also cover a small portion of the facility's service delivery costs. The Psychiatric Emergency Services program at Harborview Medical Center is part of a hospital-based emergency department and is therefore not considered a stand-alone dedicated behavioral health crisis service setting.

⁷⁵ Esmey Jimenez, "King County mental health facilities still reject a quarter of patients, report shows." The Seattle Times, September 5, 2023. [\[LINK\]](#)

⁷⁶ Garcia-Grossman I, Kaplan L, Valle K, Guzman D, Williams B, Kushel M. Factors Associated with Incarceration in Older Adults Experiencing Homelessness: Results from the HOPE HOME Study. J Gen Intern Med. 2022 Apr;37(5):1088-1096. [\[LINK\]](#)

⁷⁷ ME Balfour and ML Goldman, "Crisis and Emergency Services" in "Textbook of Community Psychiatry: American Association for Community Psychiatry, 2nd edition." Wesley E. Sowers (Editor), Hunter L. McQuiston (Editor), Jules M. Ranz (Editor). Springer 2022, pp. 369-384.

⁷⁸ ME Balfour and ML Goldman, "Collaborations Beyond the Emergency Department" in "Primer on Emergency Psychiatry" Tony Thrasher (Editor). Oxford University Press, 2023, pp. 463-478.

⁷⁹ Cultural humility is an approach to providing healthcare services in a way that respects a person's cultural identity. The use of this term is intended to align with the [U.S. Department of Health and Human Services Office of Minority Health's definition of cultural humility](#) [\[LINK\]](#)

⁸⁰ Community Alternatives to Boarding Task Force - King County, Washington [\[LINK\]](#)

⁸¹ 2018 Behavioral Health Capital Funding Prioritization and Feasibility Study [\[LINK\]](#);

⁸² Crisis Stabilization Services - HCA Report to the Legislature [\[LINK\]](#)

⁸³ Crisis Response Improvement Strategy (CRIS) Committee - Initial Assessment of the Behavioral Health Crisis Response and Suicide Prevention Services in Washington and Preliminary Funding Recommendations [\[LINK\]](#)

557 Federal and state legislation have rapidly advanced the implementation of crisis services across the
558 United States.⁸⁴ Expanding access to crisis response services has been a recent focus of the Washington
559 Legislature. This includes its first-in-the-nation support of the implementation and expansion of 988 and
560 other crisis services, with its passage of Engrossed Second Substitute House Bill 1477 in 2021.⁸⁵
561 Additional legislation, including Engrossed Second Substitute House Bill (E2SHB) 1134 in and Second
562 Substitute Senate Bill (2SSB) 5120 in 2023, have further demonstrated the state's commitment to these
563 services.^{86,87} The 23-hour Crisis Relief Centers established under 2SSB 5120, which are undergoing
564 Washington State Department of Health and Health Care Authority rulemaking into 2024, will establish
565 important frameworks for licensure and Medicaid payment that will inform the future development of
566 crisis care centers.

567
568 In light of the behavioral health funding crisis, the scale of unmet need, and the opportunity presented
569 by this national and statewide momentum around expanding crisis services, a coalition of community
570 leaders and behavioral health providers issued recommendations to Seattle and King County in a letter
571 on October 13, 2021. The letter included recommendations to "expand places for people in crisis to
572 receive immediate support" and "expand crisis response and post-crisis follow up services."⁸⁸ The CCC
573 Levy carries these efforts forward, as outlined in this Plan.

574 575 [Need for Post-Crisis Stabilization Services](#)

576 Research studies show the rate of suicide is 15.4 times higher among people immediately after they
577 have been discharged from a psychiatric hospitalization, as compared to the general population.⁸⁹ For
578 people exiting inpatient psychiatric care, timely follow-up with outpatient mental health care is
579 associated with a decreased risk for hospital readmission, violence, homelessness, and criminal legal
580 system involvement.⁹⁰

581
582 Despite the benefits of follow-up during this high-risk post-crisis period, in 2021 only 58.7 percent of
583 people with Medicaid received follow-up within 30 days of discharge from a psychiatric hospitalization.⁹¹
584 Among youth and young adults, who visited the emergency room for a mental health reason, the rate is
585 even worse, with only 46.4 percent receiving follow-up care within 30 days.⁹² Furthermore, Black

⁸⁴ National Alliance for Mental Illness - Reimagine Crisis Response - 988 Crisis Response State Legislation Map
[\[LINK\]](#)

⁸⁵ 2SSB 1477 (2021). 2SHB 1477's scope included RCW chapters 71.24, 48.43, 43.06, and 82.86. [\[LINK\]](#).

⁸⁶ E2SHB 1134 (2023). E2SHB 1134's scope included RCW chapters 71.24, 43.06, 82.86, 43.70, and 38.60. [\[LINK\]](#)

⁸⁷ 2SSB 5120 (2023) 2SSB 5120's scope included RCW chapters 71.05, 71.34, 71.24, 10.31, 10.77, and 48.43. [\[LINK\]](#)

⁸⁸ 2022 Priority Budget Recommendations to Seattle and King County to Strengthen Continuum of Behavioral
Health Crisis Services. October 13, 2021.

⁸⁹ Olfson M, Wall M, Wang S, Crystal S, Liu SM, Gerhard T, Blanco C. Short-term Suicide Risk After Psychiatric
Hospital Discharge. JAMA Psychiatry. 2016 Nov 1;73(11):1119-1126. [\[LINK\]](#)

⁹⁰ Smith TE, Corbeil T, Wall MM, Tang F, Essock SM, Frimpong E, Goldman ML, Mascayano F, Radigan M, Wang R,
Rodgers I, Dixon LB, Olfson M, Lewis-Fernández R. Community, Hospital, and Patient Factors Contributing to
Ethnoracial Disparities in Follow-Up After Psychiatric Hospitalization. Psychiatr Serv. 2023 Jul 1;74(7):684-694.
[\[LINK\]](#)

⁹¹ National Committee for Quality Assurance, HEDIS Measures and Technical Resources, Follow-Up After
Hospitalization for Mental Illness [\[LINK\]](#)

⁹² Hugunin J, Davis M, Larkin C, Baek J, Skehan B, Lapane KL. Established Outpatient Care and Follow-Up After
Acute Psychiatric Service Use Among Youths and Young Adults. Psychiatr Serv. 2023 Jan 1;74(1):2-9. [\[LINK\]](#)

586 populations receive lower rates of outpatient treatment during the 30-day period after discharge
587 compared with White populations.⁹³
588
589 SAMHSA considers post-crisis stabilization services to be an essential element of responding to a
590 behavioral health crisis and addressing the person’s unmet needs.⁹⁴ Studies have shown that prior
591 outpatient engagement is the most important predictor of follow-up after hospitalization, which is
592 indicative of two key factors: the importance of reconnecting people back to prior providers, and the
593 need to dedicate additional resources to connect people to care when they are otherwise without
594 services.⁹⁵ Culturally appropriate interventions that link people to outpatient follow-up are also
595 identified as a strategy to reduce racial-ethnic disparities in outpatient mental health treatment
596 following acute treatment.⁹⁶
597
598 A 2017 study of a post-discharge peer support program demonstrated positive outcomes for
599 participants in terms of recovery, wellbeing, and hospital avoidance.⁹⁷ The peer approach has been
600 taken up in Washington State through peer bridger programs, which HCA implemented as required by
601 Second Engrossed Substitute House Bill (2ESHB) 2376 from the 2016 Washington State legislative
602 session.⁹⁸ Peer bridgers assist with community reintegration planning activities and promote service
603 continuity with the goal of enhancing long-term recovery and reducing hospital readmissions.⁹⁹
604
605 The peer bridger program model is implemented locally in King County for adults who have been
606 hospitalized psychiatrically at two community hospitals. This model is composed of teams of certified
607 peer specialists (paid staff who have lived experience with behavioral health conditions themselves)
608 working in coordination with inpatient treatment teams to develop individualized plans to promote each

⁹³ Carson NJ, Vesper A, Chen CN, Lê Cook B. Quality of follow-up after hospitalization for mental illness among patients from racial-ethnic minority groups. *Psychiatr Serv.* 2014 Jul;65(7):888-96. [\[LINK\]](#)

⁹⁴ Substance Abuse and Mental Health Services Administration. (2020). National Guidelines for Behavioral Health Crisis Care - Best Practice Toolkit. [\[LINK\]](#)

⁹⁵ Smith TE, Haselden M, Corbeil T, Wall MM, Tang F, Essock SM, Frimpong E, Goldman ML, Mascayano F, Radigan M, Schneider M, Wang R, Rodgers I, Dixon LB, Olfson M. The Effectiveness of Discharge Planning for Psychiatric Inpatients With Varying Levels of Preadmission Engagement in Care. *Psychiatr Serv.* 2022 Feb 1;73(2):149-157. [\[LINK\]](#)

⁹⁶ Smith TE, Haselden M, Corbeil T, Wall MM, Tang F, Essock SM, Frimpong E, Goldman ML, Mascayano F, Radigan M, Schneider M, Wang R, Rodgers I, Dixon LB, Olfson M. The Effectiveness of Discharge Planning for Psychiatric Inpatients with Varying Levels of Preadmission Engagement in Care. *Psychiatr Serv.* 2022 Feb 1;73(2):149-157. [\[LINK\]](#)

⁹⁷ According to this study, “The program involved peer workers (individuals with their own lived experience of mental illness and recovery) providing individualized practical and emotional support to individuals for six to eight weeks following discharge from an inpatient psychiatric unit.” This study found: “Participants reported improvements in terms of functional and clinical recovery and in the areas of intellectual, social and psychological wellness. Participants self-report of hospital readmissions suggested that there was a reduction in hospital bed days following engagement with the program.” Scanlan JN, Hancock N, Honey A. Evaluation of a peer-delivered, transitional and post-discharge support program following psychiatric hospitalization. *BMC Psychiatry.* 2017 Aug 24;17(1):307. [\[LINK\]](#)

⁹⁸ 2ESHB 2376 (2016). 2ESHB 2376’s scope included RCW chapters 18.20, 18.43, 18.85, 19.02, 28B.122, 38.52, 41.06, 41.16, 41.26, 41.45, 41.80, 43.09, 43.10, 43.43, 43.79, 43.83B, 43.135, 43.155, 43.185, 43.350, 43.372, 46.08, 50.16, 50.24, 69.50, 70.128, 72.09, 77.12, 79A.80, 90.03, and 90.56 [\[LINK\]](#)

⁹⁹ Washington State Health Care Authority - Peer Bridger Program [\[LINK\]](#)

609 person’s successful transition to the community.¹⁰⁰ However, these post-crisis services are only available
610 in a small number of settings. Most people exiting hospitals, emergency rooms, crisis settings, and other
611 acute behavioral health settings do not receive dedicated services to support these critical care
612 transitions during these high-risk periods.

613

614 [Reduction in Residential Treatment Capacity](#)

615 Residential treatment is a community based behavioral health treatment option for people who need a
616 higher level of care than outpatient behavioral health services can provide.¹⁰¹ Residential treatment
617 programs provide people living with complex behavioral conditions with 24/7 intensive services in a
618 licensed residential treatment facility. These programs are important options for people being
619 discharged from inpatient behavioral health settings when outpatient services are not sufficient to meet
620 their treatment needs. Residential treatment programs help people continue to recover and stabilize in
621 a safe and supportive community-based setting.

622

623 Residential treatment programs provide services for people experiencing severe and persistent mental
624 illness to promote stability, community tenure, and movement toward the least restrictive community
625 housing option.¹⁰² Programs provide residential stabilization and case management services that are
626 strengths-based and promote recovery and resiliency. Such services provide symptom relief to assist
627 clients to find what has been lost in their lives due to their illness, including the opportunity to make
628 friends, use natural supports, make choices about their care, find and maintain employment, and
629 develop personal strategies for coping and regaining independence.¹⁰³ Staff help clients to prepare for
630 discharge by providing services that promote community integration and assistance with the transition
631 to the least restrictive community housing option.¹⁰⁴

632

633 Multiple mental health residential treatment facilities, which are a subset of residential treatment
634 facilities, have closed in recent years due to rising operating and maintenance costs, aging
635 infrastructure, and insufficient resources to repair facilities. The lack of resources to pay for capital
636 facility improvements and maintain aging buildings has contributed to facility closures.¹⁰⁵ As of October
637 2023, King County had a total of 240 mental health residential treatment beds for the entire county, a
638 decrease of 115 beds, down nearly one third from the capacity of 355 beds in 2018.¹⁰⁶ The impact of
639 reduced residential treatment facility capacity has impacted residential treatment wait times. For
640 example, King County residents who needed residential treatment services in October 2023 had to wait

¹⁰⁰ King County Behavioral Health and Recovery Division (BHRD) Provider Manual For the King County Integrated Care Network (KCICN), Behavioral Health Administrative Services Organization (BH-ASO), and Locally-Funded Programs [\[LINK\]](#)

¹⁰¹ Ordinance 19572 defines residential treatment as “a licensed, community-based facility that provides twenty-four-hour on-site care for persons with mental health conditions, substance use disorders, or both, in a residential setting” [\[LINK\]](#).

¹⁰² "Community tenure" is defined as a person living with a behavioral health condition in a community-based (versus institutional) setting, connected and engaged with the community in which they live.

¹⁰³ "Natural supports" is defined as an individual’s non-clinical sources of support, such as friends, family, neighbors, and other people in the community who can provide support to a person.

¹⁰⁴ BHRD Provider Manual, pages 119-123 [\[LINK\]](#)

¹⁰⁵ Furfaro, Hannah. “Where did King County’s mental health beds go?” Seattle Times, February 25, 2023. [\[LINK\]](#)

¹⁰⁶ An additional four mental health residential beds have been lost since the passage of King County Ordinance 19572. BHRD monitors the number of available beds through a bed tracker list.

641 an average of 25 days before they were admitted to a residential treatment facility.¹⁰⁷ The closing of
642 residential treatment facilities highlights a gap in King County’s behavioral health continuum of care for
643 people exiting inpatient behavioral health settings.¹⁰⁸
644

645 Behavioral Health Workforce Needs

646 It takes people to care for people, and King County is experiencing a behavioral health workforce
647 shortage that is impacting people’s ability to access behavioral health care when they need it.¹⁰⁹ Similar
648 behavioral health workforce shortages are occurring across the United States, according to the Federal
649 Health Resources and Services Administration (HRSA).¹¹⁰ By the final year of the CCC Levy in 2032, HRSA
650 projects the national behavioral health workforce will only have 69 percent of the number of mental
651 health counselors, 62 percent of the number of substance use disorder counselors, 73 percent of the
652 number of psychologists, and 54 percent of the number of psychiatrists that are needed to meet the
653 demand for behavioral health care nationally.¹¹¹
654

655 Within King County, a 2021 survey of community behavioral health agencies contracted with the KCICN
656 identified that job vacancies at surveyed agencies were at least double what they were in 2019.¹¹² The
657 survey also found that master-level licensed mental health clinicians are particularly difficult to
658 recruit.¹¹³ A October 2023 survey of community behavioral health agencies contracted with the KCICN
659 found that there are approximately 600 staff vacancies across the agencies that responded to the
660 survey.¹¹⁴ This represents a 16 percent total vacancy rate at King County community behavioral health
661 agencies, and there is still a need to hire more behavioral health workers to support the growing
662 behavioral health care needs in the community.¹¹⁵
663

664 In addition to staff vacancies, workforce retention is also a challenge for behavioral health providers. A
665 February 2023 poll of members of three labor unions representing health care workers in Washington
666 State, including behavioral health workers, found that 80 percent of health care workers reported
667 feeling burned out by their jobs and 49 percent of workers reported they are likely to leave health care
668 in the next few years.¹¹⁶ Rising housing and childcare costs are contributing to workers leaving the
669 behavioral health workforce.¹¹⁷ In addition to high cost of living expenses, behavioral health workers
670 often have student loan debt. For example, a National Council on Social Work Education report found

¹⁰⁷ Executive Dow Constantine. “King County and State acquire behavioral health treatment center in North Seattle, preserving sixty-four treatment beds.” September 14, 2022. [\[LINK\]](#) Note: At the time the article was written, the wait for a bed in King County was 44 days. As of October 2023, the waitlist has decreased from 44 days to 25 days since the passage of King County Ordinance 19572. BHRD monitors the waitlist through a bed tracker list.

¹⁰⁸ Sydney Brownstone, “A Belltown residential treatment facility shuttered, leaving a hole in King County’s mental health system,” The Seattle Times, October 11, 2020. [\[LINK\]](#)

¹⁰⁹ King County Community Behavioral Health Provider Survey, 2023.

¹¹⁰ Health Resources & Services Administration, Behavioral Health Workforce Projections [\[LINK\]](#)

¹¹¹ Health Resources & Services Administration, Behavioral Health Workforce Projections [\[LINK\]](#)

¹¹² KCICN Workforce Survey 2021

¹¹³ KCICN Workforce Survey 2021

¹¹⁴ KCICN Workforce Survey Data 2023

¹¹⁵ KCICN Workforce Survey Data 2023

¹¹⁶ 2023 poll of health care workers represented by SEIU Healthcare 1199NW, UFCW 3000, and WSNA conducted by GBAO [\[LINK\]](#)

¹¹⁷ 2023 King County Nonprofit Wage and Benefits Survey Report [\[LINK\]](#)

671 that 73 percent of baccalaureate social work graduates and 76 percent of master’s graduates have
672 student loan debt.¹¹⁸ When community behavioral health agencies are not able to offer competitive
673 wages and benefits, it is more challenging to recruit and retain employees, which contributes to
674 chronically high vacancies and high turnover of staff.^{119,120} The KCICN’s 2021 survey of King County
675 community behavioral health agencies reinforced this dynamic. Survey respondents identified monetary
676 incentives, loan repayments, professional fees and continuing education assistance, and employee
677 wellbeing, as being impactful activities that could help retain workers.¹²¹

678
679 Increasing the representativeness of behavioral health workers is a critical component of strengthening
680 King County’s community behavioral health workforce.¹²² Nationally, the behavioral health workforce
681 does not reflect the demographics and identities of people receiving behavioral health services.^{123, 124}
682 There is evidence that improving diversity among behavioral health workers so that workers better
683 reflect the community they serve may help reduce behavioral health disparities.¹²⁵ For example,
684 communication and trust is improved between behavioral health workers and people receiving services
685 when there is cultural, linguistic, racial, or ethnic concordance between clinicians and clients.¹²⁶
686 Developing a representative community behavioral health workforce will require intentional training,
687 recruitment, and retention strategies. For example, BIPOC and LGBTQIA+ clinicians are often impacted
688 by a lack of congruent mentorship in higher education, experiences of racism and discrimination.¹²⁷

689
690 At a time when nearly one in five Americans lives with a mental health condition, and more people than
691 ever are interested in seeking behavioral health support, the lack of access to diverse and qualified
692 behavioral health professionals can serve as a barrier for accessing treatment to people and

¹¹⁸ Student Loan Debt Relief for Social Workers [\[LINK\]](#)

¹¹⁹ Washington State Employment Security Department Supply and Demand Report [\[LINK\]](#)

¹²⁰ 2022 Behavioral Health Workforce Assessment [\[LINK\]](#)

¹²¹ KCICN Workforce Survey 2021

¹²² A focus of the Plan is to increase accessibility of behavioral health services, including crisis services funded by the CCC Levy, for all King County residents, including populations who experience behavioral health inequities. A consistent theme of community engagement was the importance for people seeking care of culturally and linguistically congruent services, staff with lived experience of behavioral health crises, and demographic representativeness. Establishing a workforce that is representative of King County's population, with particular care to representativeness for populations experiencing behavioral health inequities (see [Section III.C. Background: Who Experiences Behavioral Health Inequities](#)), will ensure that more King County residents can choose to receive care from a provider with whom they are comfortable and is one of this Plan's strategies to ensure that all King County residents have meaningful access to CCC Levy-funded facilities and services.

¹²³ National Academy for State Health Policy State, Strategies to Increase Diversity in the Behavioral Health Workforce [\[LINK\]](#)

¹²⁴ Duffy FF, West JC, Wilk J, et al. Mental health practitioners and trainees. In RW Manderschild & MJ Henderson (Eds.), *Mental health, United States, 2002* (pp. 327-368; DHHS Publication No. SMA 04-3938). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2004

¹²⁵ Chao, P.J., Steffen, J.J., and Heiby, E.M. (2012). The effects of working alliance and client-clinician ethnic match on recovery status. *Community Mental Health Journal* (48), 91-97 [\[LINK\]](#)

¹²⁶ The Mental Health Needs and Statistics of the BIPOC Community [\[LINK\]](#)

¹²⁷ Hubbard A, Sudler A, Alves-Bradford JME, Trinh NH, Emmerich AD, Mangurian C. Building a Diverse Psychiatric Workforce for the Future and Helping Them Thrive: Recommendations for Psychiatry Training Directors. *Psychiatric Clinics of North America*. 2022;45(2):283-295. doi:10.1016/j.psc.2022.03.007

693 communities across the country and within King County.¹²⁸ Creative, local workforce investments are
694 needed to complement Medicaid and state funds to provide for a stable workforce to deliver the high-
695 quality community based behavioral health care that King County residents need and deserve.
696

697 **D. Implementation Plan Methodology**

698 On April 25, 2023, King County voters approved Proposition No. 1, as called for by Ordinance 19572, to
699 adopt the CCC Levy. Ordinance 19572 requires a CCC Levy Implementation Plan (Plan) be developed and
700 transmitted by the King County Executive to King County Council by the end of December 2023. The
701 Plan's requirements are set out in Ordinance 19572, and [Appendix B: Crosswalk of Implementation Plan
702 Requirements from King County Ordinance 19572](#) describes how this Plan meets these requirements.
703

704 This Plan is the product of an intensive process that began in June 2023 and concluded in December
705 2023. Community engagement was a focus of implementation planning activities and is described in
706 detail in [Section III.E. Community Engagement Summary](#). Planning activities by DCHS also included
707 solicitation of formal requests for information (RFIs), engagement with various Washington State
708 departments, consultation with national subject matter experts, coordination with other County
709 partners, and convenings of internal workgroups within DCHS. These activities are described below and
710 in this Plan's appendices.
711

712 **Crisis Care Center Methodology**

713 DCHS focused on four major areas to develop strategies in support of the CCC Levy's Paramount Purpose
714 to create a network of five crisis care centers:

- 715 • Understanding and describing current community needs, service capacity, and system gaps
716 related to behavioral health care (as described in [Section III.C. Key Historical and Current
717 Conditions: Unmet Behavioral Health Service Needs](#));
- 718 • Developing an approach to integrate substance use treatment services within the crisis care
719 center model;
- 720 • Defining the related but distinct youth-focused crisis care center model, which addresses the
721 unique needs of children and adolescents, and
- 722 • Integrating planning for the crisis care centers within regional contexts such as the existing
723 behavioral health crisis system, the behavioral health service continuum more broadly (as
724 described above in [Section III.C. Key Historical and Current Conditions](#)), criminal legal systems,
725 health and hospital systems, and additional community resources.
726

727 DCHS also undertook an in-depth process to establish procurement and siting processes for crisis care
728 centers. DCHS issued an RFI for the capital facility siting process to local jurisdictions, and a copy of the
729 RFI is included in [Appendix C: King County Local Jurisdiction Request for Information \(RFI\)](#).
730

731 Meetings with jurisdictions, behavioral health agencies, and other community partners were held for
732 DCHS to share updates on the CCC Levy planning process with interested parties and to learn about
733 provider, jurisdictional, and community partner needs and challenges. DCHS convened meetings with:

- 734 • Subject matter experts internal to King County government, such as the Department of Natural
735 Resources and Parks, DCHS, Metro, and Public Health – Seattle & King County (see [Appendix D:
736 Coordination with State and County Partners](#) for a list of County partners);

¹²⁸ Lack of Access as Root Cause for Mental Health Crisis in America [\[LINK\]](#)

- 737
- 738
- 739
- 740
- 741
- 742
- 743
- 744
- Washington state partners, such as the Health Care Authority, the Department of Health, and the Department of Social and Human Services (see [Appendix D: Coordination with State and County Partners](#) for a list of meeting topics); and
 - Community partners, such as community members, people with lived experience of behavioral health conditions, as well as their families and support systems, community-based organizations, community behavioral health agencies, and others (see [Appendix F: Community Engagement Activities](#) for details).

745 The DCHS planning team also made site visits to adult and youth crisis facilities in Washington, as well as

746 California and Arizona (see [Appendix E: Site and Field Visits](#)). ZiaPartners, a firm with experience

747 planning and implementing local and statewide behavioral health crisis system initiatives, consulted on

748 crisis care center program model development and strategies for crisis system coordination and quality

749 improvement.¹²⁹

750

751 Residential Treatment Methodology

752 Community partner engagement, subject matter expert consultation, and residential treatment

753 operator engagement informed the residential treatment recommendations in this Plan. DCHS BHRD

754 clinical staff with mental health residential subject matter expertise participated in an internal

755 workgroup to provide guidance on preserving and expanding residential treatment capacity. DCHS

756 planning staff met with leadership and frontline workers of agencies operating residential treatment

757 facilities to solicit feedback about residential treatment gaps and how to sustain and increase residential

758 treatment capacity. This included seven site visits to residential treatment facilities in King County,

759 which are listed in [Appendix E: Site and Field Visits](#). It also included an RFI soliciting information from

760 operators about residential treatment facility capital improvement funding needs. The RFI is included in

761 [Appendix H: BHRD Capital Improvement Funding for Behavioral Health Facilities Request for Information \(RFI\)](#). Additionally, residential treatment topics were included in CCC Levy implementation planning

762 community engagement meetings and presentations to solicit feedback from a broader group of

763 community partners beyond the residential treatment sector. Community engagement is highlighted

764 below, and a list of community engagement activities is included in [Appendix F: Community Engagement](#)

765 [Activities](#).

766

767 Workforce Methodology

768 DCHS planning staff solicited feedback on how the CCC Levy can build, retain, and increase the

769 representativeness of the community behavioral health workforce.¹³⁰ Engagement on workforce issues

770 included focus groups with community members and focus groups with subject matter experts;

771 informational interviews with key personnel in community behavioral health agencies; and site visits in

772

¹²⁹ ZiaPartners, Inc. [\[LINK\]](#)

¹³⁰ A focus of the Plan is to increase accessibility of behavioral health services, including crisis services funded by the CCC Levy, for all King County residents, including populations who experience behavioral health inequities. A consistent theme of community engagement conversations was the importance for people seeking care of culturally and linguistically congruent services, staff with lived experience of behavioral health crises, and demographic representativeness. Establishing a workforce that is representative of King County's population, with particular care to representativeness for populations experiencing behavioral health inequities (see Section III.C. [Who Experiences Behavioral Health Inequities](#)), will ensure that more King County residents can choose to receive care from a provider with whom they are comfortable and is one of this Plan's strategies to ensure that all King County residents have meaningful access to CCC Levy-funded facilities and services.

773 San Diego, Arizona and Washington state. DCHS also engaged the University of Washington, Public
774 Health-Seattle and King County, and health care workforce training and apprenticeship programs to
775 inform strategy design. (See [Appendix F: Community Engagement Activities](#) for list of key informant
776 interviews and individual engagement meetings.) Community partner meetings included union-
777 represented and non-union represented provider staff.
778

779 E. Community Engagement Summary

780 DCHS staff engaged community partners to inform this Plan, including participation from behavioral
781 health agencies, people with lived experiences of behavioral health crises, and frontline behavioral
782 health workers. See [Appendix F: Community Engagement Activities](#) for a complete list of community
783 engagement activities. Engagement activities are summarized in Figure 5. In addition to informing the
784 strategies in this Plan, DCHS plans to take the community feedback into account during future
785 procurement and operational phases of the CCC Levy.
786

787 *Figure 5. Summary of Community Engagement Activities Conducted by DCHS Between June and*
788 *November 2023*



789
790

791 Key Findings of Community Engagement Process

792 This section summarizes community input from implementation planning activities, with supporting
793 details provided in the appendices as noted. DCHS organized community feedback into key themes that
794 informed this Plan. Figure 6 summarizes these key themes, with a more detailed description of each
795 theme below the table.

Figure 6. Summary of Community Engagement Themes

Summary of Community Engagement Themes	
Theme	Description
Theme A: Implement Clinical Best Practices in Crisis Services	Input on how best to design a crisis care center clinical model most likely to improve the health and wellbeing of people experiencing a behavioral health crisis in King County, including a welcoming and safe environment, person-centered and recovery-oriented care, culturally and linguistically appropriate services, integrated care for people who use substances, promoting least restrictive care, special considerations for serving youth and young adults, and additional clinical considerations.
Theme B: Increase Access to Care for Populations Experiencing Behavioral Health Inequities	Communities voiced the importance of having crisis care centers in desirable locations that are geographically accessible and accessible to transportation, as well as the importance of reaching out to diverse communities.
Theme C: Challenges of Community Resource Limitations	Community partners, including people with lived experience and behavioral health providers, frequently raised important questions about access to ongoing community-based care after a person receives care at a crisis care center as well as emphasizing care coordination and peer engagement.
Theme D: Interim Solutions While Awaiting Crisis Care Centers	Community members advocated for interim solutions to be implemented while awaiting crisis care centers to come online, such as increasing community-based responses and approaches to addressing the overdose crisis.
Theme E: Residential Treatment Facility Preservation and Expansion	Residential treatment providers described the value of residential treatment but identified significant challenges such as a lack of capital resources, and excessive wait times.
Theme F: Behavioral Health Workforce Development	Feedback from community partners, as well as subject matter experts, identified significant obstacles to developing the behavioral health workforce, including low wages, barriers to retention, need for more professional development opportunities, staff burnout, limited collaboration with schools, and lack of workforce representation.
Theme G: Accountability Mechanisms and Ongoing Community Engagement	Community partners expressed a strong preference to continue to be involved in future phases of the CCC Levy, particularly around holding the County accountable, including through defining measures of success and by continuing to engage during future planning phases.

797

798 *Theme A: Implement Clinical Best Practices in Crisis Services*

799 Community partners offered substantial input on the following topics, all focused on how to design a
800 crisis care center clinical model that works as well as possible. These recommendations are reflected in
801 the best practices described in [Appendix G: Clinical Best Practices in Behavioral Health Crisis Services](#)
802 that inform the crisis services described in [Section V.A. Strategy 1: Create and Operate Five Crisis Care](#)
803 [Centers](#).

804 [Welcoming and Safe](#)
805 Community members emphasized that people from their communities would only come to crisis
806 care centers if they were confident that they would be helped and not harmed during a crisis.
807 Community members defined safety differently: some people described feeling unsafe around
808 uniformed officers, while others said they prefer or even expect a uniformed officer to be
809 present to feel safe. Some people shared experiences of feeling trapped and unsafe in a locked
810 unit, while others said they would feel safer being in a secured environment. Many described
811 the importance of a comfortable physical space, but that it would be unacceptable to create a
812 superficially attractive space without having a welcoming and safe program to reinforce it.

814 [Person-Centered and Recovery-Oriented Care](#)

815 Community partners described the importance of ensuring that crisis care centers provide
816 person-centered and recovery-oriented care.^{131,132} Peer specialists and people with lived
817 experience of a behavioral health conditions emphasized the importance of keeping people in
818 control of their care as much as possible. They also emphasized minimizing care transitions,
819 maximizing continuity of care, and following up after discharge to start ongoing care.

821 [Culturally and Linguistically Appropriate Services](#)

822 Community partners advocated for ensuring that crisis care centers provide culturally and
823 linguistically appropriate services. Such services combine typical clinical best practices with
824 specially trained, often culturally concordant providers who incorporate cultural practices and
825 shared experience into the treatment and relationship with clients.¹³³ This Plan incorporates this
826 input in:

- 827 • [Section V.A. A. Strategy 1: Create and Operate Five Crisis Care Centers: Clinical Program](#)
828 [Overview](#), which defines the crisis care center clinical model and post-crisis stabilization
829 resources;
- 830 • [Section V. E. Strategy 5: Capacity Building and Technical Assistance: Capacity Building for](#)
831 [Providers with Expertise in Culturally and Linguistically Appropriate Services](#), which will
832 invest in capacity building for crisis care centers operators to further enhance their
833 capacity to deliver culturally and linguistically appropriate services, and
- 834 • [Section VII.A. Evaluation and Performance Measurement Principles](#), which will measure
835 how well crisis care centers are meeting these needs to hold DCHS accountable for
836 implementing and improving upon culturally and linguistically appropriate services.

¹³¹ According to the Substance Abuse and Mental Health Services Administration (SAMHSA), “person-centered care—also known as patient-centered care—means consumers have control over their services, including the amount, duration, and scope of services, as well as choice of providers. Person-centered care also is respectful and responsive to the cultural, linguistic, and other social and environmental needs of the individual. Family-centered care recognizes the important role of family members and caregivers in the design and implementation of services.” [\[LINK\]](#)

¹³² SAMHSA’s working definition of “recovery-oriented care” defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery signals a dramatic shift in the expectation for positive outcomes for individuals who experience mental and substance use conditions or the co-occurring of the two. [\[LINK\]](#)

¹³³ National Culturally and Linguistically Appropriate Services (CLAS) Standards. Think Cultural Health, U.S. Department of Health & Human Services [\[LINK\]](#)

837 [Integrate Care for People Who Use Substances](#)
838 Community members identified substance use services as an essential resource to include in
839 crisis care centers because so many people in a mental health crisis have co-occurring substance
840 use or their crisis is primarily related to substance use.¹³⁴ Service provider partners emphasized
841 that the model should include medication for opioid use disorder (MOUD), withdrawal
842 management (sometimes referred to as “detox”), substance use counseling, distribution of
843 overdose prevention supplies like naloxone, and testing for HIV and Hepatitis C.

844
845 [Least Restrictive Care](#)

846 Community partners, especially peer specialists and people with lived experience of a behavioral
847 health condition, frequently voiced a preference for crisis care center services to be voluntary as
848 much as possible. Some community partners acknowledged that state regulations, as well as
849 rare uncontrollable circumstances, such as when someone is refusing help even when their life
850 is in danger, might require involuntary interventions such as detention by a law enforcement
851 officer, placement of Involuntary Treatment Act (ITA) holds by a designated crisis responder
852 (DCR), involuntary medications, seclusions, and restraints.¹³⁵ Most community partners agreed
853 that involuntary interventions should be minimized by proactively engaging someone in
854 treatment decisions whenever possible in the least restrictive setting. Furthermore, community
855 partners expressed consensus that use of involuntary interventions should be a focus of
856 monitoring and accountability for crisis care centers.

857
858 [Special Considerations for Serving Children, Youth, and Young Adults in Crisis](#)

859 Youth, parents, and providers serving youth clearly stated that behavioral health services for
860 youth differ from adult services in many important ways, and that these differences need to be
861 reflected in the youth crisis care center model. Youth behavioral health service providers
862 explained that adolescents’ needs differ from the needs of young children (up to approximately
863 age 12), and very young children (up to age 6) and have their own special needs during a
864 behavioral health crisis. Multiple community partners, including youth, also emphasized the
865 unique needs of transition age youth (ages 18-24), also known as young adults, who may not be
866 well served in a combined crisis care center setting with more mature adults.¹³⁶ The needs of
867 families, caregivers, and unaccompanied youth also emerged as important factors. Community
868 members also described the high likelihood that young people with intellectual and
869 developmental disabilities (IDD) will present to crisis care centers. They emphasized the
870 importance of having staff who are specially trained to meet these unique needs. These

¹³⁴ Group for the Advancement of Psychiatry. (2021). Roadmap to the Ideal Crisis System: Essential Elements. Measurable Standards and Best Practices for Behavioral Health Crisis Response. National Council for Mental Wellbeing [\[LINK\]](#)

¹³⁵ King County Crisis and Commitment Services offers evaluation of people with behavioral health disorders for involuntary detention in psychiatric and secure withdrawal facilities according to Washington law. The law for adults is RCW 71.05. [\[LINK\]](#) For youth 13 through 17 years of age the law is RCW 71.34. [\[LINK\]](#) Crisis and Commitment staff who perform these duties are referred to as Designated Crisis Responders (DCRs). They are mental health professionals who are specially trained to conduct a holistic investigation of risk and to treat the person in need with dignity and respect during their time of Crisis. Crisis and Commitment Services are available 24 hours a day, 365 days a year. [\[LINK\]](#)

¹³⁶ “Young adult,” also known as “transition age youth” means a person between eighteen and twenty-four years of age, per RCW 43.330.702 – Homeless youth—Definitions. [\[LINK\]](#)

871 recommendations were critical to informing the clinical model for the youth crisis care center
872 described in [Section V.A. Strategy 1: Create and Operate Five Crisis Care Centers: Clinical Model](#)
873 [for Youth Crisis Care Center](#).

874
875 [Additional Clinical and Support Considerations](#)

876 Community members discussed the importance of childcare for parents in a behavioral health
877 crisis, care for pets, safe storage of belongings, nutrition and meal services, full-scope
878 medication formulary, basic laboratory testing, and transportation. Though many of these
879 recommendations are beyond the strategic scope of this Plan, DCHS will take this community
880 feedback into account for future procurement and operational phases of crisis care center
881 services.

882
883 [Theme B: Increase Access to Care for Populations Experiencing Behavioral Health Inequities](#)

884 Communities repeatedly voiced an absence of suitable or equitable care access points for when
885 someone is in a behavioral health crisis. The service gaps described previously in [Section III.C. Need for](#)
886 [Places to Go in a Crisis](#) have real impacts on communities. Community partners reported that existing
887 conditions of limited access to real-time behavioral health crisis services leave people suffering without
888 the care they need and at high risk of their crisis becoming significantly worse. Community members
889 identified that this pattern is particularly prominent among Black, Indigenous, and People of Color
890 (BIPOC) communities.

891
892 [Desirable Location Attributes](#)

893 Community members, especially people living in rural areas, shared that a critical need is for
894 facilities to be located in places that are easy to access and close to multiple forms of
895 transportation. Geographic and transportation accessibility are critical both for people who seek
896 services themselves as well as for people who are dropped off by first responders. Community
897 members also identified that County-funded transportation should be flexible with reduced
898 barriers such as having costs covered, so that people can come to crisis care centers with
899 confidence that they'll be able to get back to places such as their home or an appropriate clinical
900 care setting. This input informed the capital facility siting requirements described in [Section V.A.](#)
901 [Strategy 1: Create and Operate Five Crisis Care Centers: Crisis Care Center Capital Facility](#)
902 [Development](#).

903
904 [Community Outreach among Populations Experiencing Behavioral Health Inequities](#)

905 Community partners urged the County to promote the launch of crisis care centers. They said
906 that the County should emphasize conducting outreach about the opening of crisis care centers
907 to promote awareness within populations that experience behavioral health inequities (see
908 [Section III.C. Who Experiences Behavioral Health Inequities](#)). Community members advocated
909 for an advertising effort to increase awareness about these new resources, particularly in
910 communities that have historically been marginalized and/or under-served. They also cautioned
911 that word of mouth will be powerful, with the possibility of community members either avoiding
912 services based on negative reports, or greater utilization based on positive experiences. [Section](#)
913 [V.G. Strategy 7: Crisis Care Centers Levy Administration: Community Engagement](#) includes
914 funding of ongoing community engagement to increase awareness of crisis care center services
915 and associated resources across communities in King County. The goal of this public education
916 work is to increase access to care for populations experiencing behavioral health inequities. To

917 promote equitable access to crisis care centers, there will be a requirement for crisis care center
918 operators to assess the potential equity impacts of their proposed facility as described in [Section](#)
919 [V.A. Strategy 1: Create and Operate Five Crisis Care Centers: Crisis Care Center Capital Facility](#)
920 [Development](#) describing the capital facility siting process.

921
922 *Theme C: Challenges of Community Resource Limitations*

923 Though the CCC Levy is primarily focused on creating capacity for a front door to care, community
924 partners raised important questions about the back door to ongoing community-based services after a
925 person leaves a crisis care center.

926
927 *Need to Build a “Bridge to Somewhere”*

928 People with lived experience and behavioral health providers shared the viewpoint that the
929 period immediately following a crisis episode is a high-risk period for negative outcomes, and
930 that it is important to create pathways so that a crisis service is not a “bridge to nowhere,” but
931 instead can link a person to resources to continue to recover, such as primary care services,
932 behavioral health services, social services, and housing resources. Providers with experience
933 operating acute care facilities shared concerns about how limitations of housing resources and
934 outpatient behavioral health services can cause bottlenecks that make it difficult to discharge
935 people from crisis settings, which in turn can impact facility capacity. Community partners also
936 expressed concerns that crisis services that do not bridge to other supports could risk cycling
937 people through crisis systems in a way that is just as problematic as emergency or jail settings.
938 Community members and providers alike advocated to increase access to resources for people
939 in the immediate aftermath of a crisis episode, including access to housing resources. This Plan
940 describes post-crisis stabilization resources in [Section V.A. Strategy 1: Create and Operate Five](#)
941 [Crisis Care Centers: Post-Crisis Stabilization Activities](#) that were directly informed by this
942 community feedback.

943
944 *Care Coordination and Peer Engagement*

945 In the aftermath of a behavioral health crisis, people may need to be connected to a range of
946 health and social services such as outpatient care, primary care, housing resources, and public
947 benefits enrollment. However, many barriers exist to successfully connecting with these
948 resources. Community partners described barriers such as distrust of providers, concerns about
949 cost of services, difficulties with transportation and making appointments (especially for those
950 experiencing homelessness or housing instability), and stigma. Providers also described
951 fragmented health records systems that prevent information sharing necessary to transition a
952 person’s care, including when trying to re-connect someone with an existing provider. Among
953 the peer-run organizations that participated in the CCC Levy planning process, one solution that
954 was voiced often was the value of peer navigators and peer bridgers who can support people
955 who were recently in crisis to access the resources they need. The post-crisis follow-up program
956 described in [Section V.A. Strategy 1: Create and Operate Five Crisis Care Centers: Post-Crisis](#)
957 [Stabilization Activities](#), as well as the care coordination infrastructure investments in [Section](#)
958 [V.G. Strategy 7: Crisis Care Centers Levy Administration: Develop Data Systems Infrastructure](#)
959 [and Technology](#), both aim to address these needs.

960
961 *Theme D: Interim Solutions While Awaiting Crisis Care Centers*

962 Throughout the implementation planning process, there was a clear sense of urgency among community
963 partners to invest in resources that can serve people as quickly as possible. Since it can take a long time

964 for facilities to be constructed and initiate operations, community members advocated for expedited
965 resources to be implemented while awaiting crisis care centers to come online.

966

967 [Importance of Community-Based Response](#)

968 Some community members, especially parents of young people who had been in crisis,
969 advocated for expanding community-based response resources, such as mobile crisis services.
970 Though crisis facilities may present a front door to care that is not widely available at the time of
971 this Plan’s drafting, many people shared during community meetings that they would prefer to
972 be served in their own environment by an outreach or mobile crisis team. [Section V.D. Strategy
973 4: Early Crisis Response Investments: Increase Community-Based Crisis Response Capacity](#)
974 describes ways that DCHS aims to respond to this community feedback by investing in an
975 expansion of community-based crisis services beginning in 2024.

976

977 [Urgency of the Opioid Overdose Crisis](#)

978 Another matter of urgency that community members frequently mentioned during engagement
979 was the opioid overdose crisis. Though there is access to some substance use services and harm
980 reduction approaches, particularly in downtown Seattle, many community members expressed
981 ongoing concern about lack of access to essential resources such as the opioid overdose reversal
982 medication naloxone. An early crisis response investment in [Section V.D. Strategy 4: Early Crisis
983 Response Investments: Reduce Fatal Opioid Overdoses by Expanding Low Barrier Opioid
984 Reversal Medication](#) would aim to reduce overdoses beginning in 2024.

985

986 [Theme E: Residential Treatment Facility Preservation and Expansion](#)

987 To understand the needs of the residential treatment sector, the CCC Levy planning team engaged in a
988 series of conversations with residential treatment facility operators. These included key personnel
989 informational interviews with leadership and front-line workers and onsite visits to facilities. See
990 [Appendix E: Site and Field Visits](#) for a complete list of residential treatment facility site visits. Throughout
991 this engagement, conversations centered around understanding the needs of residential treatment
992 facilities for both adult and youth populations, with an emphasis on the loss of facilities in recent years
993 and the resources needed to preserve existing facilities and to add more. Additionally, operators shared
994 insights regarding the value of providing residential treatment services and impact that facility closures
995 have had on the County's overall behavioral health system.

996

997 Residential treatment facility operators shared their challenges operating residential facilities, including
998 historic underinvestment in residential treatment facility capital and maintenance funding. For example,
999 aging facilities require ongoing and often increasing maintenance expenses. Due to inflation and rising
1000 costs, operators shared that they do not have enough funding to pay for maintenance and other repairs.
1001 Operators expressed that with additional funding, they would be able to address building maintenance
1002 to make necessary repairs to facilities. This includes renovations to address health and safety issues,
1003 facility improvements such as HVAC repairs, renovations to community spaces, and facility expansion.

1004

1005 Residential treatment facility operator feedback helped to define the allowable activities that are
1006 described in [Section V.B. Strategy 2: Restore, Expand, and Sustain Residential Treatment Capacity](#).
1007 Activities include both preservation of existing residential treatment facilities and expansion of
1008 residential treatment facilities.

1009 Some feedback themes shared by community partners during engagement activities related to
1010 residential treatment services, including input about clinical care needs, are not addressed in this Plan
1011 because they fall outside of the scope of services that the CCC Levy is designed to address. This feedback
1012 will help inform future DCHS quality improvement activities outside of the CCC Levy.

1013
1014 *Theme F: Behavioral Health Workforce Development*

1015 Community engagement related to behavioral health workforce needs included both systemwide
1016 community behavioral health workforce issues and needs specific to the crisis care center workforce.
1017 DCHS gathered input from subject matter expert groups, listening sessions, and community engagement
1018 events. Feedback highlighted the workforce shortage as a key factor in the success of the crisis care
1019 centers. Community members stressed the importance of providing culturally congruent care by having
1020 a workforce reflective of the communities that workforce will serve. Direct line workers provided
1021 feedback regarding workforce challenges such as low wages, lack of opportunities for career
1022 advancement, and burnout. These themes are described in greater detail below and reflected in the
1023 design of [Section V.C. Strategy 3: Strengthen the Community Behavioral Health Workforce](#).

1024
1025 *Low Wages*

1026 Community partners identified that strengthening the behavioral health workforce is important
1027 in increasing behavioral health service access. Behavioral health agencies shared they struggle
1028 to provide care because workers are not entering the behavioral health workforce due to low
1029 wages. Front line workers shared that low wages impact their quality of life, including
1030 preventing workers from being able to afford to live in the communities where they work.
1031 Workers shared that when they are unable to live in the same communities where they work,
1032 they often experience long commutes, which in turn contributes to job dissatisfaction and the
1033 decision to seek employment in jobs that pay a higher wage or are located closer to home.
1034 Workers also identified that low wages are also a constant challenge for people who need to pay
1035 for childcare or family care expenses.

1036
1037 *Barriers to Entering the Behavioral Health Workforce*

1038 Higher education is often a requirement for positions within the behavioral health workforce.
1039 Community partners shared that this is often a barrier for people to enter the behavioral health
1040 workforce, especially for populations that have been disproportionately marginalized and have
1041 faced barriers to accessing higher education. Community members identified activities such as
1042 loan repayment, tuition assistance, assistance with professional licensure fees, and stipends for
1043 books and other supplies as examples of activities that reduce barriers for people to enter and
1044 remain in the behavioral health workforce.

1045
1046 *Worker Retention and Professional Development*

1047 Front line behavioral health workers shared their experiences with work burnout and how it
1048 impacts their longevity in the community behavioral health field. Workers shared they
1049 sometimes experience burnout in their roles, don't have skills to move into a different role, and
1050 don't have the resources to access professional development and training to advance their
1051 careers. Workers shared that professional development opportunities, more robust clinical
1052 supervision, and additional support at work would help them feel valued and would help them
1053 grow professionally.

1054 [Limited Collaboration Between Community Behavioral Health and Schools](#)
1055 During listening sessions, front line behavioral health workers shared feedback about their
1056 professional pathway entering community behavioral health. Workers expressed concerns
1057 about the lack of formal career pathways between schools that train behavioral health
1058 professionals and community behavioral health agencies. Additionally, clinical supervisors
1059 shared the need to increase awareness among students and workers about the various
1060 behavioral health career opportunities and pathways available within community behavioral
1061 health agencies.

1062
1063 [Importance of Workforce Representation](#)
1064 Community members participating in engagement activities shared that a more diverse
1065 behavioral health workforce is needed, for both future crisis care centers and existing
1066 community behavioral health agencies. During focus groups, community members stated that
1067 when someone is seeking care, a behavioral health professional with similar lived experiences
1068 helps to increase the level of comfort for the person accessing care. Community members also
1069 shared that a more representative workforce, at both the frontline and leadership levels, can
1070 influence practices and conditions within behavioral health agencies to be more inclusive of the
1071 different cultures and identities of people seeking behavioral health care.

1072
1073 Feedback solicited through community engagement helped define the allowable funding activities
1074 described in [Section V.C. Strategy 3: Strengthen the Community Behavioral Health Workforce](#). Activities
1075 funded in this Plan address both the workforce at crisis care centers and the systemwide community
1076 behavioral health workforce.

1077
1078 [Theme G: Accountability Mechanisms and Ongoing Community Engagement](#)
1079 Throughout the implementation planning process, community partners expressed appreciation for being
1080 included in the early planning of the CCC Levy. They also voiced a strong preference to continue to be
1081 involved in future phases of the CCC Levy, including monitoring CCC Levy outcomes.

1082
1083 [Defining Measures of Success](#)
1084 Community partners demonstrated an interest in being involved in County processes to define
1085 measures of success of the CCC Levy. Measures of interest include rates of improvement in
1086 regard to a person's behavioral health condition, as well as overall quality of life. Measures of
1087 equity across outcomes were also described as a priority. These topics are addressed in [Section](#)
1088 [VII. Evaluation and Performance Measurement](#), which describes the evaluation and
1089 performance management plan for the CCC Levy.

1090
1091 [Community Engagement During Future Planning Phases](#)
1092 Community partners voiced strong interest in being included during future planning phases. In
1093 particular, partners expressed interest in providing ongoing input on the clinical implementation
1094 of CCC Levy services and engaging around the opening of each crisis care center. [Section V.G.](#)
1095 [Strategy 7: Crisis Care Centers Levy Administration: Community Engagement](#) includes activities
1096 related to crisis system administration and includes long-term community engagement as a key
1097 focus.

1098 **F. Behavioral Health Equity Framework**

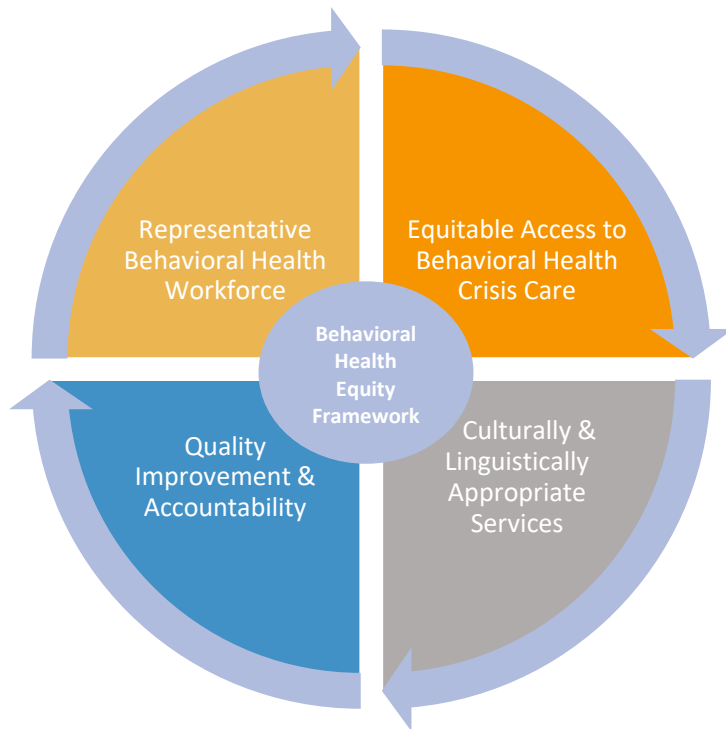
1099 The CCC Levy will not succeed if it increases access to behavioral health crisis services without also
1100 reducing inequities in who can access that care. Inequities in who can access behavioral health care at
1101 the time of this Plan’s drafting are described above in the section on [Section III.C. Who Experiences](#)
1102 [Behavioral Health Inequities](#). During this Plan’s community engagement process, DCHS received
1103 extensive community feedback from community partners about the importance of centering health
1104 equity in this Plan, as summarized in the previous section, [Section III.E. Key Findings of Community](#)
1105 [Engagement Process](#). Ordinance 19572 reinforces this approach by stating that a key function of
1106 behavioral health facilities, including crisis care centers, is to promote equitable and inclusive access to
1107 behavioral health services, including those in racial, ethnic, experiential, and geographic communities,
1108 which experience disparities in mental health and substance use conditions and outcomes.

1109
1110 This section synthesizes findings from research and community engagement into a behavioral health
1111 equity framework for the Plan, depicted in Figure 7, summarized in Figure 8, and described further in
1112 this subsection.
1113

Behavioral Health Equity Highlight

These gold boxes will appear throughout the Plan to emphasize the ways that the behavioral health equity framework described above will be pursued through the Plan’s strategies and activities.

1114
1115 **Figure 7. CCC Levy Implementation Plan Behavioral Health Equity Framework**
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Figure 8. CCC Levy Implementation Plan Behavioral Health Equity Framework Summary

CCC Levy Implementation Plan Behavioral Health Equity Framework Summary		
Behavioral Health Equity Focus	Background and Community Engagement	CCC Levy Strategies and Activities
Increase equitable access to behavioral health crisis care	<ul style="list-style-type: none"> • Significant unmet behavioral health service needs in sociodemographic groups • Need to reach out to underserved communities 	<ul style="list-style-type: none"> • Reduce cost/insurance barriers • Increase geographic access 24/7 • Promote awareness and outreach to populations that disproportionately face barriers to access
Expand availability of culturally and linguistically appropriate behavioral health services	<ul style="list-style-type: none"> • Clinical best practice to offer culturally and linguistically appropriate services (CLAS)¹³⁷ • Community demand for increased access to CLAS 	<ul style="list-style-type: none"> • Require and support crisis care center operators to offer CLAS • Invest in providers with expertise in CLAS to expand services
Increase representativeness of the behavioral health workforce	<ul style="list-style-type: none"> • Culturally concordant care improves outcomes • Community feedback advocating for increased diversity in behavioral health workforce 	<ul style="list-style-type: none"> • Train, recruit and retain a more representative behavioral health workforce
Promote accountability to health equity	<ul style="list-style-type: none"> • Need to put accountability mechanisms in place • Ongoing community engagement is needed 	<ul style="list-style-type: none"> • Support community engagement throughout the CCC Levy period • Track outcomes within and between demographic subpopulations • Train providers on best practices for gathering demographic information needed to inform equity analyses

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This Plan’s behavioral health equity framework aligns closely with King County’s historic investments in addressing inequities.¹³⁸ In 2016, the Executive released the King County Equity and Social Justice Strategic Plan.¹³⁹ The CCC Levy is highly aligned with the main approaches laid out in the Equity and Social Justice Strategic Plan and includes investments in upstream resources to: prevent inequities and injustices, foster community partnerships, support County employees, and develop mechanisms to ensure transparent and accountable leadership. This Plan describes activities that further the Equity and Social Justice Strategic Plan’s priority domains for pro-equity policies, including leadership, operations and services; plans, policies and budgets; workforce and workplace; community partnerships; communication and education; and facility and system improvements.

Equitable Access to Behavioral Health Crisis Care

1151
1152
1153

As described in [Section III.C. Key Historical and Current Conditions](#), behavioral health services remain inaccessible to far too many people who need help. Community members and providers clearly articulated that people in a behavioral health crisis face many barriers locally, as described in [Section](#)

¹³⁷ National Culturally and Linguistically Appropriate Services (CLAS) Standards. Think Cultural Health, U.S. Department of Health & Human Services [\[LINK\]](#)

¹³⁸ King County Ordinance 16948 [\[LINK\]](#)

¹³⁹ King County Equity and Social Justice Strategic Plan [\[LINK\]](#)

1154 [III.E. Community Engagement Summary: Theme B: Increase Access to Care for Populations Experiencing](#)
1155 [Behavioral Health Inequities.](#)

1156
1157 Public policies and social norms play a significant role in shaping social determinants of health that result
1158 in behavioral health inequities. Studies have shown that the most significant barriers to accessing
1159 behavioral health care are related to concerns about high costs and lack of health insurance.¹⁴⁰ These
1160 concerns are particularly prevalent among BIPOC communities, in part due to social policies that
1161 impeded generational accrual of wealth.¹⁴¹ The CCC Levy will increase access to behavioral health crisis
1162 care by making services available regardless of insurance status or ability to pay, as described in [Section](#)
1163 [V.A. Strategy 1: Create and Operate Five Crisis Care Centers: Crisis Care Center Clinical Model](#) and
1164 [Section V.A. Strategy 1: Crisis Care Center Post-Crisis Follow-Up Program](#). While waiting for the crisis
1165 care centers to open, CCC Levy funds will also be used to invest funds starting in 2024 to expand access
1166 to community-based resources for residents of King County, as described in [Section V.D. Strategy 4:](#)
1167 [Early Crisis Response Investments: Increase Community-Based Crisis Response Capacity](#), as well as
1168 substance use services, as described in [Section V.D. Strategy 4: Early Crisis Response Investments:](#)
1169 [Reduce Fatal Opioid Overdoses by Expanding Low Barrier Opioid Reversal Medication](#) and [Section V.D.](#)
1170 [Strategy 4: Early Crisis Response Investments: Substance Use Capital Facility Investments.](#)

1171
1172 [Culturally and Linguistically Appropriate Services](#)

1173 Access to, and engagement in, behavioral health care can also be impeded by a lack of cultural and
1174 linguistic appropriate services among providers.¹⁴² These challenges are described in [Section III.C. Key](#)
1175 [Historical and Current Conditions: Behavioral Health Inequities](#) and were also raised by community
1176 members, as described in [Section III.E. Community Engagement Summary: Culturally and Linguistically](#)
1177 [Appropriate Services.](#)

1178
1179 Culturally and linguistically appropriate services best practices (CLAS) are nationally recognized as a way
1180 to improve the quality of services provided to all individuals, which will ultimately help reduce health
1181 disparities and promote health equity.¹⁴³ According to the U.S. Department of Health and Human
1182 Services, which developed the CLAS standards, all aspects of a provider’s and a client’s cultural identity,
1183 as depicted in Figure 9, influence the therapeutic process and are relevant to the expansion of CLAS as
1184 described throughout this Plan.

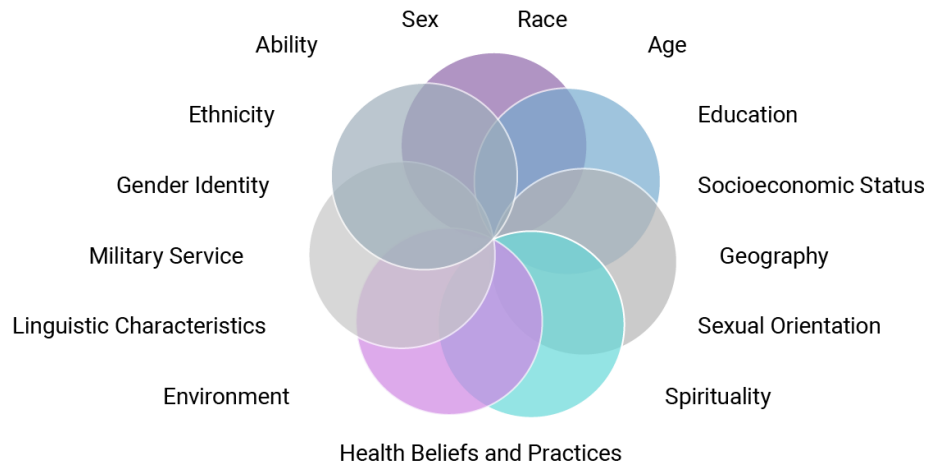
¹⁴⁰ Walker ER, Cummings JR, Hockenberry JM, Druss BG. Insurance status, use of mental health services, and unmet need for mental health care in the United States. *Psychiatr Serv.* 2015 Jun;66(6):578-84. [\[LINK\]](#)

¹⁴¹ Coombs NC, Meriwether WE, Caringi J, Newcomer SR. Barriers to healthcare access among U.S. adults with mental health challenges: A population-based study. *SSM Popul Health.* 2021 Jun 15;15:100847. [\[LINK\]](#)

¹⁴² Fountain House, *From Harm to Health: Centering Racial Equity and Lived Experience in Mental Health Crisis Response*, 2021. [\[LINK\]](#)

¹⁴³ National Culturally and Linguistically Appropriate Services (CLAS) Standards. Think Cultural Health, U.S. Department of Health & Human Services [\[LINK\]](#)

1185 **Figure 9. Aspects of Experience and Identity that Impact Behavioral Health¹⁴⁴**



1186
1187 *Image Source: U.S. Department of Health and Human Services, Think Cultural Health.*
1188

¹⁴⁴ Image Source: U.S. Department of Health and Human Services, Think Cultural Health: Improving Cultural Competency for Behavioral Health Professionals [\[LINK\]](#)

1189 The CCC Levy will increase availability of these clinical best practices by investing in crisis care centers
1190 and post-crisis follow-up services that include CLAS, as described in [Section V.A. Strategy 1: Create and](#)
1191 [Operate Five Crisis Care Centers: Crisis Care Center Clinical Model](#) and [Section V.A. Strategy 1: Culturally](#)
1192 [and Linguistically Appropriate Post-Crisis Follow-Up Services](#). CCC Levy funds will also be used to support
1193 crisis care center operators with capacity building and technical assistance to ensure they are positioned
1194 to meet DCHS’s equity goals, as described in [Section V.E. Strategy 5: Capacity Building and Technical](#)
1195 [Assistance: Crisis Care Center Operator Regulatory and Quality Assurance Activities](#). Finally, behavioral
1196 health providers with expertise in CLAS will be eligible to receive funds to build their own capacity to
1197 better serve populations experiencing behavioral health inequities, as described in [Section V.E. Strategy](#)
1198 [5: Capacity Building and Technical Assistance: Building for Providers with Expertise in Culturally and](#)
1199 [Linguistically Appropriate Services](#).
1200

Behavioral Health Equity Highlight

[Section III.F. Behavioral Health Equity Framework: Culturally and Linguistically Appropriate Services](#) describes how access to behavioral health care can be impeded by a lack of cultural humility amongst providers and by language barriers.¹⁴⁵ These challenges are described in [Section III.C. Key Historical and Current Conditions: Who Experiences Behavioral Health Inequities](#) and were also raised by community members, as described in [Section III.E. Community Engagement Summary: Culturally and Linguistically Appropriate Services](#).

Culturally and linguistically appropriate services (CLAS) are nationally recognized as a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and promote health equity.¹⁴⁶ The CCC Levy will increase availability of these clinical best practices by investing in crisis care centers that include CLAS, including interpretation and translation services. CCC Levy funds will be used to support crisis care center operators with capacity building and technical assistance to ensure they are positioned to meet DCHS’s equity goals, as described in [Section V.E. Strategy 5: Capacity Building and Technical Assistance: Crisis Care Center Operator Regulatory and Quality Assurance Activities](#).

1201
1202 **Representative Behavioral Health Workforce**
1203 In addition to offering CLAS as part of clinical best practices, there is evidence that improving diversity
1204 among behavioral health workers to better reflect the communities they serve may help improve
1205 communication and trust while reducing behavioral health disparities.^{147,148} Based on both the
1206 background in [Section III.C. Key Historical and Current Conditions: Behavioral Health Workforce](#)
1207 [Shortages](#) and the community engagement described in [Section III.E. Community Engagement Summary:](#)
1208 [Importance of Workforce Representation](#), there are investments to improve the representativeness of
1209 the community behavioral health workforce, as described in [Section V.C. Strategy 3: Strengthen the](#)
1210 [Community Behavioral Health Workforce: Community Behavioral Health Workforce Representation](#).

¹⁴⁷ Shen MJ, Peterson EB, Costas-Muñiz R, Hernandez MH, Jewell ST, Matsoukas K, Bylund CL. The Effects of Race and Racial Concordance on Patient-Physician Communication: A Systematic Review of the Literature. *J Racial Ethn Health Disparities*. 2018 Feb;5(1):117-140. [\[LINK\]](#)

¹⁴⁸ Chao, P.J., Steffen, J.J., and Heiby, E.M. (2012). The effects of working alliance and client-clinician ethnic match on recovery status. *Community Mental Health Journal* (48), 91-97 [\[LINK\]](#)

1211 [Quality Improvement and Accountability](#)

1212 The final behavioral health equity focus in this Plan relates to ensuring that equity objectives are realized
1213 to both improve quality of care and hold the County and behavioral health providers accountable.

1214 Community members provided this feedback prominently, as described in [Section III.E. Community
1215 Engagement Summary: Theme G: Accountability Mechanisms and Ongoing Community Engagement](#).

1216 The CCC Levy’s operations funding for crisis care center operators includes funds to collect high quality
1217 data about client characteristics, as described in [Section V.A. Strategy 1: Collect and Report High Quality
1218 Data](#), and then to use this information to implement continuous quality improvement activities that
1219 monitor and concerted aim to reduce observed disparities, as described in [Section V.A. Strategy 1:
1220 Continuous Quality Improvement](#).

The CCC Levy will further invest in community-based organizations or
1221 behavioral health providers with expertise in CLAS to provide subject matter expertise to the County to
1222 ensure that quality improvement activities are appropriately monitoring and advancing these equity
1223 goals, as described in [Section V.G. Strategy 7: Crisis Care Centers Levy Administration: Expertise to
1224 Support Oversight of Behavioral Health Equity](#).

Additional accountability will occur through the formal
1225 evaluation of the CCC Levy, whose funded activities are described in [Section V.F. Strategy 6: Evaluation
1226 and Performance Measurement Activities](#) and details are provided in [Section VII. Evaluation and
1227 Performance Measurement](#). The annual reports will include information about these equity analyses,
1228 including information on geographic variations that may provide insights into serving rural communities,
1229 as described in [Section VIII.B. Reporting Methodology to Show Geographic Distribution by ZIP Code](#).

1230

In addition to collecting, analyzing, and reporting on data and metrics in a way that accounts for this
1231 Plan’s behavioral health equity framework, DCHS will engage community partners in an ongoing
1232 manner, as described in [Section V.G. Strategy 7: Crisis Care Centers Levy Administration: Community
1233 Engagement](#).

The Behavioral Health Advisory Board, the advisory body of the CCC Levy, will also play an
1234 important role by providing a forum for people with demographics representative of King County, as
1235 well as lived experience of mental health and substance use conditions to advise DCHS on the CCC Levy
1236 implementation, as described in [Section IX. Crisis Care Centers Levy Advisory Body](#).
1237

1238 **IV. Crisis Care Centers Levy Purposes**

1239 Ordinance 19572 defines the Crisis Care Centers (CCC) Levy's Paramount Purpose and two Supporting
1240 Purposes. The Paramount Purpose is to establish and operate a network of five crisis care centers in King
1241 County. Supporting Purpose 1 is to restore and expand mental health residential treatment capacity and
1242 Supporting Purpose 2 is to strengthen King County's community behavioral health workforce. The Levy's
1243 purposes will significantly support King County residents' behavioral health. However, the CCC Levy
1244 cannot transform or repair the region's entire system of behavioral health care. Attempting to do so
1245 without first fulfilling the CCC Levy's required purposes risks dissipation of the CCC Levy's resources. To
1246 promote focused and high-quality implementation of this initiative, this Plan prioritizes the three
1247 mandatory, voter-approved purposes of the CCC Levy.
1248

1249 **Paramount Purpose**

1250 The Paramount Purpose of the CCC Levy is to create and support operations of a regional network of
1251 five crisis care centers across King County, including at least one that specializes in serving youth. These
1252 crisis care centers will strengthen this region's community behavioral health system by creating safe and
1253 welcoming places for people experiencing an urgent behavioral health need to quickly access behavioral
1254 health care, as described in detail in [Section V.A. Strategy 1: Create and Operate Five Crisis Care Centers](#).
1255 Crisis care centers will promote continuity of care by connecting people to behavioral health and social
1256 service resources to support ongoing recovery.
1257

1258 **Supporting Purpose 1**

1259 Supporting Purpose 1 will restore mental health residential beds lost in King County since 2018. During
1260 this brief period, King County's mental health residential bed capacity has dropped by 115 beds, or
1261 nearly one third. To restore this bed capacity to 355 beds as King County had in 2018, the CCC Levy will
1262 fund capital and maintenance expenses to preserve existing and build new mental health residential
1263 treatment beds in King County, as described in detail in [Section V.B. Strategy 2: Restore, Expand, and](#)
1264 [Sustain Residential Treatment Capacity](#).
1265

1266 **Supporting Purpose 2**

1267 Supporting Purpose 2 addresses community behavioral health workforce shortages and the need to
1268 grow and sustain the behavioral health workforce, including but not limited to the workforce at the
1269 region's new crisis care centers. Investments related to this purpose are intended to increase the
1270 sustainability and representativeness of the behavioral health workforce by expanding community
1271 behavioral health career pathways, sustaining and expanding labor-management workforce
1272 development partnerships, and supporting crisis workforce development.¹⁴⁹ These activities are
1273 described in detail in [Section V.C. Strategy 3: Community Behavioral Health Workforce](#).

¹⁴⁹ A focus of the Plan is to increase accessibility of behavioral health services, including crisis services funded by the CCC Levy, for all King County residents, including populations who experience behavioral health inequities. A consistent theme of community engagement was the importance for people seeking care of culturally and linguistically congruent services, staff with lived experience of behavioral health crises, and demographic representativeness. Establishing a workforce that is representative of King County's population, with particular care to representativeness for populations experiencing behavioral health inequities (see Section III.C. [Who Experiences Behavioral Health Inequities](#)), will ensure that more King County residents can choose to receive care from a provider with whom they are comfortable and is one of this Plan's strategies to ensure that all King County residents have meaningful access to CCC Levy-funded facilities and services.

1274 **V. Crisis Care Centers Levy Strategies and Allowable Activities**
1275 Ordinance 19572 requires this Plan to define strategies for how CCC Levy funds will be invested between
1276 2024 and 2032 to achieve the Levy’s purposes. This Plan’s strategies reflect Ordinance 19572
1277 requirements and input from community partners, subject matter experts, and DCHS staff, as described
1278 in [Section III.D. Background: Implementation Plan Methodology](#).

1279
1280 Figure 10 summarizes the strategies, and Figure 11 illustrates which strategies directly and indirectly
1281 support each of the CCC Levy’s purposes. Descriptions of each strategy and its allowable expenditures
1282 and activities follow the summary figures.
1283

Figure 10. Summary of the CCC Levy Strategies

Summary of the CCC Levy Strategies	
Strategy	Summary Description
Strategy 1 Create and Operate Five Crisis Care Centers	<ul style="list-style-type: none"> • Capital funding to create and maintain five crisis care centers • Operating funding to support crisis care center personnel costs, operations, services, and quality improvement • Post-crisis follow-up for people after leaving a crisis care center
Strategy 2 Restore, Expand, and Sustain Residential Treatment Capacity	<ul style="list-style-type: none"> • Capital resources to restore mental health residential treatment capacity to at least 355 beds in King County • Capital resources to expand and sustain residential treatment capacity
Strategy 3 Strengthen the Community Behavioral Health Workforce	<ul style="list-style-type: none"> • Resources to expand community behavioral health career pathways, including investments to stabilize and sustain King County’s community behavioral health workforce and increase workforce representativeness • Resources to expand and sustain labor management workforce development partnerships, including support for apprenticeships • Resources to support the development of the region’s behavioral health crisis workforce, including crisis care center workers
Strategy 4 Early Crisis Response Investments	<ul style="list-style-type: none"> • Resources to expand community-based crisis service capacity starting in 2024, before crisis care centers are open • Resources starting in 2024 to respond faster to the overdose crisis
Strategy 5 Capacity Building and Technical Assistance	<ul style="list-style-type: none"> • Resources to support the implementation of CCC Levy strategies • Support for capital facility siting • Build capacity for culturally and linguistically appropriate services
Strategy 6 Evaluation and Performance Measurement	<ul style="list-style-type: none"> • Resources to support CCC Levy data collection, evaluation, and performance management • Analyses of the CCC Levy’s impact on behavioral health equity
Strategy 7 CCC Levy Administration	<ul style="list-style-type: none"> • Investments in CCC Levy administration, community engagement, information technology systems infrastructure, and designated crisis responder (DCR) accessibility¹⁵⁰
Strategy 8 CCC Levy Reserves	<ul style="list-style-type: none"> • Provide for and maintain CCC Levy reserves^{151,152}

¹⁵⁰ King County Crisis and Commitment Services offers evaluation of people with behavioral health disorders for involuntary detention in psychiatric and secure withdrawal facilities according to Washington law. The law for adults is RCW 71.05. [\[LINK\]](#) For youth 13 through 17 years of age the law is RCW 71.34. [\[LINK\]](#) Crisis and Commitment staff who perform these duties are referred to as Designated Crisis Responders (DCRs). They are mental health professionals who are specially trained to conduct a holistic investigation of risk and to treat the person in need with dignity and respect during their time of crisis. Crisis and Commitment Services are available 24 hours a day, 365 days a year. [\[LINK\]](#)

¹⁵¹ Ordinance 19704 created the crisis care center fund to account for CCC Levy proceeds. [\[LINK\]](#)

¹⁵² This strategy creates a fund reserve equal to 60 days of budgeted expenditures, less capital expenses, consistent with King County Comprehensive Financial Management Policies (2016). [\[LINK\]](#)

1285

Figure 11. How Each Strategy Advances the CCC Levy's Purposes

How Each Strategy Advances the CCC Levy's Purposes			
Strategy	Paramount Purpose Crisis Care Centers	Supporting Purpose 1 Residential Treatment	Supporting Purpose 2 Community Behavioral Health Workforce
Strategy 1 Create and Operate Five Crisis Care Centers	Direct Link		
Strategy 2 Restore, Expand, and Sustain Residential Treatment Capacity		Direct Link	
Strategy 3 Strengthen the Community Behavioral Health Workforce	Direct Link		Direct Link
Strategy 4 Early Crisis Response Investments	Indirect Link		
Strategy 5 Capacity Building and Technical Assistance	Direct Link	Direct Link	Indirect Link
Strategy 6 Evaluation and Performance Measurement	Indirect Link	Indirect Link	Indirect Link
Strategy 7 CCC Levy Administration	Indirect Link	Indirect Link	Indirect Link
Strategy 8 CCC Levy Reserves	Indirect Link	Indirect Link	Indirect Link

1286

A. Strategy 1: Create and Operate Five Crisis Care Centers

1287

1288

Overview

1289

The Paramount Purpose of the CCC Levy is to create and operate a regional network of five crisis care centers across King County. The CCC Levy's network of crisis care centers will create a new front door for people in crisis who need behavioral health services. Crisis care centers will help people by:

1290

1291

1292

- Providing in-person behavioral health services tailored to the needs of people in a behavioral health crisis;

1293

1294

- Creating a dedicated place for people in crisis to receive effective care from specialized behavioral health providers;

1295

1296

- Serving as a destination for first responders, including law enforcement, to bring people who need behavioral health care;

1297

1298

- Expanding King County's behavioral health continuum of care as a complement to services funded through the KCICN, BH-ASO, and MIDD (see [Section III.C. Key Historical and Current](#)

1299

[Conditions: Behavioral Health Service Funding Limitations and Opportunities](#)), and

1300

- 1301 • Reducing reliance on hospital emergency departments, hospitals, and jails as places that people
1302 go when in a behavioral health crisis.

1303

1304 This section provides an overview of the CCC Levy’s crisis care center program and the allowable
1305 activities within Strategy 1, including descriptions of:

- 1306 • The clinical model for the five crisis care centers, including the one dedicated to serving youth;
1307 • Post-crisis stabilization activities to support people after a crisis care center visit;
1308 • DCHS’s role to oversee and improve the quality of the crisis care centers;
1309 • Allowable operational and capital funding activities for crisis care centers;
1310 • Crisis care center capital facility requirements, and
1311 • The crisis care centers procurement and siting process.

1312

1313 [Crisis Care Center Clinical Program Overview](#)

1314 The purpose of this Plan is to guide DCHS in its administration and implementation of the CCC Levy. This
1315 section of the Plan describes the initial vision for crisis care centers operations to inform appropriate
1316 County-level guidance for levy-level administration activities such as procurements, contracting,
1317 performance measurement, and communications with communities. This Plan does not preempt
1318 relevant state or federal laws or regulations. It also is not intended to interfere with patient-level care
1319 decisions that are more appropriately governed outside of a County-level implementation plan.

1320

1321 DCHS will refine this clinical program and model during procurement and implementation phases based
1322 on improved understanding of community needs. Refinements are expected to incorporate rapid
1323 advancements in the evidence base for effective behavioral health care, satisfy future federal and state
1324 regulatory guidance and licensing rules, and use continuous quality improvement practices that respond
1325 to performance data and community accountability. (See more on [Section V.A. Strategy 1 Create and](#)
1326 [Operate Five Crisis Care Clinics: Oversight of Crisis Care Center Quality and Operations](#) later in this
1327 subsection).

1328

1329 The crisis care center clinical program model has four parts:

- 1330 1. **Clinical components,**
1331 2. **Services,**
1332 3. A **facility,** and
1333 4. An **operator.**

1334

1335 Specifically, the crisis care center clinical program has three **clinical components** (24/7 Behavioral Health
1336 Urgent Care, 23-Hour Observation Unit, and Crisis Stabilization Unit), in which **services** (assessment,
1337 triage, interventions, referrals) are provided at a sited **facility** (see [Section V.A. Strategy 1: Created and](#)
1338 [Operated Five Crisis Care Centers: Crisis Care Center Capital Facility Development](#)) by an **operator** that
1339 has been competitively selected by DCHS (see [Section V.A. Strategy 1: Created and Operated Five Crisis](#)
1340 [Care Centers: Crisis Care Center Procurement and Siting Process](#)).

1341

1342 This clinical program model is based on multiple inputs, including:

- 1343 • The core elements of crisis care centers as defined in Ordinance 19572 (see Figure 12).
1344 • SAMHSA’s National Guidelines for Behavioral Health Crisis Care, which call for the creation of
1345 crisis facilities (“somewhere to go”) for people in crisis to seek help as part of a robust

- 1346 behavioral health crisis system (see [Section III.C. Key Historical and Current Conditions: Need for](#)
 1347 [Places to Go When in Crisis](#));^{153,154}
- 1348 • The CCC Levy community engagement process, which identified several clinical best practices
 1349 that helped inform many of the clinical model components (see [Section III.E. Community](#)
 1350 [Engagement Summary: Theme A: Implement Clinical Best Practices in Crisis Services](#));
 1351 Informational interviews with subject matter experts and other community partners, which
 1352 helped tailor crisis care center services to local contexts and needs (see [Section III.D.](#)
 1353 [Implementation Plan Methodology: Crisis Care Center Methodology](#)); and
 - 1354 • Site visits to 10 adult or youth behavioral health crisis facilities in Washington, California, and
 1355 Arizona (see [Appendix E: Site and Field Visits](#)).
- 1356
1357

Figure 12. Crisis Care Center Definition as Defined in Ordinance 19572

Crisis Care Center Definition
<p>"Crisis care center" means a single facility or a group of facilities that provide same-day access to multiple types of behavioral health crisis stabilization services, which may include, but are not limited to, those described in RCW 71.24.025(20), as amended.¹⁵⁵ A crisis care center shall endeavor to accept at least for initial screening and triage any person who seeks behavioral health crisis care.</p> <p>Among the types of behavioral health crisis stabilization services that a crisis care center shall provide are:</p> <ul style="list-style-type: none"> • A behavioral health urgent care clinic that offers walk-in and drop-off client screening and triage 24 hours per day, seven days per week; • Access to onsite assessment by a designated crisis responder; • A 23-hour observation unit or similar facility and service that allows for short-term, onsite stabilization of a person experiencing a behavioral health crisis; and • A crisis stabilization unit that provides short-term, onsite behavioral health treatment for up to 14 days or a similar short-term behavioral health treatment facility and service. <p>A crisis care center shall be staffed by a multidisciplinary team that includes peer counselors. A crisis care center may incorporate pre-existing facilities that provide crisis stabilization services so long as their services and operations are compatible with this definition. Where a crisis care center is composed of more than one facility, those facilities shall either be geographically adjacent or shall have transportation provided between them to allow persons using or seeking service to conveniently move between facilities.</p>

1358
 1359 DCHS intends for crisis care centers to incorporate clinical best practices, as described throughout the
 1360 clinical model below. These best practices are summarized in [Appendix G: Clinical Best Practices in](#)
 1361 [Behavioral Health Crisis Services](#) and include care that is trauma-informed, recovery-oriented, person-
 1362 centered, culturally and linguistically appropriate, integrated, and delivered in the least restrictive
 1363 setting. This Plan includes support for providers to implement these best practices through [Section V.E](#)

¹⁵³ Substance Abuse and Mental Health Services Administration. (2020). National Guidelines for Behavioral Health Crisis Care - Best Practice Toolkit. [\[LINK\]](#)

¹⁵⁴ Substance Abuse and Mental Health Services Administration: National Guidelines for Child and Youth Behavioral Health Crisis Care. Publication No. PEP22-01-02-001 Rockville, MD: Substance Abuse and Mental Health Services Administration, 2022. [\[LINK\]](#)

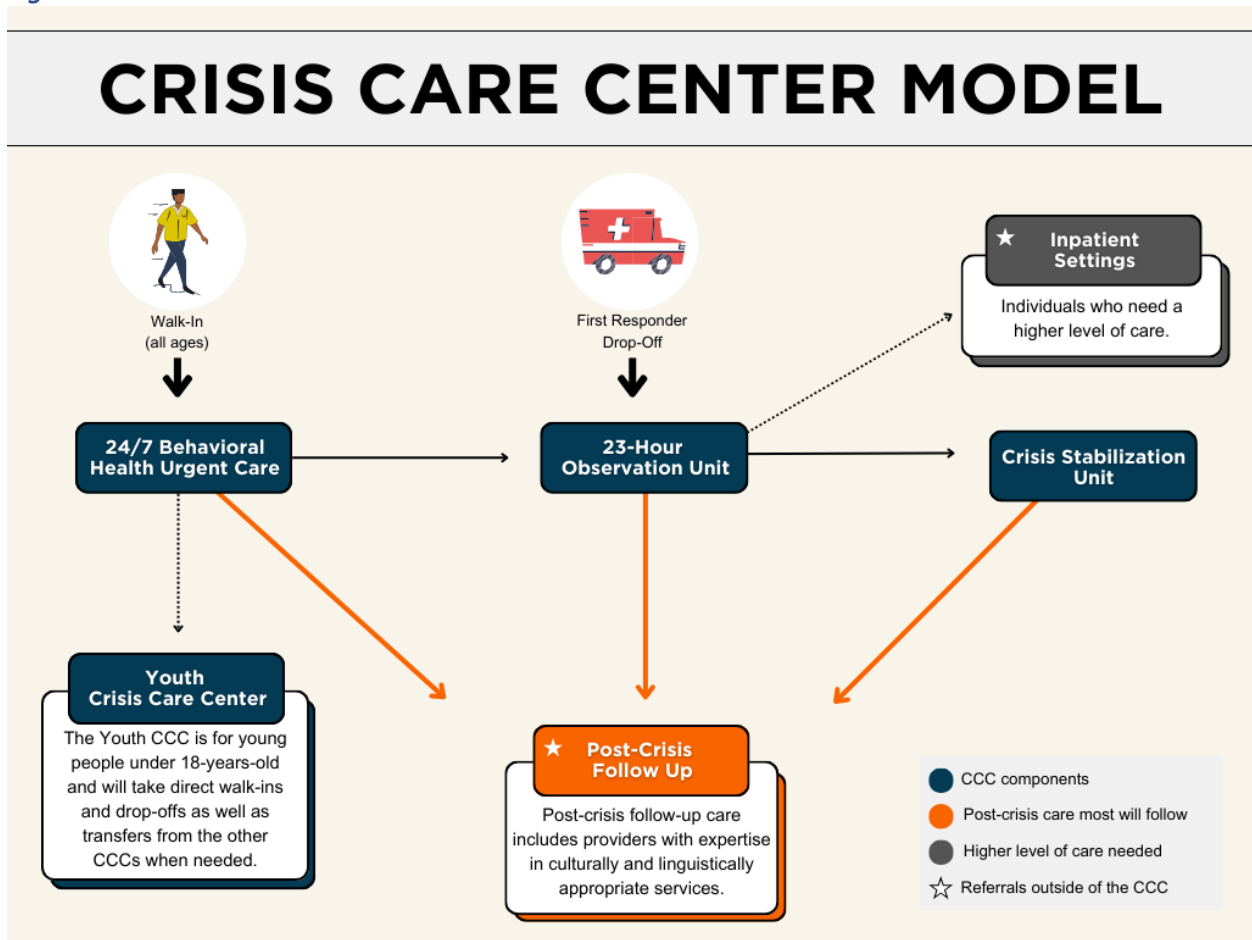
¹⁵⁵ RCW 71.24.025. [\[LINK\]](#)

1364 [Strategy 5: Capacity Building and Technical Assistance](#). This model reflects high quality standards of
1365 compassionate and effective care in crisis settings.¹⁵⁶

1366
1367 *Crisis Care Center Clinical Model*

1368 The crisis care center clinical model described in this subsection applies to the four crisis care centers
1369 that will primarily serve adults. Figure 13 depicts the model and Figure 14 describes the model in greater
1370 detail. This clinical model describes how at the time of this Plan’s transmittal, DCHS expects crisis care
1371 centers will operate. All of the crisis care centers will offer the three clinical components (24/7
1372 behavioral health urgent care, 23-hour observation, and crisis stabilization), which will provide different
1373 levels of care depending on each person’s needs. The centers will primarily provide accessible and
1374 efficient assessment, short-term stabilization, and triage to subsequent services and supports. The youth
1375 crisis care center clinical model is described in the next section.

1376
1377 *Figure 13. Crisis Care Center Clinical Model*



1378
1379
1380 DCHS, in partnership with community behavioral health providers, will create crisis care centers that
1381 operate according to the clinical model depicted in Figure 13 above and described in Figure 14 below.

¹⁵⁶ Group for the Advancement of Psychiatry. (2021). Roadmap to the Ideal Crisis System: Essential Elements. Measurable Standards and Best Practices for Behavioral Health Crisis Response. National Council for Mental Wellbeing. [LINK](#)

1382 **Figure14. Summary of the Crisis Care Center Clinical Model**

Crisis Care Center Clinical Model				
		Clinical Model Components		
		24/7 Behavioral Health Urgent Care	23-Hour Observation Unit	Crisis Stabilization Unit
How can a person access care?	<i>Specific to the clinical component</i>	Walk-in (no referral needed) or referred/brought in by provider/support system; adults and children	Triaged from 24/7 behavioral health urgent care; first responder direct drop-off	Triaged from 23-hour observation or other settings
	<i>Across all components</i>	"No wrong door" access for all behavioral health needs; all welcome regardless of insurance or ability to pay; meets medically stability criteria		
What services are available?	<i>Specific to the clinical component</i>	Initial screening and triage; access to basic needs; mental health and substance use evaluation; brief interventions; medication refills	Up to 23 hours and 59 minutes (with exceptions); full-scope acute psychiatric care; crisis stabilization services; treat basic medical needs; initiate withdrawal management	Up to 14 days; group therapy; substance use counseling; withdrawal management; complex care coordination
	<i>Across all components</i>	Peer engagement; care that is person-centered, trauma-informed, and culturally and linguistically appropriate; medications for opioid use disorder; care coordination to health and social services, including basic housing resources; discharge planning		
Where can a person go next?	<i>Specific to the clinical component</i>	If medically unstable, to emergency room; if severe behavioral health symptoms and likely to benefit, to 23-hour observation (≥ 18 years) or youth crisis care center (< 18 years)	If needs more time for stabilization, to crisis stabilization unit; if placed on hold by Designated Crisis Responder, transferred out to involuntary treatment setting	If longer-term supports needed, care transition to appropriate setting such as a higher level of care or a mental health or substance use residential treatment setting
	<i>Across all components</i>	If none of the above, most referred to post-crisis follow-up programs and, if available, existing community-based providers; transportation provided to off-site settings		
What is the physical space like?	<i>Specific to the clinical component</i>	Living room model with office space; separate section for youth	Recliner chairs; safety features; dedicated first-responder entrance; outdoor space	Beds in comfortable configuration; outdoor space
	<i>Across all components</i>	Safe and welcoming; comfortable furniture; balance between private and group spaces; areas for outside providers and families/caregivers		

1383

1384 [Access to Crisis Care Centers](#)
1385 Crisis care centers are places to go in a crisis. People will primarily access care by self-presenting to the
1386 behavioral health urgent care clinic, which may include having another person like a service provider or
1387 family member bring the person. Just like a physical health urgent care clinic, people seeking same-day
1388 behavioral health care outside the traditional outpatient clinic setting should be able to access the
1389 behavioral health urgent care clinic as a “front door” to services.
1390
1391 Crisis care center operators shall work with relevant parties including community behavioral health
1392 providers, mobile crisis teams, co-responder teams, emergency medical services, or law enforcement to
1393 help facilitate transportation to crisis care center facilities from behavioral health provider locations as
1394 needed and subject to available resources.
1395
1396 Crisis care centers that operate either a crisis stabilization unit as defined in RCW 71.05.020, a 23-hour
1397 crisis relief center as defined in RCW 71.24.025, or both, shall accept individuals transported by law
1398 enforcement, in accordance with RCW 10.31.110, to those clinical components.
1399
1400 Crisis care centers will also receive drop-offs by first responders, which include, but are not limited to,
1401 mobile crisis teams, co-responder teams, emergency medical services, and law enforcement. First
1402 responder drop-offs will be made directly into the 23-hour observation unit through a dedicated first
1403 responder entrance. These drop-offs are expected be completed in an efficient manner so that first
1404 responders can return to their duties as quickly as possible.
1405
1406 Youth under age 18, including those who are unaccompanied by parents or caregivers as permitted by
1407 state law, will be able to seek behavioral health urgent care services in any of the crisis care centers,
1408 though the youth crisis care center detailed a later subsection will be tailored best to their needs (see
1409 [Section V.A. Strategy 1:Created and Operated Five Crisis Care Centers: Clinical Model for Youth Crisis](#)
1410 [Care Center](#)). Crisis care centers will follow the “no wrong door” approach, meaning individuals will be
1411 able to receive at least an initial screening and triage for all clinical needs.¹⁵⁷ Examples of “no wrong
1412 door” may include an individual facing their first behavioral health crisis episode, someone without
1413 regular access to behavioral health care, or an established client seeking services outside their
1414 outpatient clinic’s standard hours. Services will be available regardless of ability to pay and without an
1415 appointment.¹⁵⁸ DCHS will work with crisis care center operators, jurisdictions within the crisis response
1416 zone, and other crisis system partners to determine criteria and protocols to manage new admissions
1417 when a center is at full capacity.
1418
1419 Crisis care center operators are encouraged to become a Safe Place Site or Licensed Safe Place Agency.
1420

Behavioral Health Equity Highlight

By increasing access to specialty behavioral health care as an alternative to emergency departments and jails, and by accepting all people regardless of insurance status or ability to pay, King County intends for crisis care centers to be structural solutions that can address these inequities at the root cause.

¹⁵⁷ Substance Abuse and Mental Health Services Administration. (2020). National Guidelines for Behavioral Health Crisis Care - Best Practice Toolkit. [\[LINK\]](#)

¹⁵⁸ King County Ordinance 19572 [\[LINK\]](#)

1421 [Initial Screening and Triage](#)
1422 People coming to a crisis care center will receive an initial screening for mental health and substance use
1423 service needs, social service needs, and medical stability. Peer specialists will engage with each person,
1424 if appropriate, to help them feel welcome and safe. Based on feedback from community partners (see
1425 [Section III.E. Community Engagement Summary: Theme A: Implement Clinical Best Practices in Crisis](#)
1426 [Services](#)), all team members engaging with people experiencing a behavioral health crisis will be trained
1427 and supervised to use trauma-informed, recovery-oriented, and culturally and linguistically appropriate
1428 approaches (see [Appendix G: Clinical Best Practices in Behavioral Health Crisis Services](#)).
1429

1430 The goal of the initial screening is for the clinical team to work with the person in crisis to make shared
1431 decisions about what services and supports they may need. People who come to a crisis care center may
1432 be triaged to a more appropriate setting when they do not meet criteria for medical stability or do not
1433 have an active behavioral health crisis need, which DCHS will define with input from community
1434 partners including first responders.¹⁵⁹ People who decline services will be treated respectfully so their
1435 experience increases their likelihood of accepting services in the future.
1436

1437 [Services Available at Crisis Care Centers](#)

1438 Some services will be available throughout a crisis care center, while others will be specific to certain
1439 components identified in Figure 14. Regardless of how a person in a behavioral health crisis enters a
1440 crisis care center or which component they are in, crisis care center operators may first address each
1441 person’s basic needs by providing resources such as food and water, clean clothes, and a safe place to
1442 rest. Peer specialists will work across the components to engage and support people to take steps
1443 towards their recovery goals and access the services they need. Whenever possible, DCHS expects the
1444 crisis care center operator to collaborate with outside service providers to promote continuity of care
1445 and observe clinical best practices.
1446

1447 Psychiatric providers will be available 24/7 to provide services that include, but are not limited to,
1448 medication refills, administration of long-acting injectable medications, and initiation of medications for
1449 psychiatric symptoms, opioid use disorder and substance use withdrawal.¹⁶⁰ Crisis care centers shall
1450 ensure prompt access to substance use disorder treatment on-site. Social service providers will be
1451 available to help access benefits and existing housing resources (see more on [Housing Stability](#)
1452 [Resources](#) later in this subsection). Supports for people with co-occurring behavioral health needs and
1453 intellectual and developmental disabilities will also be available at the centers.
1454

1455 Crisis stabilization services will be offered only in the 23-hour observation units (up to 23 hours and 59
1456 minutes, with possible exceptions depending on Washington State Department of Health regulations)
1457 and crisis stabilization units.¹⁶¹ Services and methodologies in these components will include, but are
1458 not limited to, maintaining a safe and healing environment, using de-escalation techniques, creating
1459 safety plans and crisis plans, and providing evidence-based therapies and substance use counseling.

¹⁵⁹ First responders include, but are not limited to, mobile crisis teams, co-responder teams, emergency medical services, and law enforcement.

¹⁶⁰ Psychiatric providers include but are not limited to psychiatrists, psychiatric nurse practitioners, and psychiatric physician assistants.

¹⁶¹ Washington State Department of Health Proposal Statement of Inquiry CR-101 regarding WSR 23-13-017, to implement 2SSB 5120 (2023). [\[LINK\]](#)

1460 DCHS expects that the 23-hour observation unit to be equivalent to a psychiatric emergency service in
1461 its ability to serve the full scope of mental health and substance use crises that people will present with
1462 at the crisis care centers. This clinical component will also have the most staff working at any given time
1463 compared to the other components of a crisis care center, including staff to implement a significant
1464 focus on maintaining a safe and healing environment. In contrast, DCHS expects the crisis stabilization
1465 unit to be a lower level of care, with a focus on problem solving around complex health and social
1466 service needs and engaging in short-term counseling within a maximum stay of 14 days. Stabilization
1467 beds may be dual licensed to also provide medically monitored withdrawal management services.¹⁶²
1468

1469 In addition to services, the physical space of a crisis care center affects its function.¹⁶³ Though the
1470 [Section V.A. Strategy 1: Created and Operated Five Crisis Care Centers: Site and Facility Requirements](#)
1471 subsection later in address the detailed regulatory requirements for these facilities, this subsection
1472 briefly describes the clinical importance of the physical space based on the community feedback
1473 described in [Section III.E: Community Engagement Summary: Welcoming and Safe](#).
1474

1475 DCHS envisions that the crisis care centers will have design features that include, but are not limited to:

- 1476 • a space that is both open and has flexible rooms to protect privacy when needed;
- 1477 • comfortable, private, and calming spaces;
- 1478 • a designated “swing” space to safely separate youth and other vulnerable populations;
- 1479 • spaces to accommodate outside service providers as well as family and caregivers;
- 1480 • sound suppression features to prevent echoes and minimize over-stimulation for people living
1481 with intellectual or developmental disabilities;
- 1482 • a dedicated entrance for first responders for discrete and efficient drop-offs, and
1483 • accessible outdoor space.

1484
1485 DCHS will provide technical assistance and oversight of crisis care center operators to design facilities
1486 that support the clinical model described above.
1487

1488 [Triage to the Next Level of Care](#)

1489 DCHS anticipates that most people who come in through the behavioral health 24/7 urgent care clinic
1490 will have their needs addressed in that setting with potential follow-up care (see [Section V. A. Post-Crisis
1491 Stabilization Activities](#)), based on similar care models.¹⁶⁴ DCHS will establish triage criteria, with input
1492 from crisis care center operators and other community partners, for entry to the 23-hour crisis
1493 observation or crisis stabilization units, which will be consistent for adult centers and tailored for
1494 children (see [Clinical Model for Youth Crisis Care Center later in this subsection](#)). The criteria will include
1495 with factors that may assess risk of suicide or violence, behavioral distress, withdrawal from substances,
1496 and likelihood of benefitting from a higher level of care. Anyone under age 18 who needs a higher level
1497 of care may be transferred to the youth crisis care center, as capacity allows. If someone needs longer-
1498 term services, the crisis care center team may initiate a referral to an appropriate care setting, such as a
1499 mental health or substance use residential treatment setting.

¹⁶² Washington State Health Care Authority - Adult Withdrawal Management Services [\[LINK\]](#)

¹⁶³ Based on crisis center clinical leadership’s report during a DCHS staff site visit to crisis facilities listed in [Appendix E: Site and Field Visits](#)

¹⁶⁴ Based on crisis center clinical leadership’s report during a DCHS staff site visit to a crisis facility in Phoenix, AZ.

1500 It is a priority of King County for behavioral health crisis care to be delivered in the least restrictive
1501 way.¹⁶⁵ This means that the person receiving services remains in control of their own care as much as
1502 possible. Community members provided clear support for this approach, as described in [Section III.E.](#)
1503 [Community Engagement Summary: Least Restrictive Care](#).

1504
1505 Only when a significant concern exists that a person meets statutory criteria for involuntary treatment
1506 and the person declines treatment, despite every effort to engage them in care voluntarily, DCHS
1507 anticipates that the crisis care center clinical staff will request an evaluation for potential involuntary
1508 treatment by a designated crisis responder (DCR), as required by the Involuntary Treatment Act.¹⁶⁶ A
1509 DCR would conduct a timely onsite evaluation at a crisis care center, as required by Ordinance 19572.¹⁶⁷
1510 [Section V.G. Strategy 7: Crisis Care Centers Levy Administration: Designated Crisis Responder](#)
1511 [Accessibility](#) provides resources to help expedite designated crisis responder response times.

1512
1513 If a DCR determines that someone requires involuntary treatment in accordance with the Involuntary
1514 Treatment Act, then the crisis care center may continue to provide services up until transfer to the most
1515 appropriate alternative setting, such as a psychiatric hospital or evaluation and treatment (E&T) bed.¹⁶⁸
1516 DCHS will work with crisis care center operators to develop policies and procedures that minimize the
1517 use of involuntary interventions while remaining compliant with Washington State law. DCHS will
1518 require crisis care center operators to monitor and report on the use of involuntary interventions,
1519 including assessing for potential disparities by race and other demographics. Crisis care center operators
1520 will also be required to use widely recognized national best practices such as the Six Core Strategies to
1521 Reduce Seclusion and Restraint Use, which promotes alternative interventions such as prevention of
1522 escalation, trauma-informed and person-centered approaches, and de-escalation techniques like
1523 affording the person ample space and time.¹⁶⁹

1524
1525 DCHS expects that, when someone is ready for discharge from a crisis care center, crisis care center
1526 team members will work with each person to determine appropriate transitions to engage with
1527 community-based health and social service resources. Resources include, but are not limited to,

¹⁶⁵ Least restrictive care refers to care provided in settings that least interfere with a person’s civil rights and freedom to participate in society. The practice of care in least restrictive settings supports the key values of self-determination in behavioral health care: that people should be able to disagree with clinician recommendations for care; that people should be informed participants in defining their care plan; and that state laws and agency policies are applied only as a last resort for people who are unable to act in their own self-interests. Detoxification and Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2006. (Treatment Improvement Protocol (TIP) Series, No. 45.) 2 Settings, Levels of Care, and Patient Placement. [\[LINK\]](#)

¹⁶⁶ The Involuntary Treatment Act (ITA) law for adults is RCW 71.05. [\[LINK\]](#) For youth 13 through 17 years of age the ITA law is RCW 71.34. [\[LINK\]](#)

¹⁶⁷ King County Crisis and Commitment Services offers evaluation of people with behavioral health disorders for involuntary detention in psychiatric and secure withdrawal facilities according to Washington law. The law for adults is RCW 71.05. For youth 13 through 17 years of age the law is RCW 71.34. Crisis and Commitment staff who perform these duties are referred to as Designated Crisis Responders (DCRs) They are mental health professionals who are specially trained to conduct a holistic investigation of risk and to treat the person in need with dignity and respect during their time of Crisis. Crisis and Commitment Services are available 24 hours a day, 365 days a year [\[LINK\]](#)

¹⁶⁸ RCW 71.05. [\[LINK\]](#)

¹⁶⁹ National Association of State Mental Health Program Directors (2008). Six Core Strategies to Reduce Seclusion and Restraint Use. [\[LINK\]](#)

1528 reconnecting people with their existing providers, initiating new outpatient referrals, providing
1529 prescription refills and medications for opioid use disorder, and linking people to post-crisis follow-up
1530 care. (See more on [Section V.A. Strategy 1: Created and Operated Five Crisis Care Centers: Post-Crisis](#)
1531 [Stabilization Activities](#)) To provide the clinical best practice of integrating behavioral health with physical
1532 health care, as described in [Appendix G: Clinical Best Practices in Behavioral Health Crisis Services](#), crisis
1533 care center operators may partner with primary care providers, including federally qualified health
1534 centers (FQHCs) or similar programs, to facilitate referrals to primary care and access to low-cost
1535 medications.¹⁷⁰

1536
1537 *Clinical Model for Youth Crisis Care Center*

1538 The youth crisis care center will be a specialized clinical setting designed to serve young people, as well
1539 as their families and caregivers, in coordination with other youth behavioral health services available in
1540 King County. This youth clinical model describes how at the time of this Plan’s transmittal DCHS expects
1541 crisis care centers will operate, providing a level of detail beyond what is included in Ordinance 19572.

1542
1543 The County intends for the youth crisis care center to be like the other four centers in most ways,
1544 including its three clinical components, approach to screening and triage, available services, and physical
1545 environment. However, youth crisis care centers will be a specialized child and adolescent behavioral
1546 health setting. At a minimum, the youth crisis care center will:

- 1547 • Offer services to and collaborate with the youth in a behavioral health crisis as well as their
1548 families and caregivers.
- 1549 • Employ team members specially trained in youth behavioral health services and co-occurring
1550 intellectual and developmental disabilities.
- 1551 • Employ peer specialists that include both young people and parent advocates with lived
1552 experience of navigating youth behavioral health services.
- 1553 • Accommodate the unique needs of younger children and adolescents, such as the use of age-
1554 specific stabilization units (for example, separate units for children 12 and under and for youth
1555 ages 13 to 17), rather than distinct 23-hour observation and crisis stabilization units as in the
1556 adult centers.¹⁷¹
- 1557 • Accept transfers when a young person seen at one of the other crisis care centers is determined
1558 to meet criteria for facility-based care for reasons such as having a high risk of suicide, violence,
1559 or behavioral distress.
- 1560 • Coordinate with the young person’s existing support systems such as school wellness centers,
1561 child protective services, foster care, and juvenile justice systems.
- 1562 • Include spaces for youth service providers, family and caregivers to facilitate coordination and
1563 engagement in care.
- 1564 • Provide youth in need of community-based services with specialized short-term post-crisis
1565 wraparound services as the youth is transitioning to ongoing care.

¹⁷⁰ Health centers are community-based and patient-directed organizations that provide affordable, accessible, high-quality primary health care services to individuals and families. Health centers integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care. Federally Qualified Health Centers and look alike health centers are eligible for increased reimbursement for services provided to Medicare and Medicaid beneficiaries. Health Resources and Services Administration (HRSA) - What is a Health Center? [\[LINK\]](#)

¹⁷¹ In order to qualify as the CCC youth facility, these age-specific units may be licensed to provide either 23-hour crisis observation or its equivalent, short-term onsite crisis stabilization for up to 14 days, or both.

1566 **Crisis Care Center Operational Activities**

1567 Allowable activities under Strategy 1 include crisis care center operating and service costs. Allowable
1568 crisis care center operating activities are described below in Figure 15.

1569
1570 Crisis care centers will be funded to operate 24/7. DCHS anticipates that many of the services provided
1571 at crisis care centers will be covered by health insurance as described in [Section VI.E. Health Insurance](#)
1572 [Assumptions](#). CCC Levy proceeds will pay for crisis care center operating and service costs that are not
1573 covered by health insurance or other sources, including the costs of services for people who are
1574 uninsured. Crisis care centers will welcome and serve people regardless of their insurance or
1575 immigration status and will also serve persons for whom confidentiality is important to their safety or
1576 willingness to seek care.¹⁷² Crisis care center operators will be eligible for workforce investments as
1577 described in [Section V.C. Strategy 3: Strengthen the Community Behavioral Health Workforce](#).
1578

Behavioral Health Equity Highlight

Immigrants and refugees are at higher risk of both experiencing mental health conditions and lacking access to behavioral health care. Because the CCC Levy is a County initiative, levy resources can be used to pay for crisis care center services for people who are uninsured, regardless of immigration or citizenship status. This promotes a “no wrong door” approach by ensuring the cost of care or lack of insurance is not a barrier to accessing crisis care when a person needs it. These investments are in support of [Section III.F. Behavioral Health Equity Framework: Equitable Access to Behavioral Health Crisis Care](#).

1579

¹⁷² Examples of people for whom confidentiality may be important to their safety or willingness to seek care include, but are not limited to, survivors of gender-based violence, undocumented immigrants, and young adults who are covered by their parents’ health insurance but do not want to use it to protect their confidentiality.

1580 **Figure 15. Allowable Crisis Care Center Operations Activities**

Allowable Crisis Care Center Operations Activities	
Activity	Description
Personnel Costs	Funding for staff salaries, benefits, payroll taxes, and other personnel costs that are part of staffing, operating, and maintaining a crisis care center facility and its services. ¹⁷³
Pharmacy Costs	Funding for pharmacy services, such as the cost of medications for people who are uninsured, including immigrants who are unable to access Medicaid because of federal rules. Also included is the cost of pharmacy equipment and other resources needed for regulatory compliance and to ensure that medications are available and can be safely stored and managed onsite at crisis care centers.
Language Access and other Accessibility Costs	Funding for interpretation and translation services, equipment to support these services, other costs to promote language access and provide linguistically appropriate services, and to promote universal access at crisis care centers.
Health Information Technology Costs	Funding to support health information technology at crisis care centers, such as electronic health record infrastructure.
Client Transportation Costs	Funding for transportation assistance for people who receive services at crisis care centers, such as drivers and vehicles, bus passes, taxi vouchers, and other assistance.
Other Operating Costs	Other costs to operate a crisis care center, such as janitorial and environmental management, maintaining a safe and healing environment, operational start-up, supplies, resources to cover the operators' indirect and administrative costs that support high-quality operations, and other eligible expenditures authorized by Ordinance 19572 that promote high quality operations.

1581
 1582 **Post-Crisis Stabilization Activities**
 1583 In addition to crisis care center operations, CCC Levy Strategy 1 funds will support people after they
 1584 have received services at a crisis care center. Community partners state that many people will likely
 1585 need additional community-based behavioral health services, health care, and social services after they
 1586 leave a crisis care center, to support their ongoing recovery and wellbeing. Community partners also
 1587 shared during implementation planning process engagement that significant supports are needed by
 1588 people exiting the crisis care centers in the period immediately following a crisis episode (see [Section](#)
 1589 [III.E. Community Engagement Summary: Need to Build a “Bridge to Somewhere”](#)).

¹⁷³ Strategy 3 also includes resources for competitive wages in the crisis workforce, including at crisis care centers, that are better aligned with other sectors. See [Section V.C. Strategy 3: Community Behavioral Health Workforce](#) for more information about these CCC Levy workforce investments. See [Section III.C. Key Historical and Current Conditions: Behavioral Health Workforce Shortages](#) for further discussion of historic underinvestment in behavioral health workers.

1590 Participants in community meetings and focus groups, including people who have experienced
 1591 behavioral health crises, discussed the profound benefits of having someone, especially a peer specialist,
 1592 continue to offer support and help connect to community-based care (see [Section III.E. Community
 1593 Engagement Summary: Care Coordination and Peer Engagement](#)). Evidence and research also identify
 1594 the need for post-crisis stabilization services, as discussed in [Section III.C. Key Historical and Current
 1595 Conditions: Need for Post-Crisis Stabilization Services](#). Despite their importance, existing post-crisis
 1596 follow up services in King County are inadequate to meet the need.

1598 Strategy 1 resources will be used to fund the activities described in Figure 16 to create a post-crisis
 1599 follow-up program that serves all five of the crisis care centers. These services may address three
 1600 important and interrelated objectives:

- 1601 1. Provide brief behavioral health interventions during the high-risk period immediately following a
 1602 discharge from a crisis care center;
- 1603 2. Engage people proactively to help them connect with community-based behavioral health,
 1604 health care, and social service resources that meet their needs and preferences, including
 1605 culturally and linguistically appropriate services and housing services; and
- 1606 3. Manage the capacity of crisis care centers by helping people connect to the intensity of services
 1607 that best meets their needs, including less intensive community-based services.

1608 **Figure 16. Allowable Crisis Care Center Post-Crisis Stabilization Activities**

Allowable Crisis Care Center Post-Crisis Stabilization Activities	
Activity	Description
Post-Crisis Follow-Up Services Based at Crisis Care Centers	DCHS will fund a program staffed with clinicians and peer specialists to engage people served at crisis care centers and link them to community-based services and supports. Teams will provide outreach specially tailored for people experiencing homelessness. This activity authorizes expenditures for limited housing stability resources necessary to support post-crisis stabilization.
Post-Crisis Follow-Up by Providers with Expertise in Culturally and Linguistically Appropriate Services	DCHS will fund behavioral health agencies that demonstrate significant experience in providing culturally and linguistically appropriate and accessible post-crisis follow-up services for populations experiencing behavioral health inequities. ¹⁷⁴

1610 DCHS anticipates that the post-crisis stabilization resources within this strategy will be inadequate to
 1611 meet the behavioral health needs of all people who access King County’s crisis care centers.
 1612 Complementary investments from philanthropic partners and the state or federal governments will be
 1613 needed to bring the services to scale. Washington State must continue to be a primary funder of post-
 1614 crisis services, including through state funding for the Behavioral Health Administrative Services
 1615 Organizations (BHASOs), and enhanced Medicaid reimbursement for eligible clinical services. [Section](#)
 1616

¹⁷⁴ Culturally and linguistically appropriate services (CLAS) are a way to improve the quality of services provided to all individuals, including populations experiencing behavioral health inequities (see [Section III.C. Key Historical and Current Conditions: Who Experiences Behavioral Health Inequities](#)), which will ultimately help reduce health disparities and promote health equity. See [Section III.F. Behavioral Health Equity Framework: Culturally and Linguistically Appropriate Services](#) and [Appendix G: Clinical Best Practices in Behavioral Health Crisis Services](#) for additional information.

1617 [VI.D. Financial Plan Seeking and Incorporating Federal, State, and Philanthropic Resources](#) describes how
1618 the Executive intends to seek complementary funding opportunities to augment the impact of the CCC
1619 Levy.

1620
1621 *Crisis Care Center Post-Crisis Follow-Up Program*
1622 Strategy 1 will create a post-crisis follow-up program that serves people after they receive care at the
1623 five crisis care centers. During this high-risk period, post-crisis follow-up services are essential to serving
1624 as a bridge from crisis care centers to the next level of care. Services may include proactive contacts
1625 after discharge, care coordination with new and existing providers, brief interventions to address acute
1626 needs while awaiting linkage to additional services, and peer support to enhance engagement and
1627 support people to access the services they need, similar to the promising but limited Peer Bridging
1628 programs described in [Section III.C. Key Historical and Current Conditions: Need for Post-Crisis](#)
1629 [Stabilization Services](#). Services will address both mental health and substance use needs, as well as
1630 referrals to social services, including housing resources when needed. Special considerations may be
1631 needed to tailor post-crisis follow-up services for youth and their families and caregivers. Care should
1632 continue to be trauma-informed, recovery-oriented, person-centered, culturally and linguistically
1633 appropriate, and aim to maintain people in the least restrictive level of care possible, according to the
1634 crisis care center clinical best practices reviewed the [Clinical Program Overview](#) in Appendix G: Clinical
1635 Best Practices in Behavioral Health Crisis Services.

1636
1637 DCHS expects that these services will be provided by a multidisciplinary care team that includes peer
1638 specialists and should be initiated in-person at a crisis care center prior to discharge before transitioning
1639 to outpatient offices, outreach in community-based settings, or virtually through telehealth visits. All
1640 individuals treated at a crisis care center shall have access to post-crisis follow-up treatment planning,
1641 subject to available resources. Because demand for post-crisis stabilization services is likely to exceed
1642 the capacity available through this strategy, DCHS may need to establish prioritization criteria in
1643 partnership with post-crisis follow-up providers. For example, post-crisis stabilization resources may be
1644 prioritized to support people who have the highest risk of not engaging in follow-up care, including
1645 populations experiencing behavioral health inequities (see [Section III.C. Key Historical and Current](#)
1646 [Conditions: Who Experiences Behavioral Health Inequities](#)).¹⁷⁵

1647
1648 A specific focus of the post-crisis follow-up program will be to reach people who are experiencing
1649 homelessness or are at risk of homelessness, given the significant barriers to accessing behavioral health
1650 services described in [Section III.C. Key Historical and Current Conditions: Unmet Behavioral Health](#)
1651 [Service Needs](#). Tailored approaches are often needed to meet people in the community and create
1652 lower threshold entry points for people experiencing homelessness to engage in care.¹⁷⁶ Therefore, the
1653 post-crisis follow-up program is expected to provide outreach-based follow-up and linkages to existing

¹⁷⁵Risks of not engaging in follow-up care include suicide, violence, homelessness, hospital readmission, and criminal legal system involvement. These risks are more common among people insured by Medicaid, youth and young adults, BIPOC communities, people experiencing homelessness, and people who were not previously engaged in services, as explained in [Section III.C. Key Historical and Current Conditions: Need for Post-Crisis Stabilization Services](#).

¹⁷⁶ Erickson, B. R., Ehrie, J., Murray, S., Dougherty, R. J., Wainberg, M. L., Dixon, L. B., & Goldman, M. L. (2022). A Rapid Review of “Low-Threshold” Psychiatric Medication Prescribing: Considerations for Street Medicine and Beyond. Psychiatric Services. [\[LINK\]](#)

1654 housing and social service resources. This strategy’s activities may include short-term housing stability
1655 resources like hotel vouchers.

1656
1657 *Culturally and Linguistically Appropriate Post-Crisis Follow-Up Services*

1658 The availability of culturally and linguistically appropriate services during high-risk periods is essential, as
1659 demonstrated in community feedback, research showing disparities in behavioral health services
1660 following a crisis, and the value of culturally congruent care. (See [Section III.F. Behavioral Health Equity
1661 Framework: Culturally and Linguistically Appropriate Services.](#)) Lack of culturally congruent care reduces
1662 engagement in behavioral health care, which this strategy aims to address. (See [Section III.C. Key
1663 Historical and Current Conditions: Behavioral Health Workforce Needs.](#))

1664
1665 For these reasons, providers with expertise in offering culturally and linguistically appropriate services
1666 are well positioned to offer post-crisis follow-up services. DCHS will make funding available specifically
1667 for behavioral health agencies that demonstrate significant experience in providing culturally and
1668 linguistically appropriate services to provide post-crisis follow-up services. These post-crisis services will
1669 be prioritized for people who were seen in crisis care centers. These providers may support care
1670 continuity through longer-term services when appropriate so long as capacity is maintained for new
1671 post-crisis follow-up services.

1672
1673 The Strategy 1 investment activities described in Figure 16 are intended to increase the capacity of
1674 culturally and linguistically specialized service providers to provide post-crisis follow-up services. These
1675 funds will be made available prior to opening of the crisis care centers so that these providers can build
1676 capacity in time to receive referrals when the crisis care centers open. These investments will increase
1677 over time as crisis care centers become operational so that organizations have additional financial
1678 resources to serve new people who are referred from crisis care centers. DCHS intends to award funding
1679 for these activities to organizations that have expertise in providing culturally and linguistically
1680 appropriate or concordant behavioral health services through a competitive procurement process. Prior
1681 to the competitive procurement process, DCHS intends to solicit additional information from providers
1682 and community partners to inform how best to identify and select providers with expertise in culturally
1683 and linguistically appropriate services.

1684

Behavioral Health Equity Highlight

In the aftermath of a behavioral health crisis, multiple factors frequently intersect to decrease access to care in populations experiencing behavioral health inequities. Strategy 1’s culturally and linguistically appropriate post-crisis follow-up services component aims to reduce these inequities by designating post-crisis follow-up services funds specifically to expand the capacity of community providers that have expertise in culturally and linguistically appropriate and congruent services.

1685

1686 *Housing Stability Resources*

1687 Safe, healthy, and affordable housing is a critical resource and social determinant of health for people
1688 living with behavioral health conditions.^{177, 178} Housing stability is both a protective factor against future
1689 crises and an important component of post-crisis care and recovery.¹⁷⁹ Homelessness and housing
1690 instability can contribute to crises and undermine the care in settings like a crisis care center.¹⁸⁰ (See
1691 [Section III.C. Key Historical and Current Conditions: Who Experiences Behavioral Health Inequities.](#))

1692
1693 Understanding housing stability’s importance, crisis care center operators and post-crisis follow-up
1694 providers will connect clients with existing housing resources whenever possible. The CCC Levy’s
1695 regional network of crisis care centers and increased residential treatment capacity will also present
1696 housing providers with new resources to reinforce and complement existing housing services.

1697
1698 DCHS will collaborate with other governments and philanthropy to increase housing resources for King
1699 County residents, including people receiving CCC Levy-funded care (See [Section VI.D. Financial Plan:
1700 Seeking and Incorporating Federal, State, and Philanthropic Resources.](#)) DCHS will also coordinate its
1701 divisions’ work when possible to increase housing supports for people experiencing homelessness who
1702 receive care at crisis care centers.

1703
1704 In addition to the limited housing stability expenditures that this Plan authorizes, when necessary and
1705 available as part of post-crisis follow up activities, CCC Levy funds may be used for housing resources in
1706 accordance with this Plan’s priorities for increasing allocations due to additional funding. (See [Section VI.
1707 Financial Plan: Process to Make Substantial Adjustments to the Financial Plan](#)). These investments may
1708 include permanent and emergency housing stability resources like hotel vouchers, rapid rehousing
1709 funds, rental assistance, housing vouchers, other housing subsidies, and housing capital or housing
1710 operations costs that are otherwise eligible under Ordinance 19572.

1711
1712 **Oversight of Crisis Care Center Quality and Operations**

1713 The CCC Levy will establish an entirely new class of behavioral health facility in King County. DCHS will be
1714 responsible for ensuring that crisis care centers and related programs are functioning as described
1715 above in this Section V.A. Strategy 1:Created and Operated Five Crisis Care Centers: [Crisis Care Center
1716 Clinical Program Overview](#) and [Post-Crisis Stabilization Activities](#).

1717
1718 Ordinance 19572 directs this Plan to include "levy administration activities and activities that monitor
1719 and promote coordination, more effective crisis response, and quality of care within and amongst crisis
1720 care centers, other behavioral health crisis response services in King County, and first responders."
1721 These activities of the CCC Levy are aligned with the “accountable entity” concept defined by the

¹⁷⁷ The World Health Organization defines social determinants of health as “the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems,” [\[LINK\]](#)

¹⁷⁸ Washington State Health Care Authority Social Determinants of Health-Housing Fact Sheet. [\[LINK\]](#)

¹⁷⁹ Kushel, M., Moore, T., et al. (2023). Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness. UCSF Benioff Homelessness and Housing Initiative. [\[LINK\]](#)

¹⁸⁰ Arienti, F., Mann-McLellan, A., Martone, K., & Post, R. (2020). Effective Behavioral Health Crisis Care for Individuals Experiencing Homelessness. Alexandria, VA: National Association of State Mental Health Program Directors. [\[LINK\]](#)

1722 National Council for Mental Wellbeing’s *Roadmap to the Ideal Crisis System* report as “a structure that
1723 holds the behavioral health crisis system accountable to the community for meeting performance
1724 standards and the needs of the population.”¹⁸¹ The CCC Levy provides a unique opportunity for DCHS to
1725 assume this critical oversight role within the scope of the crisis care centers and other related programs
1726 funded by the CCC Levy.

1727
1728 This subsection describes how DCHS will support crisis care center operators to engage with first
1729 responders and other behavioral health crisis service providers to coordinate policies and procedures,
1730 improve quality of services, and collect and report high quality data, as directed by Ordinance 19572.¹⁸²

1731
1732 DCHS shall collect and report detailed data about how individuals in behavioral health crisis arrive at the
1733 24/7 Behavioral Health Urgent Care clinics and the 23-Hour Observation Units of each crisis care center.
1734 DCHS should collaborate with first responders, Crisis Connections, and other entities in the crisis care
1735 continuum in securing data. Transportation data must include but is not limited to people arriving in
1736 bus, ambulance, police, fire, mobile crisis team, ride share, or private vehicle. Data must be
1737 disaggregated for each crisis care center. Data collected for people using crisis care center services,
1738 including those transported by first responders, shall include the person’s insurance coverage status at
1739 intake, including Medicaid, private insurance, other, or none, when such data is known to the crisis care
1740 center operator. Aggregate data on people using crisis care center services who are known to operators
1741 to have been transported by first responders without any insurance coverage must be included in the
1742 annual report described in Section VIII of this Plan.

1743
1744 Funding for DCHS to conduct this oversight is described in [Section V.G. Strategy 7: Crisis Care Centers](#)
1745 [Levy Administration](#). Additional related CCC Levy investments include:

- 1746 • Crisis care center personnel costs, Health Information Technology, and other operating costs
1747 described in Section V.A. Strategy 1:Created and Operated Five Crisis Care Centers: [Crisis Care](#)
1748 [Center Operations Activities](#);
- 1749 • Support for crisis care centers to implement continuous quality improvement practices, as
1750 described in [Section V.E. Strategy 5: Capacity Building and Technical Assistance: Crisis Care](#)
1751 [Center Operator Regulatory and Quality Assurance Activities](#);
- 1752 • Resources for DCHS to engage community members in quality improvement processes, as
1753 described in [Section V.G. Strategy 7: Crisis Care Centers Levy Administration: Community](#)
1754 [Engagement](#);
- 1755 • Resources for DCHS to contract with community-based organizations and behavioral health
1756 providers to inform quality improvement related to improving equity, as described in [Section](#)
1757 [V.G. Strategy 7: Crisis Care Centers Levy Administration: Expertise to Support Oversight of](#)
1758 [Behavioral Health Equity](#); and
- 1759 • Investments to enhance DCHS data systems and information technology needed to monitor and
1760 promote coordination across crisis care centers, as described in [Section V.G. Strategy 7: Crisis](#)
1761 [Care Centers Levy Administration: Develop Data Systems Infrastructure and Technology](#).

¹⁸¹ Group for the Advancement of Psychiatry. (2021). *Roadmap to the Ideal Crisis System: Essential Elements. Measurable Standards and Best Practices for Behavioral Health Crisis Response*. National Council for Mental Wellbeing [\[LINK\]](#)

¹⁸² First responders include, but are not limited to, mobile crisis teams, co-responder teams, emergency medical services, and law enforcement.

1762 *Coordination Between Crisis Care Centers and Crisis System Partners*
1763 DCCHS expects crisis care center operators to coordinate with regional partners including, but not limited
1764 to, community-based organizations, behavioral health providers, hospital systems, first responders,
1765 behavioral health co-responders, and the regional behavioral health crisis system coordinated by the
1766 King County BH-ASO. DCCHS will support operators to coordinate effectively. DCCHS will collaborate with
1767 first responders and other crisis system partners to develop policies and procedures for referrals from
1768 outside facilities like hospitals and emergency departments, first responder drop-offs and medical
1769 stability criteria at crisis care centers. DCCHS anticipates developing protocols in collaboration with crisis
1770 care center operators for when transfers between the centers are needed due to scenarios such as
1771 reaching maximum occupancy or needing to transfer a child or adolescent to the youth crisis care
1772 center. DCCHS plans to further engage crisis care centers along with other crisis providers and first
1773 responder agencies, such as crisis call lines, mobile crisis teams, co-responder programs, emergency
1774 medical services, and law enforcement agencies, to develop protocols, workflows, clinical convenings
1775 about shared treatment plans, and other coordination activities.

1776
1777 *Outreach to Increase Awareness*

1778 In addition to working with regional partners within crisis systems, DCCHS expects and will support crisis
1779 care center operators to promote awareness and outreach about crisis care center services to
1780 populations experiencing behavioral health inequities (see [Section III.C. Key Historical and Current
1781 Conditions: Who Experiences Behavioral Health Inequities](#)) to be responsive to community feedback
1782 described in [Section III.E. Community Engagement Summary: Community Outreach Among Populations
1783 Experiencing Behavioral Health Inequities](#).

1784
1785 *Continuous Quality Improvement and Quality Assurance*

1786 For a crisis system to function well, it must grow, evolve, and continuously improve by building on what
1787 works well and strengthening what does not work well.¹⁸³ Continuous quality improvement is the
1788 process by which performance metrics, outcomes data, individual experiences, and other relevant
1789 information are regularly reviewed and analyzed to directly inform policies and procedures, with the
1790 goal of improving outcomes in an ongoing, iterative manner.¹⁸⁴ Quality assurance includes functions
1791 such as internal or external case review and compliance with licensing requirements.¹⁸⁵ Both quality
1792 improvement and assurance are essential to advancing this Plan’s [Behavioral Health Equity found at
1793 Section III. Background: F. Behavioral Health Equity Framework](#).¹⁸⁶ DCCHS expects and will support crisis
1794 care center operators to monitor and promote quality of care and to develop continuous quality
1795 improvement practices. Contracts with crisis care center operators may include provisions that tie
1796 payment to performance on quality measurements. CCC Levy funds will be used to support crisis care
1797 centers to implement continuous quality improvement practices, as described in [Section V.E. Strategy 5:](#)

¹⁸³ Group for the Advancement of Psychiatry. (2021). Roadmap to the Ideal Crisis System: Essential Elements. Measurable Standards and Best Practices for Behavioral Health Crisis Response. National Council for Mental Wellbeing [\[LINK\]](#)

¹⁸⁴ The National Learning Consortium (2013). Continuous Quality Improvement (CQI) Strategies to Optimize your Practice: Primer. [\[LINK\]](#)

¹⁸⁵ Sherman, L. J., Lynch, S. E., Greeno, C. G. and Hoeffel, E. M. Behavioral health workforce: Quality assurance practices in mental health treatment facilities. The CBHSQ Report: July 11, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD. [\[LINK\]](#)

¹⁸⁶ Dzau VJ, Mate K, O’Kane M. Equity and Quality—Improving Health Care Delivery Requires Both. JAMA. 2022;327(6):519–520. [\[LINK\]](#)

1798 [Capacity Building and Technical Assistance: Crisis Care Center Operator Regulatory and Quality](#)
1799 [Assurance Activities.](#)

1800
1801 Ensuring that people efficiently move through the clinical components of a crisis care center will be an
1802 important focus of continuous quality improvement and quality assurance activities. DCHS expects crisis
1803 care center operators to facilitate timely access to behavioral health services while also meeting a wide
1804 range of clinical and psychosocial needs as a “no wrong door” entry point for all. While it may be a sign
1805 of a successful program for crisis care centers to operate at full capacity, crisis care center operators will
1806 need to maintain available capacity for new people to be able to enter. DCHS intends to require and
1807 support crisis care center operators to report near-real-time data on wait times, length of stay,
1808 occupancy, and other measures of capacity and throughput to inform policies that can be adjusted to
1809 ensure that crisis care centers are consistently accessible.

1810
1811 DCHS will monitor utilization rates of crisis care centers and, if persistent underutilization is identified at
1812 a particular center, DCHS will work with the provider to take appropriate steps, including but not limited
1813 to, increased outreach and use of mobile services to address the needs of that particular center.

1814
1815 *Collect and Report High Quality Data*

1816 Accurate and updated clinical records are essential for outcome metrics and quality improvement
1817 activities to be accurate and meaningful. DCHS expects crisis care center operators to develop and
1818 maintain high quality data collection practices and will support their efforts to do so. Crisis care center
1819 operators should develop certified electronic health record systems that track standardized information,
1820 automatically update and interface with care coordination and quality improvement platforms, and
1821 utilize best practices for documentation, including approaches to gathering demographic information
1822 needed to inform equity analyses.¹⁸⁷ Ensuring the reliability of data is necessary for the quality
1823 improvement activities described above, as well as for meaningful evaluation and reporting as described
1824 in [Section VII. Evaluation and Performance Measurement](#) and [Section VIII. Crisis Care Centers Levy](#)
1825 [Annual Reporting.](#)

1826

Behavioral Health Equity Highlight

To address behavioral health inequities, it is necessary to measure disparities prior to and after implementation of interventions aimed at reducing inequities.¹⁸⁸

The quality assurance and quality improvement practices required by this Plan are how the findings from the evaluation and performance measurement activities will be operationalized and implemented (see [Section VII. Evaluation and Performance Measurement](#)).

1827

¹⁸⁷ Goldman, M. L., & Vinson, S. Y. (2022). Centering equity in mental health crisis services. *World Psychiatry*, 21(2), 243–244. [\[LINK\]](#)

¹⁸⁸ Goldman, M. L., & Vinson, S. Y. (2022). Centering equity in mental health crisis services. *World Psychiatry*, 21(2), 243–244. [\[LINK\]](#)

1828 **Crisis Care Center Capital Facility Development**

1829 *Crisis Care Center Capital Activities*

1830 Strategy 1 investments will create a regional network of five crisis care centers in King County, including
1831 one center specializing in serving children and youth, to fulfill the CCC Levy’s paramount purpose. King
1832 County intends to contract with operators to develop, maintain, and operate crisis care centers. Crisis
1833 care center operators will be selected through a competitive procurement process, which will begin in
1834 2024 and is described in Section V.A. Strategy 1:Created and Operated Five Crisis Care Centers: [Crisis](#)
1835 [Care Center Procurement and Siting Process](#). Once selected, operators will lead crisis care center capital
1836 facility development in coordination with the County, the applicable local jurisdiction or jurisdictions,
1837 and community partners. Strategy 1 investments that will be used to support crisis care center facility
1838 capital development and maintenance activities are described in Figure 17.

1839
1840 **Figure 17. Allowable Crisis Care Center Capital Development and Maintenance Activities**

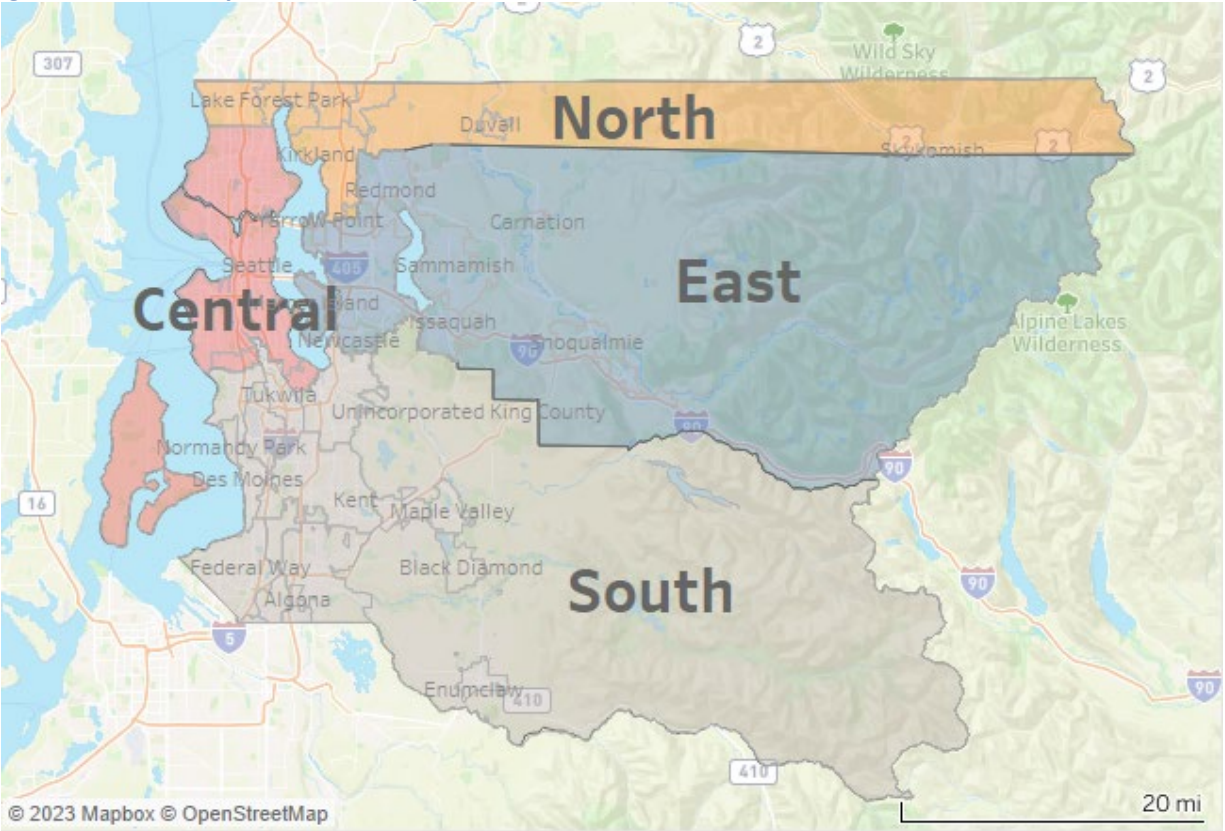
Allowable Crisis Care Center Capital Development and Maintenance Activities	
Activity	Description
Crisis Care Center Capital Facility Development	Costs to develop and construct crisis care center facilities, such as but not limited to purchasing land, acquiring an existing facility, planning, design, building renovation or expansion, new construction, or other capital pre-development and development costs.
Crisis Care Center Capital Facility Maintenance	Ongoing crisis care center capital facility maintenance costs.

1841
1842 Crisis care center capital facilities funded with CCC Levy proceeds will be subject to the requirements
1843 defined in this Plan, future procurement processes, and contracts. Procurements of crisis care centers
1844 under Strategy 1 are intended to result in the combined characteristics and requirements described in
1845 this section when the network of five crisis care centers are considered together.

1846
1847 *Crisis Response Zone Requirements*

1848 At least one crisis care center must be located within each of the four crisis response zones defined in
1849 Ordinance 19572. Crisis response zone boundaries are depicted in Figure 18, and the cities and
1850 unincorporated regions of King County located within each zone are listed in Figure 19. The purpose of
1851 crisis response zones is to promote access by geographically distributing crisis care centers across King
1852 County. Crisis response zones do not restrict who can access crisis care centers. A person seeking
1853 services, or a first responder seeking to transport a person to receive services, can access a crisis care
1854 center in any zone.

1855 **Figure 18. Crisis Response Zone Map**



1856
1857

1858

Figure 19. Cities and Unincorporated Parts of King County Located Within Each Crisis Response Zone

Cities and Unincorporated Parts of King County Located Within Each Crisis Response Zone			
Central CRZ	North CRZ	East CRZ	South CRZ
Seattle Unincorporated areas within King County Council District 2 Unincorporated areas within King County Council District 8	Bothell Duvall Kenmore Kirkland Lake Forest Park Shoreline Skykomish Woodinville Unincorporated areas within King County Council District 3 that are north or northeast of Redmond	Beaux Arts Bellevue Carnation Clyde Hill Hunts Point Issaquah Medina Mercer Island Newcastle North Bend Redmond Sammamish Snoqualmie Yarrow Point Unincorporated areas within King County Council District 3 that are east or southeast of Redmond Unincorporated areas within King County Council District 6	Algona Auburn Black Diamond Burien Covington Des Moines Enumclaw Federal Way Kent Maple Valley Milton Normandy Park Pacific Renton SeaTac Tukwila Unincorporated areas within King County Council District 5 Unincorporated areas within King County Council District 7 Unincorporated areas within King County Council District 9

1859

1860

Public Interest Requirements

1861

1862

1863

1864

1865

1866

Crisis care center facilities will create long term crisis service capacity in King County. Any crisis care center facility that receives CCC Levy proceeds for capital development activities must meet the public interest requirements described in Figure 20 and requirements in future procurement processes and contracts. The purpose of these requirements is to ensure facilities receiving public capital resources are dedicated as crisis care centers for the life of the building or construction investments and that their development complies with County priorities.

1867

Figure 20. Crisis Care Center Capital Facility Public Interest Requirements

Crisis Care Center Capital Facility Public Interest Requirements	
Requirement	Description
1. 50 Year Minimum Use	Crisis care center capital facilities acquired or constructed with CCC Levy proceeds must remain dedicated to providing crisis care center services for a minimum of 50 years.
2. Operator Cap	A single operator should operate no more than three crisis care center facilities funded by CCC Levy proceeds. The purpose of this requirement is to ensure the CCC Levy is not overly reliant on a single operator. ¹⁸⁹
3. Leased Facility Restrictions	If a crisis care center operates in a leased facility, the operator must pursue ownership of the leased facility when possible. CCC Levy proceeds shall not be used to make capital improvements in leased facilities if the operator does not have an agreement to purchase the facility. The DCHS department director may authorize exceptions to this restriction if the exception is not inconsistent with the Levy’s paramount purpose. The DCHS director must describe the rationale and terms of any exception to this restriction in a letter to the Chair of the King County Council to be sent within 90 days of approving the exception.
4. Environmental Sustainability Standards	Crisis care center facilities should align with environmental sustainability standards for building design and operations that King County will define in contracts. These standards and requirements will be informed by King County’s Strategic Climate Action Plan, Green Building Ordinance, and Equity and Social Justice strategies for capital projects. ^{190,191}
5. Equity Impact	Crisis care centers should promote behavioral health equity. DCHS plans to include within Phase 2 of the Crisis Care Center Procurement and Siting Process, described in Figure 23, a requirement for potential crisis care center operators to assess the potential equity impacts of their proposal, and DCHS intends to consider those impacts when selecting crisis care center operators. DCHS also intends to include within a crisis care center operator’s ongoing contract a requirement to periodically offer opportunities for persons receiving care at the crisis care center and persons living or working in the immediate area near a crisis care center to provide feedback on the crisis care center facility’s equity impacts, and then propose to DCHS how that feedback will influence the operator’s future operations within or near the facility.

1868

1869 *Site and Facility Requirements*

1870 Crisis care center sites must meet the minimum requirements described in Figure 21. Minimum
 1871 requirements include sufficient size to deliver the crisis care center model’s clinical components,

¹⁸⁹ Limiting the number of crisis care center facilities a single operator should operate will help ensure the stability of King County’s future network of five crisis care centers in case an operator goes out of business, opts to terminate crisis care center operations, ceases to comply with contractual or licensing requirements, is acquired by or merges with another organization, or is otherwise compromised in a way that impacts the ongoing operations of crisis care center facilities or the quality of crisis care center services.

¹⁹⁰ King County 2020 Strategic Climate Action Plan (SCAP) [\[LINK\]](#)

¹⁹¹ Green Building Ordinance - King County Code Chapter 18.17 [\[LINK\]](#)

1872 meaningful transportation access, accessibility and zoning requirements, and the ability to meet state
 1873 behavioral health facility licensure requirements. Additional requirements may be included in future
 1874 procurement processes and contracts to promote the goals and values described in this Plan.

1875
 1876 **Figure 21. Crisis Care Center Site Requirements**

Crisis Care Center Site Requirements	
Requirement	Description
1. Sufficient Size	Crisis care center sites must have sufficient space to deliver the crisis care center model’s required clinical components. Sites should be able to accommodate a facility with approximately 30,000 to 50,000 square feet of licensed clinical space within one building, multiple adjacent buildings, or buildings that are connected by transportation for people accessing services. ¹⁹²
2. Meaningful Transportation Access	Crisis care center sites must be accessible to transportation. King County will prefer sites that have meaningful access to public transportation, convenient access for ambulances and first responders, proximity to major transportation arterials, and free public access for any person.
3. Accessibility Requirements	Crisis care center sites and buildings must be accessible for people with disabilities and comply with the Americans with Disabilities Act. ¹⁹³ DCHS will prefer facility designs that incorporate the principles of universal design, meaning they are accessible to all people to the greatest extent possible without the need for adaption or specialized design. ¹⁹⁴
4. Zoning Requirements	Crisis care center operators must adhere to the relevant zoning and permitting laws and regulations of the jurisdiction within which a crisis care center facility is sited.
5. Licensure Feasibility	Crisis care center operators must propose sites that can satisfy state licensure requirements that apply to the types of behavioral health facilities that will occupy the site.

1877
 1878 Crisis care center facility capital development may occur through a variety of potential scenarios,
 1879 described in Figure 22, that are each eligible for CCC Levy funding under Strategy 1. These scenarios
 1880 reflect the varied ways a facility could be developed while meeting all the crisis care center
 1881 requirements. Crisis care center sites and facilities must be able to accommodate the crisis care center
 1882 clinical model described in Section V.A. Strategy 1: Created and Operated Five Crisis Care Centers: [Crisis](#)
 1883 [Care Center Clinical Program Overview](#), modifications to that model that the County may make during
 1884 the levy period, and additional requirements described in future procurement processes and contracts.
 1885 This development model flexibility is allowed by Ordinance 19572. The purpose of this flexibility is to
 1886 accelerate creation of high-quality crisis care centers, further discussed in Section V.A. Strategy
 1887 1:Created and Operated Five Crisis Care Centers: [Sequence and Timing of Planned Expenditures and](#)
 1888 [Activities](#).

¹⁹² Ordinance 19572

¹⁹³ U.S. Department of Justice Civil Rights Division, The Americans with Disabilities Act [\[LINK\]](#)

¹⁹⁴ U.S. General Services Administration, Universal Design and Accessibility [\[LINK\]](#)

1889 **Figure 22. Allowable Crisis Care Center Capital Development Scenarios**

Allowable Crisis Care Center Capital Development Scenarios	
Scenario	Description
Pre-Existing Facility	Crisis care centers may incorporate a pre-existing facility or program that provides behavioral health crisis stabilization services if the program’s site, services, and operations are compatible with crisis care center requirements.
Facility Acquisition	Crisis care centers may be developed by acquiring, renovating, or expanding an existing facility.
New Construction	Crisis care centers may be developed through new construction.
Multiple Facilities	In addition to individual facilities, the required crisis care center clinical components may be located within geographically adjacent facilities or non-contiguous facilities if transportation is provided between facilities for people seeking and receiving services. Regardless of configuration, King County will prefer development proposals that provide easy access for patients to all crisis care center services.
A crisis care center proposal may combine two or more of these scenarios. DCHS will accept proposals from individual organizations and multiple organizations that are interested in forming a multi-organizational partnership or consortium to develop and operate a crisis care center.	

1890
 1891 Facility operators may co-locate within a crisis care center ancillary services or programs that
 1892 complement the crisis care center service model. Examples of such services or programs include, but are
 1893 not limited to:

- 1894 • Community health clinics;
- 1895 • Outpatient behavioral health clinics;
- 1896 • Sobering, metabolizing¹⁹⁵, and post-overdose recovery centers;
- 1897 • Substance use treatment programs;
- 1898 • Affordable housing and permanent supportive housing, and
- 1899 • Other services that support the health and wellbeing of people accessing crisis care center
 1900 services, their families, and their caregivers.

1901
 1902 DCHS may prefer in procurements proposals that promote co-locations of complementary programs or
 1903 services.

1904
 1905 **Crisis Care Center Procurement and Siting Process**

1906 This subsection describes the crisis care center procurement and capital facility siting process,
 1907 summarized in Figure 23.

1908
 1909 Throughout the phases detailed in Figure 23, King County intends to support jurisdictions located within
 1910 specific crisis response zones to coordinate with potential facility operators and to identify and

¹⁹⁵ Metabolizing services refers to the biological process of a person metabolizing a psychoactive substance to eliminate it from their body. Metabolizing services (“sobering”) provide a safe environment for adults to recover from the acute effects of a psychoactive substance. Metabolizing services also serve as an access point for case management services and substance use services to support their self-determined health and recovery goals.

1911 recommend crisis care center facility sites.¹⁹⁶ DCHS will ensure that activities King County may
1912 undertake to facilitate a potential crisis care center proposal do not inappropriately factor into
1913 consideration of crisis care center procurement.

1914
1915 In recognition that it is preferred to have host jurisdiction support for operator and siting decisions, it is
1916 important to have robust local jurisdiction participation in the process. Each competitive procurement
1917 process conducted for operators of crisis care centers shall include a scoring subject matter expert
1918 representative on the proposal review panel to foster collaboration and understanding of local factors
1919 between King County and cities within each crisis response zone, to ensure individual cities and each
1920 per-zone group have a voice in the decision processes. The representatives must recuse themselves
1921 from scoring for the remainder of the review process if there is an actual or perceived conflict of interest
1922 at any stage in the review process. The proposal review panel for each competitive procurement process
1923 shall include representatives as follows:

1924
1925 The proposal review panel for each competitive procurement process shall include representatives as
1926 follows:

- 1927 1. A North King County crisis response zone representative selected by the Sound Cities
1928 Association from cities as defined in Section 1.C.1 of Ordinance 19572 to review crisis care
1929 center operator proposals for the north King County crisis response zone.
- 1930 2. A Central King County crisis response zone representative selected by the Mayor and the
1931 Council of the City of Seattle to review crisis care center operator proposals for the central
1932 King County crisis response.
- 1933 3. A South King County crisis response zone representative selected by the Sound Cities
1934 Association from cities as defined in Section 1.C.3 of Ordinance 19572 to review crisis care
1935 center operator proposals for the south King County crisis response zone.
- 1936 4. An East King County crisis response zone representative selected by the Sound Cities
1937 Association from cities as defined in Section 1.C.4 of Ordinance 19572 to review crisis care
1938 center operator proposals for the east King County crisis response zone.
- 1939 5. One representative selected by the City of Seattle and Sound Cities Association to review
1940 youth crisis care center operator proposals.

1941 The City of Seattle and Sound Cities Association shall send the names of their representatives to the
1942 Director of the Department of Community and Human Services and the Director of the Behavioral
1943 Health and Recovery Division no later than September 1, 2024, for competitive procurements occurring
1944 in 2024, and by January 1 every year thereafter in which competitive procurements for crisis care center
1945 operators will take place. If the City of Seattle or Sound Cities Association has not yet sent the
1946 Department of Community and Human Services representatives for the proposal review panel by the
1947 dates identified in this section, then the Department may proceed with the procurement process
1948 without the representatives in order to avoid crisis care center timeline delays and the representative
1949 may join the review panel once selected.

1950
1951 When selecting a crisis care center site, each selected crisis care center operator shall work with the
1952 crisis response zone representative of the relevant jurisdiction in the site selection process.

¹⁹⁶ In this section, “jurisdictions” means cities, tribes and other jurisdictional entities with siting authority that are physically located within King County.

1953

Figure 23. Summary of Crisis Care Center Procurement and Siting Process

Summary of Crisis Care Center Procurement and Siting Process	
Siting Phase	Description
Phase 1: Pre-Procurement	This is the period before DCHS procures crisis care center operators. Jurisdictions and potential crisis care center operators may form siting partnerships prior to the procurement process. DCHS provides technical support to potential host jurisdictions and facility operators to advance interjurisdictional alignment and partnerships between potential facility operators and jurisdictions.
Phase 2: Procurement	DCHS selects crisis care center operators through a competitive procurement process. DCHS will prefer operators that can demonstrate support from jurisdictions located within the crisis response zone where the crisis care center is proposed, with a focus on the host jurisdiction.
Phase 3: Siting	The period from DCHS executing contracts with a crisis care center operator to develop a facility and when a crisis care center facility opens. DCHS will support selected operators and host jurisdictions with community engagement and communications as described in Section V.E. Strategy 5: Capacity Building and Technical Assistance: Local Jurisdiction Capital Facility Siting Support Activities .
DCHS may be in different phases for each Crisis Response Zone and/or the youth-focused crisis care center at the same time, depending on how rapidly development of each crisis care center progresses.	

1954

1955

The competitive procurement process shall include an evaluation of how operators will ensure a therapeutic milieu for individuals with disparate and often conflicting needs, especially age disparities between youth in the youth facility, age disparities between seniors and adults in the adult facilities, individuals with substance use needs, and people in active psychosis.

1958

1959

1960

DCHS will prefer crisis care center procurement proposals that demonstrate support from a jurisdiction located within the crisis response zone where the facility is proposed. Jurisdictions can demonstrate support for a proposed site by providing a written statement as part of the procurement process that includes, but is not limited to, the following criteria:

1961

1962

1963

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1971

1972

1973

Preference will be given to potential sites for crisis care centers with support from the host jurisdiction that also include, but are not limited to, the following:

¹⁹⁷ Nothing in this requirement shall be interpreted to require a jurisdiction to inappropriately preempt, influence, interfere with, or pre-judge a ministerial or administrative determination.

- 1974 1. Existing facility or facilities that with retrofitting or remodeling will cost less than constructing a
- 1975 new facility.
- 1976 2. Sites that are bounded on all sides by rights-of-way and do not have any shared lot lines with
- 1977 adjacent properties or otherwise consistent with jurisdictional zoning and land use
- 1978 requirements.
- 1979 3. Sites with larger facilities that include potential expansion space and/or additional space for
- 1980 supporting service providers.
- 1981 4. Locations central to the community it will serve.
- 1982 5. Locations close to, or co-located with, existing community health facilities and hospitals for easy
- 1983 access and referral capabilities.
- 1984 6. Locations that provide easy access to bus, streetcar, light rail, and other forms of public transit.
- 1985 7. Facilities that have or would allow ample available onsite parking.
- 1986 8. Facilities that include existing infrastructure necessary to host a variety of medical related
- 1987 services.
- 1988 9. Facilities with multiple entrances that can be used to segregate portions of the facility into
- 1989 independent facilities.

1990 DCCHS will support the crisis care center facility siting process through CCC Levy funding as described in
 1991 [Section V.E. Strategy 5: Capacity Building and Technical Assistance](#). DCCHS will also support the siting
 1992 process by providing technical advice to jurisdictions and facility operators, supporting interjurisdictional
 1993 partnerships, supporting partnerships between facility operators and jurisdictions, supporting
 1994 community engagement, and creating and deploying communication content.

1995
 1996 **Siting a crisis care center will be a complex process involving review and approval by at least three**
 1997 **separate units of government** that only begins with Phases 1 and 2 in Figure 23. Once the King County-
 1998 administered procurement is complete and contracts with the selected crisis care center operators are
 1999 executed, Figure 23's Phase 3 requires an operator to complete at least two additional steps:

- 2000 • *Local Jurisdiction Zoning and Permitting:* First, an operator must satisfy land use, zoning, and
- 2001 permitting requirements of the host jurisdiction or jurisdictions. Each local jurisdiction defines
- 2002 its own land use, zoning, and permitting requirements and processes in accordance with state
- 2003 law. Historically, land use, zoning, and permitting decisions have often taken years, especially in
- 2004 conjunction with new construction or substantial capital rehabilitation for which some permits
- 2005 require a building or system to be built and then inspected while other types of permits must be
- 2006 acquired before or during construction.
- 2007 • *State-Level Facility and/or Operator Licensing:* Second, an operator must satisfy state-level
- 2008 Department of Health licensing requirements before a facility or its operator can begin providing
- 2009 certain types of behavioral health care that are required in the crisis care center clinical
- 2010 program. Other state-level licenses may also be necessary. It is common for Department of
- 2011 Health licensing requirements to take months, and they could take a year or more in some
- 2012 circumstances.

2013
 2014 This Plan recognizes the necessity of:

- 2015 • County-level procurement and contracting;
- 2016 • City or other local jurisdiction-level land use, zoning, and permitting; and
- 2017 • State-level licensing and their attendant requirements for public notice and potential review.

2018 **While recognizing the importance of these processes for effective facilities and operations, this Plan**
2019 **also acknowledges that in combination they have the potential to last for multiple years and**
2020 **constitute a substantial risk to the crisis care center capital development timelines that this Plan**
2021 **describes.**

2022
2023 **Alternative Siting Process**

2024 Ordinance 19572 requires a network of five crisis care centers by the end of 2032. Strong partnership
2025 between King County and cities or other local jurisdictions will produce the most rapid and effective
2026 accomplishment of this voter approved requirement. King County will encourage jurisdictions located
2027 within crisis response zones to coordinate with potential facility operators to identify and recommend
2028 crisis care center facility sites that meet the requirements defined in Ordinance 19572, this Plan, and
2029 future crisis care center procurement processes.

2030
2031 If, by December 31, 2026, King County does not yet have for any crisis response zone a viable proposal,
2032 with local jurisdiction support for an adult-focused crisis care center that meets the requirements
2033 defined in Ordinance 19572, this Plan, and future procurement processes, King County reserves all
2034 available rights, authorities, means, and abilities to proactively site and open an adult focused crisis care
2035 center within that crisis response zone.

2036
2037 If, by December 31, 2026, King County does not yet have a viable proposal that has host jurisdiction
2038 support for a youth-focused crisis care center that meets the requirements defined in King County
2039 Ordinance 19572, this Plan, and future procurement processes, King County reserves all available rights,
2040 authorities, means, and abilities to proactively site and open a youth focused crisis care center within
2041 King County.

2042
2043 The purpose of this alternative siting process is to prefer local jurisdiction supported crisis care center
2044 siting early in the CCC Levy period while ensuring that King County can fulfill the requirements of
2045 Ordinance 19572 as it was approved by a majority of King County voters in the April 2023 Special
2046 Election.

2047
2048 To best position crisis care centers for successful and timely siting in local jurisdictions, DCHS will
2049 maintain regular communications with stakeholders, including but not limited to the following:

- 2050 • Provide email updates to all King County Council offices, members and alternate members of
2051 the King County Regional Policy Committee or its successor, and Sound Cities Association when
2052 planning and releasing annual procurements and when announcing procurement results.
- 2053 • Incorporate updates on crisis care center operator awards and progress in each annual report.
- 2054 • For any crisis response zone that does not yet have a supported crisis care center operator after
2055 the 2024 and 2025 procurements, convene relevant jurisdictions to coordinate partnerships,
2056 provide technical assistance funding, and any other resources to help promote a successful
2057 procurement prior to 2027.
- 2058 • Create a list of steps needed to achieve a viable adult and youth crisis care center proposal, and
2059 by December 31, 2025, and prior to the release of the 2026 crisis care center operator
2060 procurement, and also at 30, 60, and 90 days prior to December 31, 2026, email an update to all
2061 King County Council offices, members and alternates of the King County Council Regional Policy
2062 Committee or its successor, and Sound Cities Association that summarizes steps remaining to
2063 achieve a viable proposal for each remaining unsited adult focused crisis care center or youth

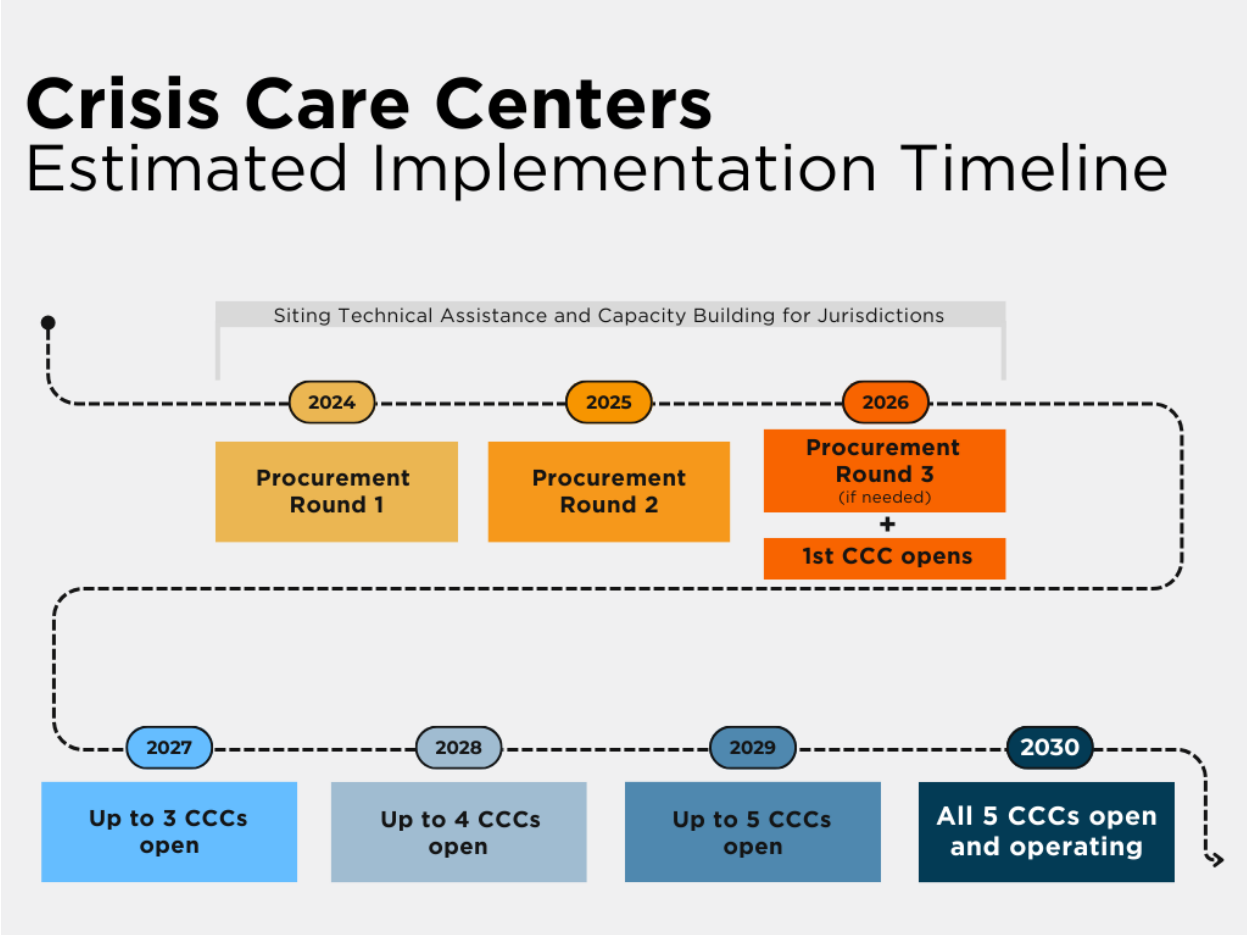
2064 focused crisis care center, along with a red, yellow, or green milestone assessment of whether
2065 progress is on schedule to avoid an executive alternative siting process.

2066
2067 The Executive may only commence an alternative siting process authorized in this subsection after
2068 transmitting a notification letter to the King County Council describing the decision, issued no earlier
2069 than January 1, 2027. The Executive will electronically file the letter with the clerk of the Council, who
2070 will retain an electronic copy and provide an electronic copy to all councilmembers and all members of
2071 the Regional Policy Committee or its successor. Unless the Council passes a motion rejecting the
2072 commencement of the alternative siting process within 30 days of the Executive’s transmittal, the
2073 Executive may proceed with the use of the alternative siting process.

2074
2075 **Sequence and Timing of Planned Expenditures and Activities**
2076 The process of developing and opening a crisis care center includes multiple parties and steps that have
2077 variable timelines. Before being able to open, any crisis care center would have had to satisfy at least
2078 the County-administered procurement and contracting process; a city or other local-jurisdiction defined
2079 land use, zoning, and/or permitting process; and a state department-defined licensing process. These
2080 necessary processes, administered by at least three separate levels of government, introduce
2081 substantial potential variability to the capital development timeline for a crisis care center.

2082
2083 This subsection describes the sequence and timing of expenditures and activities related to developing
2084 crisis care centers. It also describes when timelines may vary and how DCHS intends to work to mitigate
2085 these variables.

2086
2087 *Crisis Care Centers Implementation Timeline*
2088 DCHS intends to prioritize opening five crisis care centers as quickly as possible to meet the urgent
2089 needs of people experiencing behavioral health crises. DCHS plans to select crisis care center operators
2090 through an annual competitive procurement process starting in 2024, as depicted in Figure 24. The first
2091 procurement round in 2024 will prefer crisis care center proposals that can be developed and begin
2092 serving people rapidly. The 2024 round may include a single review deadline, multiple review deadlines,
2093 or a rolling review of applications, with the ability to make awards at different times within the round.
2094 The 2024 round will award contracts for a maximum of three centers. The purpose of this cap is twofold.
2095 First, it provides additional planning time for organizations that are interested in submitting a
2096 procurement proposal in 2025. The second purpose is to manage the timeline of expenditures against
2097 when CCC Levy proceeds are available. The 2025 procurement round will not have a cap on the number
2098 of awards, and a 2026 procurement round will only be held if operators for all five crisis care centers
2099 have not yet been selected.



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CCC Levy funding to support crisis care centers’ capital facility development and operating costs are planned to begin in 2025 and increase over time as crisis care centers are developed and become operational. Figure 24 depicts the estimated opening timeline for the five crisis care centers that will be funded with proceeds from the CCC Levy and described in this Plan. Strategy 1 funding levels as described above in Section V.A. Strategy 1: Created and Operated Five Crisis Care Centers: [Crisis Care Center Operational Activities](#) support this timeline.

2110 *Managing Development Timeline Variability*

2111 The crisis care center development timeline for individual facilities will likely differ due to the variability in capital facility development approaches depicted in Figure 22, and potential external factors that could impact the development timeline for a crisis care center during its siting, design, construction, or facility activation phases. Examples of such factors are summarized in Figure 25. This Plan identifies the factors and variety of responsible parties within Figure 25 to enable shared understanding between the King County Executive, King County Council, Regional Policy Committee, and King County residents about the importance of alignment to rapidly open crisis care centers, and about the substantial delays that are possible if various responsible parties are misaligned on the development of a crisis care center.

2119 **Figure 25. Examples of Potential Factors that Could Impact Crisis Care Centers' Development Timeline**

Examples of Potential Factors that Could Impact Crisis Care Centers' Development Timeline		
Development Phase	Potential Factors Impacting Timeline	Responsible Parties
Siting	<ul style="list-style-type: none"> • Site identification and feasibility analysis • Community engagement • Environmental impact review • Zoning and permitting 	<ul style="list-style-type: none"> • Crisis care center operator • Local jurisdictions • DCHS supports community engagement
Design	<ul style="list-style-type: none"> • Programming and clinical processes • Schematic design and design development • WA Department of Health licensing review • Construction and permit documents • Design review process 	<ul style="list-style-type: none"> • Design team • Crisis care center operator • Local jurisdictions • King County • WA Department of Health
Construction	<ul style="list-style-type: none"> • Supply chains • Macroeconomic conditions • Certificate of occupancy inspections • Labor availability 	<ul style="list-style-type: none"> • Vendors and contractors • Crisis care center operator • Local jurisdictions
Facility Activation	<ul style="list-style-type: none"> • Equipment and furniture installation • IT installation and stocking supplies • Facility licensing • Labor supply • Staff onboarding and training 	<ul style="list-style-type: none"> • Crisis care center operator • Local jurisdictions • WA Department of Health • Other licensing entities

- 2120
 2121 DCHS will work to mitigate potential timeline delays by:
- 2122 • Accelerating the development steps managed by DCHS, including expediting the release of the
 - 2123 crisis care centers procurement in 2024 after this Plan is adopted.
 - 2124 • Striving to provide clear and transparent communication about CCC Levy implementation to
 - 2125 support coordination and planning among parties involved in the development process;
 - 2126 • Providing siting support to jurisdictions and crisis care center operators as described in [Section](#)
 - 2127 [V.E. Strategy 5: Capacity Building and Technical Assistance: Local Jurisdiction Capital Facility](#)
 - 2128 [Siting Support Activities](#);
 - 2129 • Allowing existing facilities or facilities under development that are already sited and require
 - 2130 minimal construction to be eligible to respond to crisis care center procurements, and,
 - 2131 • Reviewing facility development plans during the crisis care centers procurement and giving
 - 2132 preference to proposals that can be developed and operated more rapidly while still meeting
 - 2133 crisis care center requirements defined in this Plan and future procurements and contracts.
 - 2134

2135 To ensure that five crisis care centers open by 2032, DCHS may choose to redistribute capital
 2136 development funds, alter the siting location, and release additional procurements if DCHS determines
 2137 that the development and opening timeline proposed by the selected crisis care center operator is no
 2138 longer viable. Before exercising this option, DCHS will work closely with the selected operator and host
 2139 jurisdiction to explore other paths to expedite the crisis care center development and opening.

2140 **B. Strategy 2: Restore, Expand, and Sustain Residential Treatment Capacity**

2141 **Overview**

2142 The CCC Levy’s Strategy 2 resources will restore, expand, and sustain residential treatment capacity in
2143 furtherance of a CCC levy Supporting Purpose 1. Sustaining residential treatment capacity means
2144 investing in existing residential treatment capital facilities to help prevent further facility closures. King
2145 County has lost one-third of its mental health residential treatment capacity since 2018. This loss of
2146 capacity has increased residential treatment wait times, made it more challenging for people to be
2147 discharged from higher-intensity levels of care, and has impacted the capacity of other behavioral health
2148 care settings because people cannot access the level of care that they need. Strategy 2 funds and
2149 activities will be prioritized to support existing residential treatment operators to prevent further facility
2150 closures and to restore King County’s mental health residential capacity to at least the 2018 level of 355
2151 beds.¹⁹⁸

2152
2153 Residential treatment provides important community-based treatment options for people who do not
2154 need behavioral health inpatient care, but who need a higher level of care than behavioral health
2155 outpatient services. Activities in Strategy 2 were developed as described in [Section III.D. Implementation
2156 Plan Methodology: Residential Treatment Methodology](#) based on the background included in [Section
2157 III.C. Key Historical and Current Conditions: Reduction in Residential Treatment Capacity](#) and community
2158 engagement described in [Section III.E. Community Engagement Summary: Theme E: Residential
2159 Treatment Expansion](#).

2160
2161 **Activities to Restore, Expand, and Sustain Residential Treatment Capacity**

2162 Strategy 2 will fund residential treatment capital facility development and maintenance activities. These
2163 activities are described in Figure 26. DCHS intends to distribute these resources to residential treatment
2164 facility operators through competitive procurement processes. Funding from this strategy may also be
2165 used to build additional residential treatment capacity beyond 355 beds.

¹⁹⁸ Mental health residential treatment facilities are a subset of residential treatment facilities, which are defined in King County Ordinance 19572 as “licensed, community-based facility that provides twenty-four-hour on-site care for persons with mental health conditions, substance use disorders, or both, in a residential setting” [\[LINK\]](#) This Plan prioritizes restoring mental health residential treatment capacity and preventing further residential treatment facility closures and may also expand other types of residential treatment facilities as allowed by Ordinance 19572 [\[LINK\]](#).

2166 **Figure 26. Allowable Residential Treatment Facility Capital Development and Maintenance Activities**

Allowable Residential Treatment Facility Capital Development and Maintenance Activities	
Activity	Description
Residential Treatment Capital Facility Development	Costs to develop and construct residential treatment facilities, such as, but not limited to, purchasing land, acquiring an existing facility, planning and design, building renovation or expansion, new construction, and other capital pre-development and development costs.
Residential Treatment Capital Facility Improvements	Costs to make capital improvements to existing residential facilities, such as, but not limited to, facility repairs, renovations, and expansions or enhancements of existing facilities to maintain or improve operations.
Residential Treatment Facility Maintenance	Residential treatment capital facility maintenance costs.

2167

2168 **Residential Treatment Capital Facility Procurement and Siting Process**

2169 This subsection describes the procurement and siting process for residential treatment facilities that
 2170 receive capital funding from the CCC Levy proceeds described in this Plan. CCC Levy proceeds dedicated
 2171 to residential facility capital development will be awarded through competitive procurement processes
 2172 beginning in 2024. The factors that DCHS may consider when awarding Strategy 2 funds include:

- 2173 • Whether a proposal increases local access to residential treatment beds throughout King County
 2174 by opening or expanding new residential treatment capacity in areas where few or no similar
 2175 residential treatment facilities exist;
- 2176 • Whether a proposal leverages a proposer's sited or licensed facility, thereby decreasing the cost
 2177 or time necessary for starting new operations or continuing improved operations by proposing
 2178 restoration, rehabilitation, or otherwise using a facility that is already licensed, already sited, or
 2179 otherwise already meets regulatory requirements, or
- 2180 • Whether a proposal to increase residential treatment capacity also increases equity in
 2181 behavioral health system access by proposing funding for an organization with expertise and
 2182 experience providing culturally and linguistically appropriate services for populations
 2183 experiencing behavioral health inequities (see [Section III.C. Key Historical and Current](#)
 2184 [Conditions: Who Experiences Behavioral Health Inequities](#)).

2185
 2186 Organizations that are awarded capital resources to expand residential treatment facilities and thereby
 2187 increase the number of treatment beds, must adhere to the relevant zoning and permitting laws and
 2188 regulations of the jurisdiction within which residential treatment facilities are sited. These organizations
 2189 must also satisfy licensing requirements from the state and additional requirements that King County
 2190 may impose through contract.

2191

2192 **2024 Levy Funding Approach for Rapid Initial Progress on Residential Treatment**

2193 Strategy 2's 2024 allocation will support capital improvement and maintenance costs of existing
 2194 residential treatment facilities and the development of new residential treatment facilities. DCHS
 2195 intends to accelerate the distribution of resources to support existing residential treatment facilities by
 2196 leveraging a broader behavioral health capital facility improvement procurement process that is planned

2197 for early 2024 and incorporates other funding sources, most notably MIDD.¹⁹⁹ The combined
 2198 procurement process will begin in early 2024 to expedite awarding of these resources soon after this
 2199 Plan is adopted. DCHS also plans to open a procurement in 2024 to distribute funds to support the
 2200 capital development of new residential treatment facilities. Procurement awards will not be made until
 2201 after this Plan is adopted. Figure 27 describes the anticipated timeline to distribute capital funding for
 2202 residential treatment facilities in 2024.

2203
 2204 **Figure 27. Timeline to Distribute CCC Levy Proceeds to Support Residential Treatment Facilities in 2024**

Timeline to Distribute CCC Levy Proceeds to Support Residential Treatment Facilities in 2024		
Mid-2023	Early 2024	As Early as Mid-2024
Request for Information: DCHS solicited information from residential treatment facility operators about capital maintenance and improvement funding needs to help inform this Plan and procurement process.	Competitive Procurement: DCHS plans to conduct a behavioral health capital facility procurement process that includes 2024 CCC Levy proceeds for residential treatment facilities preservation and development of new residential treatment facilities.	Funds Distribution: DCHS plans to award funding to residential treatment facility operators after this Plan is adopted.

2205
 2206 **Initial Prioritization of Residential Treatment Capacity**
 2207 The financial plan as described in Figure 35 contains an approximate allocation for Strategy 2: Restore,
 2208 Expand, and Sustain Residential Treatment Capacity of \$48,575,000 in 2027 and \$1,464,000 in 2028,
 2209 with similar amounts thereafter. The Executive will assess the outcome of these investments and report
 2210 whether the financial plan remains on target for these investments as part of the annual report.

2211
 2212 **C. Strategy 3: Strengthen the Community Behavioral Health Workforce**

2213 **Overview**

2214 It takes people to treat people. Strategy 3 directly supports the CCC Levy’s Supporting Purpose 2 by
 2215 investing in activities to strengthen the community behavioral health²⁰⁰ workforce in King County. This
 2216 strategy also directly supports the CCC Levy’s Paramount Purpose to establish and operate five crisis
 2217 care centers by investing in the development of King County’s behavioral health crisis workforce,
 2218 including crisis care center workers.

2219
 2220 Strategy 3’s workforce activities focus on helping more people join and make a career in community
 2221 behavioral health. Allowable activities within Strategy 3 fall into three broad categories:

¹⁹⁹ King County Ordinance 19712 appropriated MIDD funding for this purpose. [\[LINK\]](#) DCHS is planning to open a behavioral health capital procurement in early 2024. DCHS intends to also procure proposals to support capital improvement and maintenance costs of existing residential treatment facilities to accelerate to distribution of CCC Levy resources once this Plan is adopted.

²⁰⁰ As noted in footnote 58, in the context of this Plan, “community behavioral health” are those agencies that: meet the requirements defined in RCW Chapter 71.24, are licensed by the Washington State Department of Health as a community behavioral health agency as defined in WAC Chapter 246-341, and are contracted with the County’s BH-ASO or KCICN. Community behavioral health agencies must serve people who are enrolled in Medicaid health insurance to be eligible for CCC Levy funding through Strategy 3

- Career pathways for the broader community behavioral health workforce (called **community behavioral health career pathways**): Resources such as training and paying licensing fees that help workers join and progress within the community behavioral health workforce;
- Labor-management partnerships on shared workforce development efforts for the broader community behavioral health workforce (called **labor-management workforce development partnerships**): Programs like apprenticeships and training funds, and
- Workforce development efforts that are specific to the crisis response behavioral health workforce (called **crisis workforce development**): Specialized training for crisis workers and crisis settings.

Figure 28 provides additional summary descriptions for each of Strategy 3’s broad categories, and each is described in detail later in this section.

Figure 28. Allowable Community Behavioral Health Workforce Activities

Allowable Community Behavioral Health Workforce Activities	
Activity	Description
Community Behavioral Health Career Pathways	Resources to stabilize King County’s community behavioral health workforce from 2024-2026 through investments such as financial assistance with license and other professional fees, training and supporting the professional development of staff, and retaining and supporting the wellbeing of workers through activities that promote the physical, mental, and emotional health of employees. At least 25 percent of funding for this activity will be used to increase the representativeness of community behavioral health workers. DCHS will assess the outcomes of these stabilization investments and will propose a refined investment approach to King County Council for 2027 to 2032.
Labor-Management Workforce Development Partnerships	Funding to sustain and expand labor-management workforce development partnerships, including Washington State registered apprenticeship programs and labor-management partnership training funds.
Crisis Workforce Development	Funding to build King County’s crisis behavioral health workforce, including recruiting and retaining crisis care center workers and post-crisis follow-up workers and investing in specialty crisis training for community behavioral health workers serving King County. ²⁰¹

Community Behavioral Health Career Pathway Activities
 Strategy 3 will fund career pathway activities to support the development of King County’s community behavioral health workforce, as described in Figure 29 and Figure 30.²⁰² Career pathway resources will

²⁰¹ Post-crisis follow-up workers are behavioral health workers who provide post-crisis follow-up services for people who receive services at crisis care centers and are employed by agencies that are contracted to provide post-crisis follow-up services defined in [Section V.A. Strategy 1: Create and Operate Five Crisis Care Centers](#).

²⁰² Within the context of this Plan, “career pathways” means activities like training and recruiting that promote existing behavioral health workers’ professional development and support and incentivize new and existing workers to start and pursue long-term careers in community behavioral health.

2240 support the recruitment, training, retention, and wellbeing of community behavioral health workers
2241 through activities such as:
2242 • Tuition assistance;
2243 • Stipends for paid internships;
2244 • Clinical supervision costs;
2245 • Professional licensure fees;
2246 • Grants for community behavioral health agencies to promote the wellbeing of workers,²⁰³ and
2247 • Clinical training, including evidence-based practice training.

2248 DCHS will use at least 25 percent of the resources dedicated for community behavioral health career
2249 pathway activities for investments that are directly related to increasing the representativeness of King
2250 County's community behavioral health workforce.²⁰⁴

2251
2252 DCHS intends to support community behavioral health agencies contracted with the King County
2253 Integrated Care Network (KCICN) for career pathway activities through the expansion of existing
2254 contracts, reimbursement for eligible activities through existing payment mechanisms, and possible
2255 competitive procurements. These investment approaches will be consistent with DCHS's strategic
2256 community behavioral health workforce development plan, which will be approved by the County-
2257 provider Executive Committee of the KCICN and will be informed by significant and broad community
2258 engagement.

2259
2260 *Initial Prioritization and Assessment of Career Pathway Activities*
2261 Between 2024 and the end of 2026, as depicted in Figure 29, DCHS will fund career pathway activities to
2262 strengthen, support the development, and increase the representativeness of King County's community
2263 behavioral health workforce. During 2024 and 2025, DCHS will assess the impact of activities by
2264 researching best and emerging community behavioral health workforce development practices and
2265 soliciting input from community partners, behavioral health workers, and community behavioral health
2266 agency leaders. This assessment will allow DCHS to refine the initial funding approach and improve
2267 activities to strengthen the community behavioral health workforce, increase the representativeness of
2268 behavioral health workers, and build the community behavioral health workforce pipeline.

2269
2270 As part of this assessment, DCHS will convene a workgroup with community partners that have subject
2271 matter expertise in behavioral health workforce development to inform proposed refinements and
2272 adjustments to the initial funding approach. The assessment will include reviewing the impact of career
2273 pathway activities on increasing the representativeness of community behavioral health workers.

2274 Workgroup membership will include, but is not limited to:
2275 • Representatives of workers, including representatives of labor-management workforce
2276 development partnerships;
2277 • Higher education training programs, including a community and technical college;
2278 • Community behavioral health agencies, including representation from both an agency that
2279 provides mental health services and an agency that provides substance use services, and

²⁰³ Examples of activities that promote the wellbeing of community behavioral health workers include supervision and mentorship, covering staff time for self-directed program development and quality improvement initiatives, and access to mental health benefits.

²⁰⁴ See [Section III.F. Behavioral Health Equity Framework](#).

- People with expertise in improving the representativeness of the behavioral health workforce, including workers who identify as members of populations experiencing behavioral health inequities (see [Section III.C. Key Historical and Current Conditions: Who Experiences Behavioral Health Inequities](#)).

In 2026, prior to releasing funding for career pathway activities for 2027 to 2032, the Executive will transmit a notification letter to Council proposing refinements to career pathway activities and describing the community engagement process that informed the proposal. The Executive will electronically file the letter with the Clerk of the Council, who will retain an electronic copy and provide an electronic copy to all councilmembers, and members of the Regional Policy Committee. Unless the Council passes a motion rejecting the contemplated change within 30 days of the Executive’s transmittal or funding has not yet been sufficiently appropriated, the Executive may proceed with the use of funds allocated for 2027 to 2032 as set forth in the notification letter. All CCC Levy proceeds will remain subject to Council appropriation.

Figure 29. Community Behavioral Health Career Pathway Activities Timeline



[Section VII. Evaluation and Performance Measurement](#) outlines DCHS’s expected performance measurement for workforce investments. Where feasible, DCHS plans to use collected data to assess the representativeness of workforce and effect of investments to increase the representativeness of

2301 workers to better reflect the demographics of the people receiving community behavioral health
2302 services.
2303

Behavioral Health Equity Highlight

There is evidence that improving diversity among behavioral health workers to better reflect the communities they serve may help improve communication and trust while reducing behavioral health disparities. Community engagement further endorsed the importance of workforce representativeness. The activities referenced in this strategy to increase representativeness of the behavioral health workforce are central to meeting the goals described in [Section III.F. Behavioral Health Equity Framework: Representative Behavioral Health Workforce](#).

2304
2305 While not Strategy 3's focus, King County recognizes behavioral health wages as an important factor in
2306 both recruitment and retention activities. CCC Levy resources are insufficient to increase wages
2307 meaningfully and consistently across the region's entire community behavioral health workforce. Even if
2308 this were possible, doing so would substantially commit local funding where federal and state funding
2309 should increase instead. Specifically, investing local funds to raise wages for the region's entire
2310 community behavioral health workforce could inhibit efforts to raise Medicaid rates that would
2311 sustainably raise wages for the region's behavioral health workforce with federal and state funds. One
2312 exception to this general principle is that this Plan's Strategy 3 authorizes and allocates funds to support
2313 appropriate wages for the crisis care center workforce because these investments support the CCC
2314 Levy's Paramount Purpose. If funds become available through this Plan's provisions to allocate
2315 additional funds (see [Section VI. Financial Plan: Process to Make Substantial Adjustments to the
2316 Financial Plan](#)), this strategy authorizes DCHS to develop and administer activities to increase wages for
2317 the broader behavioral health workforce.

2318 2319 [Labor Management Workforce Development Partnership Activities](#)

2320 Labor management workforce development partnerships are activities that are supported by both
2321 management and front-line workers, in this case community behavioral health agencies and workers,
2322 including agencies that are represented by labor unions and agencies that are not represented.^{205,206}
2323 Strategy 3 funds labor management workforce development partnership activities, including behavioral
2324 health apprenticeships and other behavioral health worker training opportunities. These investments
2325 are intended to help build a skilled and diverse community behavioral health care workforce in King
2326 County in a way that incorporates workers' voices in workforce development.

2327 2328 [Behavioral Health Apprenticeship Program Activities](#)

2329 Strategy 3 includes funding to sustain and expand a Washington State registered apprenticeship
2330 program that offers behavioral health apprenticeships. Behavioral health apprenticeship programs are
2331 paid on the job training programs paired with technical instruction to train workers for behavioral health
2332 careers. These careers include but are not limited to peer counselors, substance use disorder
2333 professionals, and behavioral health technicians.

²⁰⁵ Labor management partnerships are relationships between front line workers and management. It is a collaborative effort focused on common goals, relationship with unified mission, improve organizational performance and employee wellbeing. [\[LINK\]](#)

²⁰⁶ SEIU Healthcare 1199NW Multi-Employer Training Fund. [\[LINK\]](#)

2334 Apprenticeship programs provide access to education and training for people who may be unable to
2335 afford college or significant classroom instruction time while working. The flexibility of apprenticeship
2336 programs can aid in recruitment of individuals from diverse backgrounds that historically have not had
2337 access to traditional higher education programs.²⁰⁷

2338
2339 Apprenticeships help workers and employers: Apprenticeship programs benefit workers by providing
2340 pay and benefits while pursuing a certification to advance their behavioral health careers.
2341 Apprenticeship programs benefit employers by building a skilled behavioral health workforce,
2342 promoting employee retention through professional development, and promoting increased workforce
2343 representation by reducing professional development barriers such as training costs.²⁰⁸

2344
2345 The apprenticeship programs funded by Strategy 3 will be available to community behavioral health
2346 agencies in King County and workers they employ to participate in behavioral health apprenticeships.
2347 Crisis care center operators funded with CCC Levy proceeds are among the eligible providers.
2348 Apprenticeships are managed by Washington State registered apprenticeship programs, and employers
2349 are responsible for hiring apprentices and mentors. Strategy 3 will sustain and expand DCHS's existing
2350 contract with a Washington State registered apprenticeship program. Eligible activities include, but are
2351 not limited to, apprenticeship program costs, eligible apprentice salary and benefit costs, employer and
2352 apprentice incentives, and program planning and recruitment costs.

2353
2354 *Labor Management Partnership Training Activities*

2355 Strategy 3 will also sustain and expand access to labor management partnership training activities for
2356 community behavioral health agencies in King County, including CCC levy-funded crisis care centers
2357 operators. Labor-management partnership training activities are developed in partnership between
2358 community behavioral health agency employers and frontline workers. DCHS intends to procure labor
2359 management training proposals and contract with community behavioral health agencies to pay for
2360 eligible activities. Eligible activities may include, but are not limited to, tuition assistance, professional
2361 development costs, professional certification fees, student supports, and career counseling. Community
2362 behavioral health agencies may use training resources for a labor-management partnership training
2363 fund in which they participate, or they may manage the training resources directly.²⁰⁹

2364
2365 *Crisis Workforce Development Activities*

2366 King County will need more people to join the region's community behavioral health workforce to staff
2367 CCC Levy-funded crisis care centers. Specific roles that crisis care centers need include, but are not
2368 limited to, peer specialists, substance use disorder professionals, mental health professionals,
2369 behavioral health technicians, nurses, nurse practitioners, and physicians. In addition to training and
2370 recruiting additional behavioral health workers, building a crisis workforce will require training existing
2371 workers to provide crisis services. Crisis services are unique clinical services that require specialized skills
2372 in de-escalation, risk assessment, triage decision-making, and motivational interviewing. Strategy 3
2373 invests resources to develop a crisis workforce in King County, which is described in the subsections
2374 below.

²⁰⁷ Health Care Apprenticeship Consortium [\[LINK\]](#)

²⁰⁸ Health Care Apprenticeship Consortium [\[LINK\]](#)

²⁰⁹ Labor management partnership training funds are structures that support health care entities, including community behavioral health agencies, in investing in direct education and training benefits at no cost for their employees.

2375 *Crisis Care Center and Post-Crisis Follow-Up Workforce Development Activities*
2376 Crisis care centers and post-crisis follow-up programs funded by CCC Levy proceeds, including
2377 organizations with expertise in delivering culturally and linguistically appropriate services (see [Section](#)
2378 [V.A. Strategy 1: Create and Operate Five Crisis Care Centers: Post-Crisis Stabilization Activities](#)), will need
2379 to hire hundreds of behavioral workers to operate at their full capacity.²¹⁰ Eligible activities under this
2380 component of Strategy 3 will invest in these organizations to recruit, train, retain, develop, and support
2381 the wellbeing of behavioral health crisis workers. Funds for these activities will be distributed to both
2382 crisis care center operators and post-crisis follow-up providers through a competitive procurement
2383 process and may be used to:

- 2384 • Increase wages for workers;
- 2385 • Improve benefits for workers;
- 2386 • Reduce the cost of living for workers, such as housing, education, or childcare;
- 2387 • Support the professional development of workers to improve service quality, and
- 2388 • Support worker wellbeing through activities such as supervision and mentorship, covering staff
2389 time for self-directed program development and quality improvement initiatives, and access to
2390 behavioral health benefits.

2391
2392 *Crisis Workforce Training Activities*
2393 Strategy 3 also includes activities to strengthen King County’s community behavioral health crisis
2394 workforce, including, but not limited to, crisis care centers funded by CCC Levy proceeds. DCHS will
2395 procure one or more entities to develop crisis specialty training resources that will be made available for
2396 behavioral health workers serving King County. Training resources will aim to build behavioral health
2397 workers’ knowledge and skill of how to assess, triage, and provide behavioral health crisis stabilization
2398 and treatment services for clients by using evidence-based and promising practices, culturally and
2399 linguistically appropriate approaches, trauma-informed care, and care coordination best practices.
2400 These training resources are intended to support behavioral health workers who work in specialty crisis
2401 settings as well as behavioral health workers who work in other settings, such as outpatient settings,
2402 who may benefit from developing their skills related to supporting a person experiencing a behavioral
2403 health crisis.²¹¹ DCHS may invest in training opportunities that build the crisis skills of specific behavioral
2404 health professions, such as specialty crisis internships, practicums, residencies, and fellowships for
2405 behavioral health students and workers pursuing careers in behavioral health crisis services.

2406
2407 **2024 Funding Approach for Rapid Initial Progress on Behavioral Health Workforce**
2408 DCHS intends to make rapid initial progress towards fulfilling Supporting Purpose 2 by allocating CCC
2409 Levy proceeds through Strategy 3 in 2024. Early workforce investments planned for 2024 and depicted
2410 in Figure 30 will help strengthen King County’s community behavioral health workforce, support the
2411 development of the behavioral health worker pipeline, and prepare to build the crisis specialty skills of
2412 behavioral health workers in King County. DCHS plans to begin the procurement and contract processes
2413 for these activities in early 2024 to expedite the distribution of these resources soon after this Plan is
2414 adopted. In this scenario, procurement awards will not be made until after the Plan is adopted.

2415

²¹⁰ For the purposes of being eligible for workforce investments under Strategy 3, providers with expertise in delivering culturally and linguistically appropriate services will be exempted from the requirements described in the definition of “community behavioral health” described in the footnote above.

²¹¹ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Crisis Services and the Behavioral Health Workforce Issue Brief [[LINK](#)].

2416 **Figure 30. Strategy 3 Plans in 2024 to Make Rapid Progress Towards Fulfilling Supporting Purpose 2**

Strategy 3 Plans in 2024 to Make Rapid Progress Toward Fulfilling Supporting Purpose 2	
Activity	2024 Plans
Community Behavioral Health Career Pathways	DCHS will provide resources to strengthen King County’s community behavioral health workforces through existing King County Integrated Care Network contracts, reimbursing allowable expenses, and possible procurements. ²¹² At least 25 percent of funding for this activity will be used to increase the representativeness of community behavioral health workers.
Labor-Management Workforce Development Partnerships	DCHS will expand its contract with a Washington State registered apprenticeship program to sustain and expand behavioral health apprenticeships. DCHS will procure proposals for labor-management partnership training activities.
Crisis Workforce Development	DCHS will procure one or more entities to develop crisis specialty training resources for community behavioral health workers serving King County.

2417
 2418 **D. Strategy 4: Early Crisis Response Investments**
 2419 Crisis care centers are major capital facility projects that will take time to develop and will not open
 2420 immediately. The anticipated crisis care center opening timeline is described in [Section V.A. Strategy 1:](#)
 2421 [Create and Operate 5 Crisis Care Centers: Sequence and Timing of Planned Expenditures and Activities.](#)
 2422 Strategy 4’s early crisis system activities will bring additional behavioral health crisis services and
 2423 resources to King County beginning in 2024, particularly to increase community-based crisis response
 2424 capacity, reduce fatal opioid overdoses, and invest in substance use capital facilities. Allowable activities
 2425 are described in this section and are summarized in Figure 31.

²¹² When possible, procurements will be combined to expedite the allocation of resources and to simplify the process for respondents. Funding will not be awarded until after this Plan is adopted.

2426

Figure 31. Summary of Allowable Crisis Response Investment Activities Beginning in 2024

Summary of Allowable Crisis Response Investment Activities Beginning in 2024	
Activity	Description
Increase Community-Based Crisis Response Capacity	Investments to expand community-based crisis response capacity, including expansion of adult and youth mobile crisis services and expansion of a pilot program that redirects 911 calls to behavioral health counselors.
Reduce Fatal Opioid Overdoses by Expanding Access to Low Barrier Opioid Overdose Reversal Medication	Investments to expand low-barrier access to medications and other public health supplies to reduce opioid overdose deaths, including naloxone and fentanyl testing strips. A portion of funds may be used for King County to administer the resources funded by this strategy and provide overdose prevention education.
Substance Use Facility Investments	Investments include capital funding for one or more behavioral health facilities that can create faster in-person access to substance use crisis services, for costs such as facility renovation or expansion, new construction, and other capital development or capital improvement costs. ²¹³ This may include funding for operations of an eligible client engagement team to support people with behavioral health, health care, and social service needs in the immediate area surrounding a capital facility funded by this strategy. ²¹⁴

2427

2428 **Increase Community-Based Crisis Response Capacity**

2429 Strategy 4 includes activities to increase the capacity of community-based crisis response programs.

2430 Community-based crisis response programs are services that can support a person experiencing a

2431 behavioral health crisis in a community-based setting. DCHS intends to expand the capacity of mobile

2432 crisis teams and a pilot program that redirects 911 calls to behavioral health specialists. These programs,

2433 which are described in more detail in the subsections below, will expand access to community-based

2434 crisis resources starting in 2024 before crisis care centers open. In addition, these investments will

2435 complement crisis care centers by increasing capacity to resolve a person’s crisis in community-based

2436 settings whenever possible without a transfer to facility-based care at a crisis care center. These

2437 investments may help manage crisis care centers’ capacity and client flow, which is further discussed in

2438 [Section V.A. Create and Operate Five Crisis Care Centers: Examples of Continuous Quality Improvement](#)

2439 [Activities](#).

2440

2441 *Expand Mobile Crisis Services*

2442 Mobile crisis services are provided by teams of behavioral health clinicians and peers who travel to

2443 community-based settings to support people experiencing behavioral health crises. Mobile crisis

2444 responders work to resolve a person’s behavioral health crisis in the community by providing crisis

2445 assessments, brief clinical interventions, and immediate basic need supports. Mobile crisis services also

2446 provide referrals and arrange transportation to appropriate care settings when a crisis cannot be

2447 resolved in the community. Strategy 4 will expand the capacity of mobile crisis services in King County,

²¹³ Eligible site-based behavioral health facilities are defined in the [Section V.D. Strategy 4: Early Crisis Response Investments: Substance Use Capital Facility Investments](#).

²¹⁴ Eligible client engagement teams are defined in the subsection within this section titled [Section V.D. Strategy 4: Early Crisis Response Investments: Substance Use Capital Facility Investments](#).

2448 including services for adults and youth, starting in 2024. DCHS intends to distribute these funds through
2449 contract expansions with existing mobile crisis service providers and through a competitive procurement
2450 process. This expansion will create additional crisis service capacity before crisis care centers open. It
2451 will also complement crisis care centers once they open by addressing crises in community settings
2452 whenever possible and serving as a key referral source when people need facility-based crisis care.

2453
2454 Mobile crisis service funding is an investment area that the state has an opportunity to increase and
2455 complement the CCC Levy. The state is responsible for funding mobile crisis services, including in King
2456 County, but the level of state investment is not yet adequate to provide the scale of mobile crisis
2457 services that is needed in King County. This means that people who could benefit from mobile crisis
2458 services are unable to access care. If the state increases mobile crisis funding during the CCC Levy period
2459 to a level that is better able to meet the needs of people living in King County, then DCHS may redirect
2460 Strategy 4 funds for this activity to another use, according to the funding prioritization described in
2461 [Section VI. Financial Plan: Process to Make Substantial Adjustments to the Financial Plan](#).

2462
2463 *Embed Behavioral Health Counselors in 911 Call Centers*

2464 When a person in King County is experiencing a behavioral health crisis and calls 911 seeking help, the
2465 main ways to access behavioral health care are through first responders transporting the person to
2466 emergency departments, or in limited cases, the Crisis Solution Center described in [Section III.C. Key
2467 Historical and Current Conditions: Need for Places to Go When in Crisis](#). An innovative national program
2468 model is being piloted in King County to co-locate trained behavioral health counselors in 911 call
2469 centers.^{215,216} This model makes it possible to redirect behavioral health crisis calls to specialized
2470 behavioral health counselors in lieu of law enforcement dispatch.²¹⁷ Once the call is redirected to a
2471 behavioral health counselor, the counselor works to support the person over the phone or dispatches a
2472 mobile crisis team to respond to the person. Given the limited first responder resources available, law
2473 enforcement agencies have supported this model to reduce strain on emergency services.²¹⁸ Strategy 4
2474 invests funding to expand this King County pilot starting in 2024.

2475

Behavioral Health Equity Highlight

Populations experiencing behavioral health inequities are more likely to be placed into involuntary treatment and be victims of police violence. DCHS aims to reduce these inequities by increasing access to community-based services as alternatives to law enforcement.

²¹⁵ The Council of State Governments Justice Center, Tips for Successfully Implementing a 911 Dispatch Diversion Program, October 2021. [\[LINK\]](#)

²¹⁶ The Washington State Department of Health (DOH) is collaborating with Washington’s 988 Lifeline crisis centers and 911 call centers, including in King County, to pilot this model on a small scale. The Mental Health Crisis Call Diversion Initiative is funded by the Washington State Department of Health and is described in RCW 71.24.890(2)(a). [\[LINK\]](#)

²¹⁷ National Association of State Mental Health Program Directors, 988 Convening Playbook – Public Safety Answering Points (PSAPs). [\[LINK\]](#)

²¹⁸ Police Executive Research Forum, Rethinking the Police Response to Mental Health-Related Calls Promising Models, October 2023. [\[LINK\]](#)

2476 **Reduce Fatal Opioid Overdoses by Expanding Low Barrier Opioid Reversal Medication**
2477 King County is experiencing an unprecedented number of opioid overdoses, as discussed in [Section III.C.](#)
2478 [Key Historical and Current Conditions: Unprecedented Rates of Suicide and Overdose Deaths](#). Naloxone
2479 is a lifesaving opioid overdose reversal medication that can be safely administered in community-based
2480 settings to prevent opioid overdose deaths.²¹⁹ Expanding access to naloxone and other public health
2481 resources in community-based settings can help prevent fatal opioid overdoses and other negative
2482 health outcomes. Beginning in 2024, Strategy 4 will fund activities that aim to reduce fatal opioid
2483 overdoses, including expanding access to naloxone and other relevant public health supplies through
2484 vending machines and other community-based distribution mechanisms.²²⁰ The medication and public
2485 health supplies distributed through vending machines and other mechanisms will be provided at no cost
2486 to community members and may be managed by King County. A portion of these funds may be used for
2487 King County to administer the resources funded by this strategy and provide overdose prevention
2488 education. King County will prioritize increasing access to naloxone and other relevant public health
2489 supplies in settings and communities that are experiencing the highest opioid overdose rates and the
2490 greatest opioid overdose disparities. Public Health Seattle and King County (PHSKC) online overdose
2491 data dashboards provide information about communities in the greatest need.²²¹

2492
2493 **Substance Use Facility Investments**
2494 Strategy 4 also includes capital facility funding for one or more site-based behavioral health facilities,
2495 especially those that are already permitted and can create faster in-person access to substance use crisis
2496 services, such as post-overdose recovery services, sobering services, and metabolizing services. Capital
2497 development activities may include, but are not limited to, facility renovation or expansion costs, new
2498 construction costs, and other capital development or capital improvement costs. One facility funded by
2499 Strategy 4 will include the 3rd Avenue post-overdose recovery center in Seattle. Strategy 4 may also
2500 include funding for the operations of a client engagement team to support people with behavioral
2501 health , health care, and social service needs in the immediate area surrounding a capital facility funded
2502 by this strategy if that client engagement team is operated by the same organization, or a subcontractor,
2503 providing services within a capital facility funded by this strategy for the purpose of engaging persons in
2504 services or promoting a healthy environment in which to seek or receive services.

2505
2506 **E. Strategy 5: Capacity Building and Technical Assistance**
2507 The investments made by the CCC Levy represent a significant expansion in King County’s behavioral
2508 health services. Strategy 5 will provide funding for capacity building and technical assistance activities to
2509 support the implementation of the CCC Levy’s strategies described in this Plan. The allowable activities
2510 funded by Strategy 5 are summarized in Figure 32 and described in the subsections below.

²¹⁹ Washington State Department of Health Naloxone Instructions [\[LINK\]](#)

²²⁰ Other public health resources may include resources that help prevent the death of people who use substances, reduce the risk of disease transmission, and support the health of people who use substances. An example of such a resource could include, but is not limited to, fentanyl testing strips. Other distribution mechanisms may include, but are not limited to, naloxone distribution boxes and other distribution mechanisms that make naloxone available for focused populations and the public.

²²¹ Seattle and King County Public Health online overdose data dashboards. [\[LINK\]](#)

2511

Figure 32. Strategy 5 Capacity Building and Technical Assistance Activities

Strategy 5 Capacity Building and Technical Assistance Activities	
Activity	Description
Facility Operator Capital Development Assistance	Technical assistance and capacity building to support crisis care center and residential treatment facility operators in developing capital facilities funded by CCC Levy proceeds including, but not limited to, capital facility predevelopment planning, capital financial planning, facility siting, facility design, facility construction, and post-construction facility activation.
Crisis Care Center Operator Regulatory and Quality Assurance	Technical assistance and capacity building to support crisis care center operators to comply with regulatory requirements, deliver high quality crisis clinical services including for young adults and people living with intellectual and developmental disabilities, and provide inclusive care. ²²²
Capacity Building for Providers with Expertise in Culturally and Linguistically Appropriate Services	Investments to build the organizational capacity of providers with expertise in providing culturally and linguistically appropriate services ²²³ including, but not limited to, administrative infrastructure investments; enhancing data and information technology systems; developing Medicaid and other health insurance billing infrastructure, and investing in workforce development, training, and worker wellbeing.
Local Jurisdiction Capital Facility Siting Support ²²⁴	Grants to local jurisdictions to offset a portion of jurisdictions’ costs directly related to siting behavioral health capital facilities funded by CCC Levy proceeds. Funding will be prioritized for purposes that expedite opening of crisis care center facilities. Funding may not be used to offset siting costs incurred by other parties nor other jurisdiction costs that cannot be directly attributed to facility siting.
DCHS Capital Facility Siting Technical Assistance	Funding for DCHS to provide siting technical assistance such as creating and deploying communication content, supporting siting community engagement, supporting interjurisdictional partnerships, and supporting facility operator and jurisdictional partnerships.

2512

2513 **Facility Operator Capital Development Assistance Activities**

2514 Strategy 5 will support technical assistance and capacity building activities to support organizations in
 2515 developing behavioral health facilities funded by CCC Levy proceeds. Organizations that are applying for
 2516 or receiving CCC Levy capital funding will be eligible to apply for capacity building and technical
 2517 assistance funding during CCC Levy procurement processes related to developing residential treatment
 2518 facilities or crisis care center facilities. Activities funded by Strategy 5 include, but are not limited to,
 2519 capital facility predevelopment planning, capital financial planning, facility siting, facility design, facility
 2520 construction, and post-construction facility activation. DCHS may use a portion of these resources to
 2521 hire organizations or consultants with relevant subject matter expertise to provide capacity building and
 2522 technical assistance directly to individual facility operators or through learning collaboratives for
 2523 multiple facility operators to support the development of capital facilities funded by this Plan.

²²² “Young adult,” also known as “transition age youth” means a person between eighteen and twenty-four years of age, per RCW 43.330.702 – Homeless youth—Definitions. [\[LINK\]](#)

²²³ National Culturally and Linguistically Appropriate Services (CLAS) Standards. Think Cultural Health, U.S. Department of Health & Human Services. [\[LINK\]](#)

²²⁴ In this section, “jurisdictions” means cities, Tribes and other jurisdictional entities with siting authority that are physically located within King County.

2524 **Crisis Care Center Operator Regulatory and Clinical Quality Activities**
2525 Crisis care centers are a new type of behavioral health facility in King County, and operators may need
2526 support to comply with regulations and provide high quality services. Strategy 5 will provide resources
2527 for technical assistance and capacity building activities to:

- 2528 • Support crisis care center operators to deliver high quality clinical services;
- 2529 • Provide inclusive care for populations experiencing behavioral health inequities (see [Section](#)
- 2530 [III.C. Key Historical and Current Conditions: Who Experiences Behavioral Health Inequities](#)), and
- 2531 • Comply with regulatory requirements.²²⁵

2532 Activities related to assisting crisis care center operators to deliver high quality clinical services include,
2533 but are not limited to:

- 2534 • Developing clinical policies and procedures;
- 2535 • Implementing care coordination clinical workflows and technology;
- 2536 • Implementing evidence-based and promising clinical practices;
- 2537 • Adopting de-escalation and least restrictive care best practices;
- 2538 • Building capacity for clinical quality improvement activities;
- 2539 • Increasing specialization in serving youth and people living with intellectual and developmental
- 2540 disabilities, and
- 2541 • Implementing best practices to support workforce development and staff wellbeing.²²⁶

2542 Activities related to providing inclusive care to populations experiencing behavioral health inequities
2543 include, but are not limited to:

- 2544 • Assisting crisis care center operators to institute CLAS best practices for providing culturally and
- 2545 linguistically appropriate services;
- 2546 • Providing cultural humility and health equity training for crisis care center staff²²⁷;
- 2547 • Providing organizational leadership training on best practices to advance health equity at an
- 2548 organizational level, and
- 2549 • Consulting with organizations with expertise in serving populations that experience behavioral
- 2550 health inequities (see [Section III.C. Key Historical and Current Conditions: Who Experiences](#)
- 2551 [Behavioral Health Inequities](#)) around adopting clinical best practices and supporting individual
- 2552 client case consultations when appropriate.²²⁸

2553 Activities related to regulatory technical assistance and capacity building include, but are not limited to,
2554 assisting crisis care center operators to comply with applicable local, state, and federal regulatory rules,
2555 and licensing, auditing, and accreditation requirements.

²²⁵ Examples of “experiential communities” include persons who have been incarcerated, persons who are survivors of gender-based violence, persons who have been subject to involuntary treatment under Washington’s involuntary Treatment Act, military veterans, immigrants, and refugees.

²²⁶ Supporting worker wellbeing includes providing supervision and mentorship, covering staff time for self-directed program development and quality improvement initiatives, and access to mental health benefits.

²²⁷ Cultural humility is an approach to providing healthcare services in a way that respects a person’s cultural identity. The use of this term is intended to align with the [U.S. Department of Health and Human Services Office of Minority Health’s definition of cultural humility \[LINK\]](#)

²²⁸ National Culturally and Linguistically Appropriate Services (CLAS) Standards. Think Cultural Health, U.S. Department of Health & Human Services. [\[LINK\]](#)

2558 Crisis care center operators will be able to apply for technical and capacity building support related to
2559 regulatory and quality assurance during crisis care center procurement processes. DCHS may use a
2560 portion of these resources to hire organizations or consultants with relevant subject matter expertise to
2561 provide the capacity building and technical assistance described in this subsection. Consultation may be
2562 provided to individual crisis care centers or through learning collaboratives for multiple crisis care
2563 centers.

2564
2565 **Capacity Building for Providers with Expertise in Culturally and Linguistically Appropriate**
2566 **Services**

2567 Funding through Section V.A. [Strategy 1: Create and Operate Five Crisis Care Centers: Culturally and](#)
2568 [Linguistically Appropriate Post-Crisis Follow-Up Services](#) is expected to increase the number of
2569 behavioral health organizations with expertise in culturally and linguistically appropriate services to be
2570 well positioned to provide post-crisis follow-up services for people who receive care at crisis care
2571 centers. Strategy 5 funding will support organizations with expertise in culturally and linguistically
2572 appropriate services described under Strategy 1 to:

- 2573 • Build their organizational capacity to provide and secure payment for delivering post-crisis
2574 follow-up and related services;
 - 2575 • Strengthen organizational administrative infrastructure;
 - 2576 • Enhance data and information technology systems;
 - 2577 • Develop Medicaid and other health insurance billing infrastructure, and
 - 2578 • Invest in workforce development, staff training, and worker wellbeing.²²⁹
- 2579

Behavioral Health Equity Highlight

The CLAS capacity building described in this section is an essential investment to advance behavioral health equity in the behavioral health crisis system and will have wider community impacts.

2580
2581 **Local Jurisdiction Capital Facility Siting Support Activities**
2582 DCHS also plans to award grants under Strategy 5 to local jurisdictions to help offset a portion of
2583 jurisdictions’ costs that are directly related to siting behavioral health capital facilities funded by CCC
2584 Levy proceeds and that are not recoverable under the jurisdiction’s permitting process, such as meeting
2585 facilitation, production of communication materials, and event costs and other expenses to complete
2586 outreach and engagement. Grants will be prioritized for uses that expedite the opening of crisis care
2587 center facilities funded in 2024, 2025, and 2026, which aligns with the preferred crisis care center siting
2588 timeline and process described in [Section V.A. Strategy 1: Create and Operate 5 Crisis Care Centers:](#)
2589 [Crisis Care Center Procurement and Siting Process](#). Funding for jurisdiction siting support activities may
2590 not be used to offset siting costs incurred by other parties or other jurisdiction costs that cannot be
2591 directly attributed to siting capital facilities funded by CCC Levy proceeds.

2592
2593 **DCHS Capital Facility Siting Technical Assistance**
2594 Strategy 5 also includes resources for DCHS to provide capital facility siting technical assistance to local
2595 jurisdictions and operators of capital behavioral health facilities funded by CCC Levy proceeds. DCHS

²²⁹ Supporting worker wellbeing includes providing supervision and mentorship, covering staff time for self-directed program development and quality improvement initiatives, and access to mental health benefits.

2596 technical assistance activities funded through Strategy 5 include, but are not limited to, creating and
2597 deploying communication content and supporting siting community engagement, interjurisdictional
2598 collaboration, and facility operator and jurisdictional partnerships. The community engagement
2599 activities funded by Strategy 5 are intended to augment the community engagement activities funded in
2600 [Section V.G. Strategy 7: Crisis Care Centers Levy Administration](#). They include, but are not limited to,
2601 costs related to engaging community members in capital facility siting processes and soliciting
2602 community input, communication costs, translation and interpretation costs, community engagement
2603 event costs, and costs to reduce barriers for community members to participate in related community
2604 engagement activities. DCHS may use a portion of these resources to fund organizations or consultants
2605 with relevant subject matter expertise to provide technical assistance directly to jurisdictions or capital
2606 facility operators to support the siting of capital facilities funded by this Plan.²³⁰
2607

F. Strategy 6: Evaluation and Performance Measurement Activities

2609 DCHS will assess the impact of the CCC Levy through evaluation and performance measurement
2610 activities. [Section VII. Evaluation and Performance Measurement](#) details how DCHS will conduct
2611 evaluation and performance activities. [Section VIII. Crisis Care Centers Levy Annual Reporting](#) describes
2612 how the CCC Levy’s results will be reported to the public and policymakers annually. This subsection
2613 describes what activities will be funded with CCC Levy proceeds, which are summarized in Figure 33.
2614 DCHS will measure and evaluate data to assess the CCC Levy’s impact, report its results, and inform
2615 efforts to improve the quality of CCC Levy funded services. DCHS may also engage in more in-depth
2616 evaluation activities to complement regular performance measurement and deepen learnings about the
2617 effect of the CCC Levy and the services the CCC Levy funds.

²³⁰ DCHS staff costs to support capital facility siting, including providing technical advice, are funded by [Section V.G. Strategy 7: Crisis Care Centers Levy Administration](#).

2618 **Figure 33. Evaluation and Performance Measurement Activities**

Evaluation and Performance Measurement Activities	
Activity	Description
Routine Reporting and Performance Measurement	DCHS’s costs to measure, analyze, evaluate, and report the impact of the CCC Levy to inform quality improvement initiatives and report the CCC Levy’s results to the public and policymakers.
In-Depth Evaluation	DCHS’s costs to conduct in-depth evaluations of the CCC Levy, which may include costs to contract with third parties.

2619
2620 **G. Strategy 7: Crisis Care Centers Levy Administration**

2621 Strategy 7 supports DCHS costs to manage the implementation of the CCC Levy over the nine-year Levy
2622 period. These investments include using DCHS staff to support the implementation of this Plan, promote
2623 accountability to the community, provide sufficient quality assurance and improvement oversight
2624 infrastructure, and integrate CCC Levy services into existing continuums of care to improve how people
2625 are able to access behavioral health services at crisis care centers and other community behavioral
2626 health settings. Strategy 7 also funds costs related to community engagement, developing data systems
2627 infrastructure and technology, and supporting the ability of designated crisis responders (DCRs) to serve
2628 crisis care centers, which are further described later in this subsection.²³¹ These allowable activities
2629 within Strategy 7 are described in Figure 34.

2630
2631 **Figure 34. CCC Levy Administration Activities**

CCC Levy Administration Activities	
Activity	Description
DCHS Administration Costs	DCHS’s costs to manage the implementation of the CCC Levy and oversee quality assurance and improvement activities, including but not limited to, DCHS staff costs, third party consulting and technical assistance, and indirect administrative costs.
Community Engagement	Community engagement activities include, but are not limited to, costs to reduce barriers to community member participation, translation and interpretation, costs to partner with community-based organizations to engage community members, and costs to organize community engagement events.
Data Systems Infrastructure and Technology	Investments in data systems infrastructure and technology to improve care coordination and ensure accurate and timely payment of contractors, and collect necessary data for performance measurement and evaluation. This will include, but may not be limited to, strengthening existing King County Information Technology systems, electronic health record interoperability improvements, and care coordination technical support for behavioral health providers.
DCR Accessibility	Activities that can help expedite DCRs’ ability to access crisis care centers, including but not limited to, satellite offices and transportation costs to reduce response times.

²³¹ King County Crisis and Commitment Services offers evaluation of people with behavioral health disorders for involuntary detention in psychiatric and secure withdrawal facilities according to Washington law. The law for adults is RCW 71.05. [\[LINK\]](#) For youth 13 through 17 years of age the law is RCW 71.34. [\[LINK\]](#) Crisis and Commitment staff who perform these duties are referred to as Designated Crisis Responders (DCRs). They are mental health professionals who are specially trained to conduct a holistic investigation of risk and to treat the person in need with dignity and respect during their time of crisis. [\[LINK\]](#)

2632 **Community Engagement**

2633 DCHS intends to prioritize community engagement throughout the term of the CCC Levy to help inform
2634 the ongoing implementation, quality improvement, evaluation and performance measurement, and
2635 accountability of the Levy. In addition to its engagement related to ongoing implementation activities,
2636 DCHS plans to engage community members around the opening of crisis care centers to raise awareness
2637 about these new services, including sharing information that is accessible in multiple languages and
2638 formats. The importance of community engagement in an ongoing and meaningful way was a consistent
2639 theme during implementation planning activities (see [Section III.E. Community Engagement Summary:
2640 Community Engagement During Future Planning Phases](#)). DCHS will engage community partners and
2641 community members impacted by the CCC Levy, including populations experiencing behavioral health
2642 inequities (see [Section III.C. Key Historical and Current Conditions: Who Experiences Behavioral Health
2643 Inequities](#)).²³² Community partners also include, but are not limited to, people who have received CCC
2644 Levy funded services, community-based organizations, contracted service providers, and elected officials
2645 and policy makers. DCHS intends to conduct listening sessions at least annually to solicit community
2646 feedback about the CCC Levy implementation. After the siting and provider selection process is
2647 completed, the selected crisis care center operator in each crisis response zone will create a "Good
2648 Neighbor Policy" that proactively manages relationships with the neighboring community of each crisis
2649 care center. The purpose of a Good Neighbor Policy is to identify ways that community stakeholders can
2650 work together to address potential impacts of the crisis care center and to formalize a positive working
2651 relationship between stakeholders for the benefits of all neighbors, including those being served by the
2652 crisis care center. At minimum, the Good Neighbor Policy should address the process for communicating
2653 with neighboring businesses and residents and policies and procedures for addressing neighborhood
2654 concerns, both during construction and ongoing operations of the crisis care centers. DCHS also intends
2655 to engage community partners in the CCC Levy's performance measurement and evaluation activities by
2656 publicly sharing and disseminating its annual reporting, and by soliciting provider feedback on
2657 performance measurement to foster accountability and collaboration in the measurement of the CCC
2658 Levy's progress.

2659
2660 **Expertise to Support Oversight of Behavioral Health Equity**

2661 Measuring behavioral health equity is a complex and nuanced task, as described in [Section III.F.
2662 Behavioral Health Equity Framework: Quality Improvement Accountability](#). Convening community
2663 partners is important to helping inform a quality metric selection process.²³³ DCHS plans to contract with
2664 community-based organizations or behavioral health agencies with expertise in culturally and
2665 linguistically appropriate services to help DCHS define quality standards and quality improvement
2666 activities to better serve people identified in this Plan's Background Section as populations experiencing
2667 behavioral health inequities (see [Section III.C. Key Historical and Current Conditions: Who Experiences
2668 Behavioral Health Inequities](#)). This investment will help inform quality improvement priorities for crisis
2669 care center operators and post-crisis follow-up providers.

²³² Examples of "experiential communities" include persons who have been incarcerated, persons who are survivors of gender-based violence, persons who have been subject to involuntary treatment under Washington's involuntary Treatment Act, military veterans, immigrants, and refugees.

²³³ Goldman, M. L., Shoyinka, S., Allender, B., Balfour, M., Eisen, J., Hopper, K., Minkoff, K., Parks, J., Pinheiro, A., Rosa, D., & Shaw, B. (2023). Quality Measurement in Crisis Services. National Council for Mental Wellbeing. [\[LINK\]](#)

Behavioral Health Equity Highlight

DCHS will make equity a key focus of CCC Levy administration activities. The community engagement investments described in this section are key to respond to community feedback about the importance of accountability and oversight of the CCC Levy, as well as ongoing community engagement. The investments of CCC Levy funds in expert consultations will be critical to ensuring that DCHS is overseeing its behavioral health equity framework using the best standards that are reflective of King County's communities and local context.

2670

2671 [Develop Data Systems Infrastructure and Technology](#)

2672 To advance the purposes of the CCC Levy, DCHS needs to have access to timely and accurate
2673 information and secure and reliable data systems. The CCC Levy will invest in data systems infrastructure
2674 and technology to improve service providers' ability to coordinate care for people experiencing a
2675 behavioral health crisis and to support providers' and DCHS's operational and administrative activities
2676 associated with implementing this Plan. These enhancements would have the added benefit of
2677 strengthening the administration of the entire public behavioral health system in King County, in line
2678 with the activities described in [Section V.A. Strategy 1: Create and Operate 5 Crisis Care Centers:](#)
2679 [Oversight of Crisis Care Center Operations and Quality](#). Furthermore, these enhancements would
2680 provide more robust data to support DCHS's performance measurement and evaluation activities,
2681 including internal and external-facing dashboards and annual reporting, as described in [Section VIII.](#)
2682 [Crisis Care Centers Levy Annual Reporting](#). CCC Levy investments in data systems infrastructure and
2683 technology may include upgrading outdated technology, redesigning databases to make them more
2684 efficient, and automating more data processing tasks and reports.

2685

2686 Care coordination is essential during a crisis encounter. Crisis service providers need to be able to
2687 efficiently access clinical information, such as a client's prior use of clinical services, their responses to
2688 prior treatments, and their current active services. This kind of information is critical for informing the
2689 initial risk assessment and triage, discharge planning, and engagement in post-crisis follow-up services.
2690 It is equally as important for crisis service providers to communicate with other providers, including
2691 automated alerts when someone has entered an acute care setting and information sharing to inform
2692 warm handoffs as a client begins to transition to longer-term care.

2693

2694 At the time of this Plan's drafting, providers in King County currently have limited access to relevant
2695 clinical and social services data, which is a common problem across the United States.²³⁴ The
2696 Washington State Health Care Authority and Department of Health are developing statewide crisis
2697 system data sharing platforms to support implementation of the 988 Suicide and Crisis Line and related
2698 crisis services, as required under E2SHB 1477.²³⁵ DCHS intends to coordinate with the state in these
2699 efforts to maximize the local benefits of these state investments. While these state activities are
2700 promising, there may remain a need for local investments in data systems and technology infrastructure
2701 if there is not full alignment with King County's local needs or timelines. DCHS will assess its progress
2702 toward data system and technology infrastructure and technology goals periodically to determine if
2703 there is a need to focus also on data system improvements solely within King County government.

²³⁴ Goldman, M. L., Shoyinka, S., Allender, B., Balfour, M., Eisen, J., Hopper, K., Minkoff, K., Parks, J., Pinheiro, A., Rosa, D., & Shaw, B. (2023). Quality Measurement in Crisis Services. National Council for Mental Wellbeing. [\[LINK\]](#)

²³⁵ 2SSB 1477 (2021). 2SHB 1477's scope included RCW chapters 71.24, 48.43, 43.06, and 82.86. [\[LINK\]](#)

2704 In addition to supporting clinical crisis care coordination, DCHS and crisis care center operators will need
2705 robust data systems for operational and administrative functions. As the administrator of King County’s
2706 Integrated Care Network (KCICN) and Behavioral Health Administrative Service Organization (BH-ASO),
2707 DCHS already maintains a core administrative processing system to facilitate payments to providers,
2708 reporting to the state and managed care organizations, and monitoring of provider and overall system
2709 performance. However, the addition of CCC Levy-funded programs will further add to the demands on
2710 the system. The CCC Levy presents a unique opportunity to expand and strengthen DCHS’s backbone
2711 technologies to securely and reliably manage data that are essential to the success of the CCC Levy.
2712

2713 Designated Crisis Responder Accessibility

2714 Ordinance 19572 requires crisis care centers to provide access to onsite assessment by a designated
2715 crisis responder (DCR) when needed.²³⁶ A persistent feature of King County’s pre-CCC Levy behavioral
2716 health system has been that wait times for a DCR evaluation in community settings have too often been
2717 measured in days and weeks instead of minutes and hours.^{237,238} While immediately seeking an
2718 involuntary commitment hold may, in rare cases, be appropriate, DCRs’ primary responsibility is to
2719 conduct a DCR evaluation and make an initial legal determination about whether a person meets legal
2720 criteria for detention under Washington’s Involuntary Treatment Act.²³⁹ DCRs are mental health
2721 clinicians, but they do not provide treatment. DCRs are an essential part of the region’s behavioral
2722 health crisis response system, but they should rarely be the first or only call a community member
2723 makes in a crisis.
2724

2725 The CCC Levy will create a regional network of crisis care centers that will enable treatment to become
2726 the first response to a behavioral health crisis. The creation of 24/7 walk-in facilities that provide
2727 specialized treatment for crises as they happen is central to the CCC Levy proposal. In addition to
2728 increasing access to care, crisis care centers are a key part of DCHS’s strategy to reduce DCR response
2729 times in community settings by reducing the number of calls that DCRs receive.
2730

2731 During the implementation planning process, DCHS received feedback from community members that
2732 timely access to a DCR evaluation is critical when needed, but that DCR access should be held in balance
2733 with trying treatment first, promoting least restrictive care, and prioritizing voluntary services. DCHS will
2734 address this feedback by investing in activities to expedite DCR assessments of a person who is
2735 experiencing a behavioral health crisis at a crisis care center when clinically appropriate. These activities
2736 are described in Figure 34 and include costs such as satellite DCR offices and transportation costs to
2737 reduce response times. DCHS will work with crisis care center operators to prioritize least restrictive

²³⁶ King County Crisis and Commitment Services offers evaluation of people with behavioral health disorders for involuntary detention in psychiatric and secure withdrawal facilities according to Washington law. The law for adults is RCW 71.05. For youth 13 through 17 years of age the law is RCW 71.34. Crisis and Commitment staff who perform these duties are referred to as Designated Crisis Responders (DCRs) They are mental health professionals who are specially trained to conduct a holistic investigation of risk and to treat the person in need with dignity and respect during their time of crisis. Crisis and Commitment Services are available 24 hours a day, 365 days a year [\[LINK\]](#).

²³⁷ Washington Post (2022) Fixing the broken lovelies: As American cities deteriorate, a psychiatric nurse reckons with the high price of compassion [\[LINK\]](#).

²³⁸ Seattle Times (2022) Washington’s designated crisis responders, a ‘last resort’ in mental health care, face overwhelming demand. [\[LINK\]](#)

²³⁹ RCW Chapters 71.05 [\[LINK\]](#) and 71.34 [\[LINK\]](#). King County BHRD Crisis and Commitment Services website. [\[LINK\]](#)

2738 care options whenever possible, thereby allowing DCRs to respond faster in crisis care centers and
2739 community settings to less frequent cases that have already exhausted less restrictive options for care.

2740

2741 **H. Strategy 8: Crisis Care Centers Levy Reserves**

2742 The CCC Levy will maintain fund reserves as directed by Ordinance 19572. The expenditure plan
2743 described in [Section VI.B. Financial Plan: Annual Expenditure Plan](#) includes a fund reserve equal to 60
2744 days of budgeted expenditures, less capital expenses, consistent with King County Comprehensive
2745 Financial Management Policies.²⁴⁰ The purpose of the reserve is to ensure continuity of levy-funded
2746 operating activities for 60 days if the CCC Levy is not renewed after 2032. The 60-day operating reserve
2747 will also help promote continuity of levy-funded activities in the event of fluctuations in CCC Levy
2748 revenue or strategy costs.

2749

2750 In addition, [Section V. A. Strategy 1: Create and Operate Five Crisis Care Centers](#) and [Section V. A.](#)
2751 [Strategy 2: Restore, Expand, and Sustain Residential Treatment Capacity](#) each reserve a portion of CCC
2752 Levy funding to help pay for ongoing capital maintenance costs of behavioral health capital facilities
2753 funded by Levy proceeds. These capital resources will promote the future sustainability of behavioral
2754 health capital facilities funded by this Plan.

²⁴⁰ King County Comprehensive Financial Management Policies (2016) [\[LINK\]](#)

2755 **VI. Financial Plan**

2756 **A. Overview**

2757 This section describes the CCC Levy’s financial plan and other related financial considerations. These
2758 considerations include the CCC Levy’s approach to incorporating additional financial resources to
2759 complement and augment CCC Levy proceeds, the role of health insurance funding, and the process to
2760 makes substantial adjustments to the financial plan. The strategy to establish and maintain CCC Levy
2761 reserves is described in [Section V.H. Strategy 8: Crisis Care Centers Levy Reserves](#).

2762

2763 **B. Financial Plan**

2764 **CCC Levy Annual Revenue Forecast**

2765 Figure 35 illustrates the CCC Levy’s annual revenue forecast from January 1, 2024, to December 31,
2766 2032. During 2024, the first year of the CCC Levy, the levy rate will be 14.5 cents per \$1,000 in assessed
2767 property value. From 2025 to 2032, total levy collections may increase in accordance with Washington
2768 State’s levy limit, which at the time of this Plan’s drafting was one percent annually plus the value of
2769 new construction as determined by the King County Assessor.²⁴¹ The revenue forecast incorporated into
2770 this Plan is from the King County OEFA August 2023 revenue forecast.²⁴² The revenue forecast depicted
2771 in Figure 35 assumes a 99 percent revenue collection rate and an assumption that the CCC Levy’s
2772 proceeds will generate annual interest revenue at a rate of 0.5 percent.^{243,244}

2773

2774 **Annual Expenditure Plan**

2775 The CCC Levy’s annual expenditure plan between 2024 and 2032 is described in Figure 35. The
2776 expenditure plan includes annual investment amounts for each of the CCC Levy’s strategies, which are
2777 described in [Section V. Crisis Care Centers Levy Strategies and Allowable Activities](#). The expenditure plan
2778 also includes one-time costs such as the election costs for King County Proposition 1 in April 2023 and
2779 initial planning costs permitted under Ordinance 19572.²⁴⁵ In addition to costs, the expenditure plan
2780 also includes health insurance funding assumptions, which account for the share of crisis care center
2781 expenses that are projected to be paid for by health insurance, including Medicaid. Additional
2782 information about the expenditure plan’s health insurance assumptions is described Section VI.
2783 Financial Plan: [Health Insurance Assumptions](#). CCC Levy reserves are also depicted in the expenditure
2784 plan, and additional reserve information is described in [Section V.H. Strategy 8: Crisis Care Centers Levy
2785 Reserves](#).

2786

²⁴¹ Municipal Research and Services Center (MRSC). *Levy Lid Lift*. [\[LINK\]](#)

²⁴² King County Office of Economic and Financial Analysis’ (OEFA) economic forecasts [\[LINK\]](#)

²⁴³ King County Office of Economic and Financial Analysis’ (OEFA) economic forecasts [\[LINK\]](#)

²⁴⁴ Fund revenues and corresponding cash balances accrue interest and County investment pool earnings, which are conservatively estimated at 0.5% of total collected revenues annually.

²⁴⁵ King County Elections. Ballot Measures: April 25, 2023 Special Election. King County Proposition No. 1: Crisis Care Centers Levy. [\[LINK\]](#)

2787 **Figure 35. Crisis Care Centers Levy Projected Revenue and Approximate Annual Allocations by Strategy, 2024-2032** ²⁴⁶

2788

Crisis Care Centers Levy Projected Revenue (2024 - 2032)										
	2024	2025	2026	2027	2028	2029	2030	2031	2032	Total
Projected CCC Levy Revenue	\$117,304,000	\$119,829,000	\$122,449,000	\$125,130,000	\$127,866,000	\$130,654,000	\$133,489,000	\$136,384,000	\$139,346,000	\$1,152,451,000
Projected Annual Interest	\$587,000	\$599,000	\$612,000	\$626,000	\$639,000	\$653,000	\$667,000	\$682,000	\$697,000	\$5,762,000
Total Revenue²⁴⁷	\$117,891,000	\$120,428,000	\$123,062,000	\$125,755,000	128,505,000	\$131,307,000	\$134,156,000	\$137,066,000	\$140,042,000	\$1,158,213,000

Crisis Care Centers Levy Approximate Allocation by Strategy (2024 - 2032)										
	2024	2025	2026	2027	2028	2029	2030	2031	2032	Total
Strategy 1: Create and Operate Five Crisis Care Centers	\$16,150,000	\$59,888,000	\$54,816,000	\$72,640,000	\$97,865,000	\$73,069,000	\$82,146,000	\$84,094,000	\$86,147,000	\$626,815,000
<i>Projected Additional Medicaid Funding</i>	\$-	\$-	\$3,801,000	\$15,426,000	\$27,388,000	\$35,723,000	\$40,268,000	\$40,852,000	\$41,444,000	\$204,904,000
Strategy 2: Restore, Expand, and Sustain Residential Treatment Capacity	\$42,000,000	\$33,340,000	\$40,148,000	\$48,575,000	\$1,464,000	\$1,611,000	\$1,772,000	\$1,949,000	\$2,144,000	\$173,001,000
Strategy 3: Strengthen the Community Behavioral Health Workforce	\$7,500,000	\$11,849,000	\$13,030,000	\$16,352,000	\$19,894,000	\$22,418,000	\$23,877,000	\$24,199,000	\$24,574,000	\$163,693,000
Strategy 4: Early Crisis Response Investments	\$8,200,000	\$6,290,000	\$7,410,000	\$7,518,000	\$7,627,000	\$7,737,000	\$7,522,000	\$7,632,000	\$7,742,000	\$67,678,000
Strategy 5: Capacity Building and Technical Assistance	\$1,750,000	\$2,029,000	\$2,058,000	\$1,357,000	\$1,748,000	\$2,203,000	\$2,071,000	\$1,659,000	\$1,683,000	\$16,559,000
Strategy 6: Evaluation and Performance Measurement Activities	\$771,000	\$1,099,000	\$1,127,000	\$1,156,000	\$1,239,000	\$1,270,000	\$1,302,000	\$1,335,000	\$1,369,000	\$10,667,000
Strategy 7: CCC Levy Administration	\$5,065,000	\$7,581,000	\$9,025,000	\$9,373,000	\$9,626,000	\$9,756,000	\$9,825,000	\$9,763,000	\$9,979,000	\$79,993,000
Election Costs	\$3,500,000									\$3,500,000
Planning Costs	\$1,000,000									\$1,000,000
Total CCC Levy Costs	\$85,936,000	\$122,077,000	\$127,613,000	\$156,971,000	\$139,462,000	\$118,064,000	\$128,515,000	\$130,631,000	\$133,638,000	\$1,142,908,000
Strategy 8: CCC Levy Reserves	\$4,354,000	\$2,050,000	\$1,833,000	\$3,506,000	\$5,330,000	\$6,573,000	\$7,281,000	\$7,445,000	\$15,285,000	

2789

²⁴⁶ The dollar amounts in this table are approximate and are rounded to the nearest thousand dollars.

²⁴⁷ The revenue forecast incorporated into this Plan is from the King County Office of Economic and Financial Analysis' August 2023 revenue forecast. [\[LINK\]](#)
The revenue forecast assumes a 99 percent revenue collection rate and an assumption that the CCC Levy's proceeds will generate annual interest revenue at a rate of 0.5 percent.

2790 **C. Sequencing and Timing of Planned Expenditures**

2791 Ordinance 19572 requires this Plan describe the sequence and timing of planned expenditures and
2792 activities necessary to establish and operate a regional network of five crisis care centers. This
2793 requirement is addressed in [Section V.A. Strategy 1: Create and Operate Five Crisis Care Centers:
2794 Sequence and Timing of Planned Expenditures and Activities](#). DCHS plans to open competitive
2795 procurement rounds in 2024, 2025, and 2026 if needed to select five crisis care center operators.
2796

2797 Ordinance 19572 also requires this Plan to describe how a portion of first year levy proceeds will be
2798 allocated to make rapid initial progress towards fulfilling the CCC Levy’s Supporting Purposes One and
2799 Two. [Section V.B. Restore, Expand, and Sustain Residential Treatment Capacity: 2024 Funding Approach
2800 for Rapid Initial Progress on Residential Treatment](#) describes how progress will be made in 2024 towards
2801 fulfilling Supporting Purpose 1. DCHS plans to open a competitive procurement in 2024 to award capital
2802 improvement funding for resident treatment facility operators to help stabilize the sector and prevent
2803 additional closures and to award capital funding for new residential treatment facility development.
2804 [Section V.C. Strategy 3: Strengthen the Community Behavioral Health Workforce: 2024 Funding
2805 Approach for Rapid Initial Progress on Behavioral Health Workforce](#) describes how progress will be
2806 made in 2024 towards fulfilling Supporting Purpose 2. DCHS plans to distribute resources to help
2807 strengthen and support the development of King County’s community behavioral health workforce
2808 through existing contracts with organizations and new procurement processes.
2809

2810 **D. Seeking and Incorporating Federal, State, and Philanthropic Resources**

2811 The CCC Levy’s financial plan is designed to advance the Paramount Purpose, Supporting Purpose 1, and
2812 Supporting Purpose 2, within forecasted resources. Forecasted resources include projected CCC Levy
2813 proceeds and health insurance funding. These funding assumptions are described in Section VI. B.
2814 Financial Plan: [CCC Levy Annual Revenue Forecast](#) and Section VI.E [Health Insurance Assumptions](#).
2815

2816 In this Plan’s financial plan, the Executive has not assumed federal, state, or philanthropic resources will
2817 contribute to achieving the CCC Levy’s purposes except for state and federal Medicaid funding based on
2818 information available at the time of this Plan’s drafting. While this Plan does not depend upon it,
2819 government and philanthropic partners have a significant opportunity to bolster the impact of the CCC
2820 Levy.
2821

2822 Additional philanthropic and government investments in CCC Levy purposes could reduce the amount of
2823 CCC Levy proceeds that are needed to fulfill this Plan’s strategies. CCC Levy proceeds could then expand
2824 funding for strategies through the uses described in Section VI. F. [Process to Make Substantial
2825 Adjustments to the Financial Plan](#). Government and philanthropic partners could also augment the
2826 impact of the CCC Levy by investing in other parts of the behavioral health system or in other areas that
2827 impact social determinants of health. For example, if federal and state partners invest in affordable
2828 housing resources to meet the scale of housing needs of people living with behavioral health conditions
2829 and housing instability in King County, individual experiences of behavioral health crises may be
2830 reduced. The Executive will seek investments from government and philanthropic partners to augment
2831 CCC Levy proceeds. Figure 36 describes examples of government and philanthropic investments that
2832 could complement this Plan.

2833

Figure 36. Federal, State, and Philanthropic Opportunities to Augment CCC Levy Proceeds

Federal, State, and Philanthropic Opportunities to Augment CCC Levy Proceeds			
Investment Area	Federal Government	State Government	Philanthropy
Medicaid Rates: Increase Medicaid rates to reduce the CCC Levy proceeds needed to subsidize services.	X	X	
Non-Medicaid Rates: Increase non-Medicaid funding for state and federal behavioral health services to reduce CCC Levy proceeds needed to subsidize costs for services and populations ineligible for Medicaid.	X	X	
Mobile Crisis Services: Increase funding for adult, youth, and specialty population mobile crisis services.	X	X	X
Capital Resources: Contribute capital resources to land and capital facilities funded by CCC Levy proceeds.	X	X	X
Transition Age Youth: Dedicate resources to create a specialized crisis care setting and services for transition age youth. ²⁴⁸	X	X	X
Housing Resources: Increase housing resources for people living with behavioral health conditions.	X	X	X
Workforce: Strengthen behavioral health workforce through training, recruitment, and retention funding.	X	X	X
Opioid Overdose Crisis: Address the opioid crisis by expanding naloxone, MOUD, and other services. ²⁴⁹	X	X	X
Care Coordination Technology: Invest in health informatics infrastructure to support crisis system.	X	X	X

2834

2835 Through King County’s annual legislative agenda and policymaker engagement activities, such as but not
 2836 limited to briefings, work sessions, and public meetings, the Executive intends to seek federal and state
 2837 government funding to complement the CCC Levy . DCHS will strive to coordinate the CCC Levy with
 2838 federal and state crisis service initiatives and investments to maximize resource coordination and crisis
 2839 system integration. As the state makes ongoing, state-wide investments in crisis facilities and programs,
 2840 the Executive will continue to seek funds to augment the CCC Levy.

2841

2842 The Executive and DCHS also plan to seek philanthropic funding by sharing opportunities for
 2843 philanthropic partners to amplify the impact of the CCC Levy proceeds with targeted funding support.
 2844 Similar to state and federal initiatives, DCHS will strive to coordinate with existing philanthropic
 2845 initiatives related to crisis services whenever feasible to maximize resource coordination across
 2846 initiatives.

²⁴⁸ “Young adult,” also known as “transition age youth” means a person between eighteen and twenty-four years of age, per RCW 43.330.702 – Homeless youth—Definitions. [\[LINK\]](#)

²⁴⁹ Naloxone is a lifesaving opioid overdose reversal medication that can be safely administered in community-based settings. “MOUD” means medication for opioid use disorder and includes medications that are used to support people receiving treatment for opioid use.

2847 **E. Health Insurance Assumptions**

2848 **Medicaid Health Insurance**

2849 The CCC Levy financial plan assumes that Medicaid health insurance (“Medicaid”) will pay for
2850 approximately 40 percent of the crisis care centers’ operating and service activities and approximately
2851 40 percent of the post-crisis follow-up program’s operating and service activities that are described in
2852 [Section V.A. Strategy 1: Create and Operate Five Crisis Care Centers](#). CCC Levy proceeds will be used to
2853 pay for the remaining 60 percent of these activities’ operating and service costs that are expected not to
2854 be covered by Medicaid.

2855
2856 DCHS developed the 40 percent Medicaid assumption by analyzing King County’s historic crisis service
2857 health insurance billing codes and utilization data, estimating the likely health insurance coverage payer
2858 mix of people who may access crisis care centers, and reviewing Medicaid funding rates at comparable
2859 facilities in Washington State. A review of crisis service health care billing codes and utilization rates
2860 showed a range of 29 percent to 50 percent of the client population was covered by Medicaid,
2861 depending on the service type, with a 34 percent average rate of people accessing behavioral health
2862 crisis services. The crisis care centers’ payer mix will likely be higher than this 34 percent average rate
2863 because crisis care centers are anticipated to disproportionately serve people who are eligible for
2864 Medicaid. King County reviewed the share of costs Medicaid covered at two comparable crisis facilities
2865 in Washington. Medicaid covered 24 percent of the operating and service costs at one facility and 86.5
2866 percent of the operating and service costs at the second facility.²⁵⁰ This analysis, along with King
2867 County’s commitment to maximize Medicaid billing through supporting Medicaid enrollment and billing
2868 infrastructure, resulted in this Plan’s funding assumption reflecting a modest increase from Medicaid
2869 utilization rates for crisis services that existed at the time of this Plan’s drafting, up to 40 percent
2870 Medicaid funding.

2871
2872 The actual Medicaid reimbursement amount, which may vary annually, may be higher or lower than this
2873 40 percent projection based on the implementation of state law directing the state to maximize the use
2874 of Medicaid for behavioral health services, including crisis services.²⁵¹ [Section VI. F. Process to Make](#)
2875 [Substantial Adjustments to the Financial Plan](#) describes how excess funding or reduced funding,
2876 including funding changes resulting from Medicaid assumptions, will be prioritized.

2877
2878 **Commercial Health Insurance**
2879 Recent state legislation regarding emergency health insurance coverage requires commercial health
2880 insurance plans (“commercial plans”) to cover behavioral health crisis services at the same level as
2881 physical health emergency services.²⁵² As a result of this legislation, beginning in 2024, commercial plans
2882 will pay for the types of behavioral health crisis services that will be delivered at crisis care centers as
2883 described in [Section V.A. Strategy 1: Create and Operate Five Crisis Care Centers](#). At the time of this
2884 Plan’s transmittal, commercial plan payment rates were being negotiated and were unknown. Due to
2885 the uncertainty regarding commercial plan rates, the CCC Levy’s financial plan does not assume any

²⁵⁰ The Crisis Solutions Centers in Seattle, WA has a 24 percent Medicaid reimbursement experience. The Spokane Regional Stabilization Center in Spokane, WA has an 86.5 percent Medicaid reimbursement experience.

²⁵¹ E2SSHB 1515 [\[LINK\]](#) and SSSB 5120 [\[LINK\]](#) both passed during the 2023 state legislative session and direct the Washington State Health Care Authority to maximize Medicaid billing for crisis services.

²⁵² Engrossed Second Substitute House Bill 1688 passed during the 2022 state legislative session and requires health insurance carriers to cover emergency services, including services provided at out-of-network facilities, up until the point of stabilization. [\[LINK\]](#)

2886 commercial plan funding. The actual commercial plan funding will likely be higher than zero dollars. The
2887 real amount will be determined by the insurance coverage payer mix of people who receive services at
2888 crisis care centers and the final negotiated commercial plan rates. Any future commercial insurance
2889 payments will offset CCC Levy expenses and will allow for CCC Levy proceeds to be prioritized for uses
2890 described in the next section, [Section VI. F. Process to Make Substantial Adjustments to the Financial](#)
2891 [Plan](#).

2893 **F. Process to Make Substantial Adjustments to the Financial Plan**

2894 **Overview**

2895 This section describes the process to communicate and make substantial adjustments to the CCC Levy's
2896 financial plan. A substantial adjustment is a change or series of changes within the same calendar year
2897 to a strategy's annual funding allocation by the greater of five percent or \$500,000.

2898
2899 A change is not considered a substantial adjustment if it is due to additional CCC Levy revenue or other
2900 funding sources becoming available. In this scenario, the additional CCC Levy revenue must be allocated
2901 according to the priorities described later in this section and cannot reduce another strategy's
2902 allocation. In addition, CCC Levy proceeds that are not spent within a strategy may be retained within
2903 the same strategy for use in a subsequent year without being considered a substantial adjustment for
2904 the purpose of this Plan.

2905
2906 Potential causes for substantial adjustments to the financial plan may include, but are not limited to:

- 2907 • Macroeconomic conditions such as inflation being higher than expected;
- 2908 • CCC Levy generating less revenue than forecasted;
- 2909 • Health insurance funding being lower than projected;²⁵³
- 2910 • Additional funding contributions allowing CCC Levy proceeds to be reprioritized;
- 2911 • Unanticipated fluctuations or variations in program costs, and
- 2912 • Evolving needs, such as workforce conditions and capital project timeline changes.

2913
2914 Expenditure of CCC Levy proceeds in any year remains subject to Council appropriation. Annual
2915 reporting requirements directed by Ordinance 19572 and this Plan include annual financial reporting.

2916 2917 **Process for Communicating and Making a Substantial Adjustment**

2918 Substantial adjustments to the CCC Levy's financial plan will be communicated according to the process
2919 defined in this subsection. If, without Council direction or concurrence, the Executive determines a
2920 substantive adjustment to the funding allocations specified in the CCC Levy's financial plan is needed,
2921 then the Executive will transmit a notification letter to Council detailing the scope of and rationale for
2922 the changes. The Executive may only send such notification letters as frequently as twice per year when
2923 needed. The Executive will electronically file the letter with the Clerk of the Council, who will retain an
2924 electronic copy and provide an electronic copy to all councilmembers, the Council Chief of Staff, the lead
2925 staff for the Committee of the Whole, or its successor, and the Regional Policy Committee. Unless the
2926 Council passes a motion rejecting the contemplated change within 30 days of the Executive's
2927 transmittal, the Executive may proceed with the change as set forth in the notification letter.

2928

²⁵³ In this context, health insurance includes Medicaid and commercial health insurance.

2929 **Priorities for Reducing Allocations Due to Revenue that is Less than this Plan’s Projections**
 2930 This subsection describes the process for prioritizing substantial adjustments that reduce this Plan’s
 2931 annual allocations to one or more strategies. If the projected CCC Levy revenue or health insurance
 2932 funding assumptions are less than this Plan’s projections in any year, then it may be necessary to make a
 2933 substantial adjustment to an allocation amount in one or more strategies. If this occurs, the Executive
 2934 will identify necessary substantial adjustments according to the priorities described in Figure 37.

2935
 2936 **Figure 37. Funding Priorities if CCC Levy Proceed Allocations Must be Reduced Due to Funding that is**
 2937 **Less than Projected**

Funding Priorities if CCC Levy Allocations Must be Reduced Due to Funding that is Less than Projected	
Priority	Description
First Priority	Maintain funding or minimize reductions to strategies with a direct link to accomplishing the Paramount Purpose to establish and operate a regional network of five crisis care centers in King County. ²⁵⁴
Second Priority	Maintain funding or minimize reductions to strategies with a direct link to accomplishing Supporting Purpose 2 to increase the sustainability and representativeness of the community behavioral health workforce in King County through recruitment, retention, and training activities. ²⁵⁵
Third Priority	Maintain or minimize reductions to strategies with a direct link to accomplishing Supporting Purpose 1 to restore the number of mental health residential treatment beds to at least 355 and expand the availability and sustainability of residential treatment in King County. ²⁵⁶

2938
 2939 **Priorities for Allocating Revenue in Excess of this Plan’s Original Allocations or to Reflect**
 2940 **Additional Funding from Other Sources**
 2941 This subsection describes the process for prioritizing allocations of CCC Levy revenue that exceed this
 2942 Plan’s revenue projections, or CCC Levy revenue that becomes available because other funding sources
 2943 are contributing funding toward this Plan’s strategies at a higher level than anticipated. Examples of
 2944 other funding sources could include but are not limited to higher than assumed health insurance
 2945 funding²⁵⁷ or complementary investments made by federal, state, and philanthropic partners to
 2946 augment the impact of the CCC Levy. Increases to a strategy’s allocation due to additional CCC Levy
 2947 revenue or funding secured for CCC Levy purposes from other sources that do not reduce another
 2948 strategy’s allocation and that comport with this subsection’s priorities do not constitute a substantial
 2949 adjustment for the purposes of this Plan. Expenditures of CCC Levy proceeds allocated through this
 2950 prioritization remain subject to Council appropriation. The Executive will apply the priorities described in
 2951 Figure 38 to allocate additional funding that becomes available because of higher CCC Levy revenue
 2952 projections or newly available funding from other sources.

²⁵⁴ Strategies with a direct link to accomplishing the CCC Levy’s paramount purpose include Strategy 1: Create and Operate Five Crisis Care Centers, Strategy 3: Strengthen the Community Behavioral Health Workforce, and Strategy 5: Capacity Building and Technical Assistance.

²⁵⁵ Strategy 3: Strengthen the Community Behavioral Health Workforce has a direct link to accomplishing the CCC Levy’s Supporting Purpose 2.

²⁵⁶ Strategies with a direct link to accomplishing Supporting Purpose 1 include Strategy 2: Restore, Expand, and Sustain Residential Treatment Capacity and Strategy 5: Capacity Building and Technical Assistance.

²⁵⁷ In this context, health insurance includes Medicaid and commercial health insurance.

2953

Figure 38. Priorities for Increasing Allocations Due to Additional Funding

Priorities for Increasing Allocations Due to Additional Funding	
Priority	Description
1st Priority	Ensure at least 60 days of operating reserves are funded.
2nd Priority	Increase funding to <i>Strategy 1: Create and Operate Five Crisis Care Centers</i> up to the amount needed to satisfy the Paramount Purpose if it has not been satisfied, including funding unanticipated strategy costs due to inflation and providing up to \$25 million in any single year for housing stability resources for people who receive services at crisis care centers and are experiencing homelessness.
3rd Priority	Increase funding to <i>Strategy 3: Strengthen the Community Behavioral Health Workforce</i> up to \$25 million in any single year.
4th Priority	Increase funding to <i>Strategy 2: Restore, Expand, and Sustain Residential Treatment Capacity</i> up to the amount needed to restore the number of mental health treatment beds in King County to at least 355 beds, including funding unanticipated strategy costs due to inflation.
5th Priority	Fund the creation and operation of additional crisis care center facilities, components of facilities, or other facilities that CCC Levy data shows would benefit crisis care center clients and are allowed under Ordinance 19572. An example of such a facility could include an additional crisis care center, beyond the five specified in Ordinance 19572, specializing in serving transition age youth. ²⁵⁸

2954

²⁵⁸ “Young adult,” also known as “transition age youth” means a person between eighteen and twenty-four years of age, per RCW 43.330.702 – Homeless youth—Definitions. [\[LINK\]](#)

2955 **VII. Evaluation and Performance Measurement**

2956 This section describes how DCHS will approach evaluating and measuring the performance of the CCC
 2957 Levy. This includes a description of the principles and framework that will guide evaluation and
 2958 performance measurement activities. A description of how CCC Levy proceeds will be used to support
 2959 evaluation and performance measurement activities is included in [Section V.F. Strategy 6: Evaluation
 2960 and Performance Measurement Activities](#). A description of how community partners may be engaged in
 2961 evaluation and performance measurement activities is included in [Section V.G. Strategy 7: Crisis Care
 2962 Centers Levy Administration](#). Lastly, DCHS will create and maintain an online annual report so the public
 2963 and policymakers can review the performance of the CCC Levy. The CCC Levy’s annual report
 2964 requirements and process are described in [Section VIII. Crisis Care Centers Levy Annual Reporting](#).
 2965

2966 **A. Evaluation and Performance Measurement Principles**

2967 The evaluation and performance measurement of the CCC Levy will be guided by the principles
 2968 described in Figure 39. Community engagement feedback and DCHS subject matter experts informed
 2969 these principles during the implementation planning process.
 2970

2971 *Figure 39. CCC Levy Evaluation and Performance Measurement Principles*

CCC Levy Evaluation and Performance Measurement Principles	
Principle	Description
Transparent and Community Informed	King County will transparently share evaluation and performance measurement findings via public annual reporting detailed in Section VIII. Crisis Care Centers Levy Annual Reporting , with clearly described methods and reliable data sources that are made available on a regular basis through public platforms. Community partners will be given opportunities to collaborate on approaches and information gathering related to evaluation and performance measurement activities.
Person-Centered	Throughout performance measurement and evaluation activities, King County plans to center the voices of people engaged with the crisis system to understand their experiences, preferences, and motivations.
Continuously Improving	DCHS plans to use data to make evidence-informed decisions to improve program quality and service effectiveness in its system oversight role of the CCC Levy. Whenever possible, measurement and evaluation findings and products will be used to engage service providers in continuous quality improvement initiatives. Performance measurement and evaluation approaches may also change over time to be responsive to emergent data needs and implementation factors.
Equitable	Performance measurement frameworks and evaluations will be grounded in King County’s Equity and Social Justice principles. ²⁵⁹ Whenever possible, DCHS plans to measure and document demographic data, including race and ethnicity data, to identify potential disparities and to measure equity impacts on the effectiveness of services.

2972

²⁵⁹ King County Equity and Social Justice Strategic Plan (2016-2022). [\[LINK\]](#)

Behavioral Health Equity Highlight

To address behavioral health inequities, it is necessary to measure disparities prior to and after implementation of interventions aimed at reducing inequities.). The CCC Levy’s evaluation and performance measurement plan will measure by race, ethnicity, or other demographic characteristics at both the program level and across programs to analyze the effectiveness strategies at reducing inequities. These analyses will yield critical information to advance the behavioral health equity framework.

2973

2974 **B. Evaluation and Performance Measurement Framework**

2975 The CCC Levy evaluation and performance measurement framework will focus on reporting measures
2976 relevant to monitoring performance of the CCC Levy, advancing continuous quality improvement, and
2977 generating clear and actionable evaluation products for the public. It is critical that the crisis services
2978 system can grow and evolve by building on what works well and improving what does not. This process
2979 should be continuously informed by performance metrics, outcome data, client experiences, and other
2980 relevant information, as described in [Section V.A. Strategy 1: Create and Operate Five Crisis Care
2981 Centers: Continuous Quality Improvement and Quality Assurance.](#)

2982

2983 Evaluation of the CCC Levy will aim to inform strategic learning and accountability. Strategic learning is
2984 using data to understand which strategies are effective and why they are effective to inform continuous
2985 quality improvement activities.²⁶⁰ Data from evaluation also supports shared responsibility and
2986 accountability for CCC Levy activities between the County and community agencies. Providers are
2987 accountable for the activities they are funded to do, while the County is accountable for the overall
2988 results of the CCC Levy.

2989

2990 The scale and complexity of the CCC Levy requires an evaluation approach that encompasses a range of
2991 measurement techniques. The evaluation framework will therefore include three overall approaches:

- 2992 1. **Population Indicators:** DCHS will use population level measures to identify needs, characterize
2993 baseline conditions, and track trends.
- 2994 2. **Performance Measurement:** Performance measures are regularly generated and collected
2995 descriptors of program processes and outcomes that can be used to assess how well a strategy
2996 is working.
- 2997 3. **In-Depth Evaluation:** Additional evaluation activities will complement performance
2998 measurement to deepen learnings and understand selected CCC Levy investments’
2999 effectiveness. Approaches may include piloting new programs, developing new evaluation tools,
3000 and identifying areas that may benefit from new or deeper community supports. DCHS may
3001 contract with one or more third party, independent organization(s), or engage in public private
3002 partnerships to conduct in depth evaluations.

3003

3004 These three approaches are described in more in the following subsections.

²⁶⁰ Center for Evaluation Innovation. Evaluation for Strategic Learning: Assessing Readiness and Results. [\[LINK\]](#)

3005 **Population Indicators**

3006 The CCC Levy will impact two priority populations, detailed in the list below, which reflect the two
3007 facility-focused purposes of the CCC Levy. DCHS will focus on measuring how these populations change
3008 over time in size and demographics. Where feasible, DCHS will disaggregate population indicator data by
3009 demographic characteristics to advance King County’s equity goals, including evaluating
3010 representativeness of services by comparing priority population demographics to regional population
3011 demographics (see [Section III. F. Behavioral Health Equity Framework: Quality Improvement and](#)
3012 [Accountability](#)). DCHS will also measure how the CCC Levy, as a part of the King County behavioral
3013 health system, provides services to these two priority populations. Building on the King County
3014 Behavioral Health Data System, DCHS plans to use the following definitions to provide estimates for
3015 following population indicators, which reflect the purposes of the CCC Levy as noted in parentheses:

- 3016 1. People seeking immediate and in person crisis care through intervention and stabilization
3017 services provided by County-contracted crisis services ([Paramount Purpose](#)); and
- 3018 2. People seeking residential treatment care and who have an open authorization to receive
3019 residential treatment with County-contracted residential treatment providers ([Supporting](#)
3020 [Purpose 1](#)).

3021
3022 While the goal is for the CCC Levy to contribute to population level outcomes in the long term, there are
3023 multiple other sectors and community factors that are also responsible for countywide conditions and,
3024 as a result, influence these measures. It is therefore difficult to attribute changes in population
3025 indicators — positive or negative — to the CCC Levy itself.

3026
3027 **Performance Measurement**

3028 DCHS will measure and report on the impact of the CCC Levy in the three domains defined by Results
3029 Based Accountability (RBA) framework, as appropriate.²⁶¹ The RBA framework describes performance
3030 measurement by asking three key questions: how much did we do, how well did we do it, and is anyone
3031 better off? The measurement framework will focus on reporting measures relevant to continuous
3032 quality improvement and generating clear and actionable evaluation products to the public.

3033
3034 This approach to performance measurement will promote strategic learning and accountability through
3035 transparency and collaboration with service providers funded through the CCC Levy. The RBA framework
3036 also helps reduce data collection burden for providers and ensures that measurement reflects both
3037 program and community definitions of progress. Consistent with standard practice for the department,
3038 DCHS will give service providers the opportunity to inform final plans for performance measurement to
3039 ensure they include meaningful measures and feasible reporting requirements.

3040
3041 For every strategy of the CCC Levy that is competitively procured, procurement materials such as
3042 requests for proposal (RFPs) will include proposed performance measures to transparently
3043 communicate contract expectations based on the CCC Levy’s intended impact and likely reporting
3044 requirements. During the contract negotiation process, DCHS will engage with selected service providers
3045 to finalize a performance measurement plan. The finalized performance measurement plan will capture
3046 the individual program model’s unique aspects, while also adopting standardized measures to facilitate
3047 measuring the CCC Levy’s collective impact.

²⁶¹ Clear Impact. What is Results Based Accountability? [[LINK](#)]

3048 Performance measures across programs will vary based on the populations served, duration of services,
3049 type of investment and activity, and funding duration. These measures can be quantitative or
3050 qualitative. DCHS intends to require contracted service providers to regularly report data for CCC Levy
3051 funded programs and strategies and will collect performance measurement data in a consistent manner.
3052 The timeline for developing and reporting measures will be distinct for each program and will depend on
3053 its implementation stage and data collection requirements. Specific measures will be finalized in
3054 consultation with providers and refined periodically.

3055
3056 For strategies that are investing in directly providing behavioral health services to clients, DCHS plans to
3057 collect and monitor performance measures on individuals served, the nature of services provided, and
3058 associated outcomes to support the implementation of [Strategy 1: Create and Operate Five Crisis Care
3059 Centers](#) and [Strategy 2: Restore, Expand, and Sustain Residential Treatment Capacity](#). Individual level
3060 data may be collected on people receiving services to disaggregate measures by race, ethnicity, or other
3061 demographic characteristics at both the program level and across programs for analysis within strategies
3062 and result areas.

3063
3064 For strategies that are investing in workforce or systems infrastructure, DCHS plans to collect and
3065 monitor performance measures among community behavioral health providers that describe agency
3066 attributes such as workforce characteristics, activities conducted, and associated outcomes to support
3067 the implementation of [Section V.C. Strategy 3: Community Behavioral Health Workforce](#). Individual-level
3068 data may be collected on a community behavioral health agency's staff to disaggregate measures by
3069 race, ethnicity, or other demographic characteristics at both the program level and across programs for
3070 analysis within strategies and result areas.

3071
3072 Across all strategies, DCHS intends to continue expanding the ways in which populations experiencing
3073 behavioral health inequities (see [Section III.C. Background: Who Experiences Behavioral Health
3074 Inequities](#)) are visible in data and are involved in decisions about what data are gathered and how it is
3075 interpreted. This may include expanding the ways existing systems disaggregate data by race and
3076 ethnicity, developing new methods for data collection, continuing to report on both numbers and
3077 stories to value participants' experiences, increasing opportunities for community reflection and
3078 feedback on data analysis, and evaluating representativeness by comparing demographics of people
3079 reached by CCC Levy strategies to regional population demographics. A description of how community
3080 partners will be engaged in evaluation and performance measurement activities is included in [Section
3081 V.G. Strategy 7: Crisis Care Centers Levy Administration](#).

3082 3083 [In-Depth Evaluation](#)

3084 Performance measurement and evaluation activities may also include additional in-depth evaluations
3085 that are more focused in scope, time, or substance to inform program decision making and to ensure
3086 that the CCC Levy is functioning as intended. To conduct such evaluations for the CCC Levy, DCHS may
3087 contract with external research partners or engage in public-private partnerships to augment its own
3088 data collection, measurement, and evaluation work. Where feasible, DCHS will disaggregate in-depth
3089 evaluation data by demographic characteristics to advance King County's equity goals.

3090
3091 In collaboration with community partners, the CCC Levy plans to use the following criteria for selecting
3092 priority areas for evaluation:

- 3093 1. **High interest from community partners.** Evaluations identified as being of critical need or
3094 interest to King County Council, Cities and the Sound Cities Association, community-based

- 3095 organizations, providers, the King County Behavioral Health Advisory Board, and others
3096 community partners as applicable.
- 3097 2. **High potential to improve equity.** Evaluations that focus on identifying disproportionalities in
3098 services, or identifying whether there is improvement in servicing historically underserved
3099 communities.
- 3100 3. **High potential to improve quality of services.** Evaluation of programs or processes that are
3101 integral to quality of care, and where findings can be used with partners for continuous quality
3102 improvement.
- 3103 4. **Provide new evidence.** Evaluation of new or existing programs that can fill a gap in the scientific
3104 evidence base and enhance program learning and adaptation.
- 3105 5. **High quality data.** Evaluations will be selected to leverage available robust, rigorous, and
3106 sustainable data sources; results may also inform where further data infrastructure investments
3107 are needed.

3109 The design of potential evaluations will be based on what is appropriate for the program’s stage of
3110 implementation, and the existing evidence base for effectiveness of the selected program models.
3111 Options include, but are not limited to:

- 3112 • **Formative evaluation** to support innovation and decision making for a new program;
- 3113 • **Process evaluation** to support program implementation and improvements, and,
- 3114 • **Outcomes evaluation** to demonstrate whether the program is leading to the desired results.

3115
3116 The timeline for completing in-depth evaluations will depend on when baseline data are available; the
3117 point at which a sufficient number of individuals have reached the outcome to generate a statistically
3118 reliable result; and the time needed for data collection, analyses, and interpretation of data.

3120 **C. Aligning CCC Levy Performance Measurement and Reporting with Other Dedicated Human** 3121 **Services Funding Initiatives**

3122 DCHS intends to align CCC Levy performance measurement and reporting with other dedicated human
3123 services funding initiatives where possible. Alignment is important because King County residents’
3124 health and human services needs span the boundaries of federal, state, and local funding. Revenue from
3125 the CCC Levy, along with the MIDD, Best Starts for Kids (BSK), the Veterans, Seniors, and Human Services
3126 Levy (VSHSL), and Health Through Housing (HTH) constitutes a substantial portion of King County’s local
3127 health and human service investments. Many of the County’s dedicated human services funding streams
3128 are time-limited, requiring periodic renewal. MIDD (expires after 2025), BSK (expires after 2027), and
3129 VSHSL (expires after 2029) will require renewal during the CCC Levy period to continue; and the County’s
3130 updated implementation plan for HTH is due in 2027 also during the CCC Levy period. In the
3131 development of this Plan, DCHS staff engaged across initiatives to coordinate planning efforts. These
3132 overlapping funding timelines offer opportunities over the course of the CCC Levy to innovate, adapt,
3133 and tune performance measurement and reporting in response to community needs.

3134
3135 In response to a proviso included in King County’s 2017-2018 adopted budget, DCHS has invested
3136 heavily in data systems and infrastructure to responsibly collect, manage, and share information, with
3137 the goal to make data widely accessible and used to animate conversations, spark innovation, and direct
3138 programming and policy decisions to benefit King County residents.²⁶² These investments have made

²⁶² Motion 15081 accepts DCHS’s report on consolidated human services reporting, as required by Ordinance 18409, Section 66, Proviso P2. [\[LINK\]](#)

3139 possible new data products, including online dashboards, that provide insight on participants in
3140 programs and activities and how they access services, as well as how investments and services are
3141 geographically distributed. This information supports monitoring and evaluating the collective impact in
3142 communities and informs continuous improvement of service delivery. Using these tools, DCHS
3143 collaborates with program participants, contracted service providers, and its own direct services staff to
3144 collect high-quality data, review program performance, and develop and monitor quality improvement
3145 initiatives.

3146
3147 In July 2022, DCHS released a consolidated dashboard to report data on BSK, MIDD, and VSHSL funded
3148 services.²⁶³ In 2023, the dashboard added data for all programs and activities, including those that were
3149 federally funded, in the Behavioral Health and Recovery Division and the Developmental Disabilities and
3150 Early Childhood Supports Division. By 2025, expansion of this dashboard will include further information
3151 from all DCHS divisions to transparently share how the department works to help strengthen the
3152 communities of King County. By 2026, CCC Levy data will be included in this dashboard to transparently
3153 show how this initiative works to help strengthen the communities of King County.

²⁶³ The consolidated dashboard is titled *Measuring DCHS' Impact*. [\[LINK\]](#)

3154 **VIII. Crisis Care Centers Levy Annual Reporting**

3155 **A. Annual Reporting Process and Requirements**

3156 Beginning in 2025, and until 2033, DCHS staff will generate an annual report in alignment with reporting
3157 requirements of this Plan and Ordinance 19572. The report will then be reviewed and certified by the
3158 CCC Levy advisory body.²⁶⁴ By no later than August 15 of each year, the certified annual report will be
3159 made available online so that the community and all interested parties, including the King County
3160 Council and Regional Policy Committee or its successor, will have unfettered access.

3161
3162 The first year’s report will report on information from calendar year 2024. Subsequent certified, annual
3163 reports will report on the previous year, including updating the previous year’s data. In consultation
3164 with Cities and the Sound Cities Association, as part of the annual report, DCHS will provide historical
3165 and current data in a manner that can be used to analyze services and to make year-over-year
3166 comparisons.

3167
3168 Recognizing that the annual report reflects a collaborative commitment from DCHS to provide useful
3169 data at the local level for local jurisdiction partners in support of levy purpose outcomes, , each CCC Levy
3170 online annual report will, consistent with Ordinance 19572, include:

- 3171 1. Total expenditure of CCC Levy proceeds by crisis response zone, crisis care center, purpose,
3172 strategy, activities related to crisis care center post-crisis stabilization, and activities related to
3173 expanding mobile crisis services, reported by King County ZIP code where the services were
3174 received, and
3175 2. The number of individuals receiving CCC Levy funded behavioral health care services by crisis
3176 response zone, crisis care center, purpose, strategy, , activities related to crisis care center post-
3177 crisis stabilization, and activities related to expanding mobile crisis services, reported by the ZIP
3178 code where the individuals resided at the time of services and by the King County ZIP code
3179 where the services were received, provided that individually protected information is not
3180 disclosed.

3181
3182 In addition, DCHS will, in consultation with Cities, develop strategies for ZIP code reporting for the CCC
3183 Levy’s Supporting Purpose Two, workforce development, informed by evolving career pathways
3184 programming and data availability, and include in the Executive's 2026 career pathways notification
3185 letter a plan for annual reporting of this ZIP code data.

3186
3187 Additionally, each CCC Levy online annual report will include:

- 3188 3. An overview of CCC facility utilization data as described in the Continuous Quality Improvement
3189 and Quality Assurance subsection of Strategy 1 in this Plan;
3190 4. Crisis care center operator awards made and progress on each awarded operator contract
3191 during the reporting period as required in the Alternative Siting Process section of Strategy 1 in
3192 this Plan;
3193 5. An overview of CCC Levy accomplishments during the previous calendar year, and changes DCHS
3194 intends to make or direct to improve performance in the following year, when applicable;
3195 6. Transportation data required by Section V.A. Strategy 1: Collect and Report High Quality Data
3196 subsection;

²⁶⁴ Described in [Section IX. Crisis Care Centers Levy Advisory Body](#)

- 3197 7. The assessment and reporting required by the Initial Prioritization of Residential Treatment
3198 Capacity of this Plan;
3199 8. The CCC Levy’s fiscal and performance measurement during the applicable calendar year, and
3200 9. A map or summary describing the CCC Levy’s geographic distribution.
3201

3202 No later than by August 15 of each year, the Executive will transmit directly to the Council, with a copy
3203 sent to the Regional Policy Committee, a summary of the online annual reporting in the form of a letter
3204 that:

- 3205 • Confirms availability of the online annual report and includes a web link or links;
- 3206 • Identifies how the online annual report meets the requirements of Ordinance 19572, and
- 3207 • Summarizes key data and conclusions in the five areas above, including an overview of
3208 accomplishments; fiscal and performance management; expenditure of levy proceeds by crisis
3209 response zone, strategy, and levy purpose by King County ZIP code; the number of individuals
3210 receiving levy-supported services by crisis response zone, strategy, and levy purpose by King
3211 County ZIP code; and a map or summary describing CCC Levy’s geographic distribution. This
3212 information will be described in greater detail within the online annual reporting.
3213

3214 The Executive will transmit with the summary letter a motion acknowledging receipt of the summary
3215 letter and completion of the online annual report requirement. The Executive will be prepared to
3216 present a briefing at the invitation of the King County Council or its committees, including the Regional
3217 Policy Committee, on the contents of the online annual report, to inform the Council's consideration of
3218 this motion.
3219

3220 **B. Reporting Methodology to Show Geographic Distribution by ZIP Code**

3221 Consistent with Ordinance 19572, each annual report shall provide total expenditures of CCC Levy
3222 proceeds by crisis response zone, purpose, and strategy by ZIP code in King County, reflecting the
3223 methodology and limitations described in this subsection. DCHS will also report the number of
3224 individuals receiving CCC Levy funded services by crisis response zone, purpose, and strategy by the ZIP
3225 code in King County where the individuals resided at the time of service, also reflecting the methodology
3226 and limitations described in this subsection. ZIP code data will be reported using maps or other
3227 visualizations to aid interpretation of the data.
3228

3229 **ZIP Code Reporting Methodology**

3230 DCHS intends to report expenditures by ZIP code data for all services that operate from a fixed brick and
3231 mortar location in each CCC Levy annual report, beginning with the inaugural 2025 report. DCHS intends
3232 to align methodology and dissemination practices for reporting program expenditures by ZIP code based
3233 on available data or modeling with approaches implemented in 2023 for Best Starts for Kids, and that
3234 are planned for the Veterans, Seniors, and Human Services Levy consistent with the adopted Veterans,
3235 Seniors, and Human Services Levy Implementation Plan for 2024-2029.²⁶⁵
3236

3237 DCHS evaluators may calculate expenditures by ZIP code through service provider location and program
3238 participant residence. Both approaches provide an understanding on the spread of expenditures across
3239 King County. For example, CCC Levy service providers may provide a mix of virtual, mobile, and in-
3240 person programs and services. Reporting by service provider location may not fully capture the service
3241 reach. Alternatively, reporting by program participant residence may not capture difficulties participants

²⁶⁵ Best Starts for Kids Implementation Plan: 2022-2027. [\[LINK\]](#)

3242 may have accessing services, including transportation. Many program participants access programs in
3243 more than one way. Using more than one methodology to assess expenditures by ZIP code can help
3244 deepen understanding of how programs are accessible to people throughout the County.
3245

3246 [ZIP Code Reporting Limitations](#)

3247 Collection of program participant ZIP code data may be limited for some programs in the following
3248 strategies found in Section V. A. Strategy 1: Create and Operate Five Crisis Care Centers, B. Strategy 2:
3249 Restore, Expand, and Sustain Residential Treatment Capacity, C. Strategy 3: Strengthen the Community
3250 Behavioral Health Workforce, D. Strategy 4: Early Crisis Response Investments, and E. Strategy 5:
3251 Capacity Building and Technical Assistance. The limitations include activities associated with, but not
3252 limited to, mobile programs or programs serving people experiencing homelessness, refugees, people
3253 experiencing acute behavioral health crisis, or people who are survivors of domestic violence.
3254 Geographic information may not be available or relevant for programs and strategies that invest in
3255 systems and environment change and strategies that support systemwide workforce capacity building.
3256 ZIP code collection may also not be possible for programs that are required to use an existing data
3257 system that the CCC Levy cannot revise, or when a legal framework prevents the sharing of these data.
3258 All reporting by ZIP code will continue to abide by privacy and confidentiality guidelines.

3259 **IX. Crisis Care Centers Levy Advisory Body**

3260 **A. Overview**

3261 This section describes the composition, duties of, and process to establish the CCC Levy’s advisory body,
3262 consistent with Ordinance 19572, which allows for the CCC Levy’s advisory body to be a preexisting King
3263 County board that has relevant expertise. This Plan identifies the [King County Behavioral Health](#)
3264 [Advisory Board \(BHAB\)](#) to serve as the advisory body because it has the relevant expertise to advise the
3265 Executive and the Council on matters relating to behavioral health care and crisis services in King
3266 County.²⁶⁶ Ordinance XXXXX (Proposed Ordinance 2024-0013) that accompanies this Plan will expand
3267 BHAB’s membership requirements and duties to include those set forth in Ordinance 19572.

3268
3269 **B. BHAB Background and Connection to CCC Levy Purposes**

3270 Integrating the CCC Levy’s advisory body duties into the BHAB will help promote the coordination and
3271 integration of crisis services across the continuum of behavioral health care managed by King County.
3272 BHAB is the advisory body of the King County BH-ASO. The BH-ASO is the administrative entity within
3273 King County BHRD that contracts with the Washington State HCA to manage non-Medicaid behavioral
3274 health services, behavioral health block grants, and other behavioral health funds, with a significant
3275 focus on crisis services. A significant portion of King County’s existing behavioral health crisis services are
3276 administratively organized under the BH-ASO. As the advisory body of the BH-ASO, BHAB has relevant
3277 expertise related to King County crisis services and is well positioned to advise the Executive and Council
3278 regarding the CCC Levy. In addition to having the relevant expertise, centralizing advisory duties within
3279 BHAB will ensure there is a single advisory body for King County’s continuum of crisis services. This
3280 approach is intended to help avoid system fragmentation and to promote an integrated approach to
3281 managing crisis services at the system level.

3282
3283 Ordinance 19572 defines the CCC Levy advisory body’s membership requirements and duties, which
3284 complement BHAB’s existing statutory and contractual requirements. BHAB membership requirements
3285 and duties are established in the Revised Code of Washington (RCW) 71.24.300, Washington State
3286 Administrative Code (WAC) 182-538C-252, King County’s BHASO contract with the HCA, and King County
3287 Code 2A.300.050.^{267, 268, 269, 270} Thus, an expansion of the BHAB’s board member composition
3288 requirements and advisory duties to include advising on the CCC Levy will not conflict with its state
3289 requirements.

3290 To reduce the potential of conflicts, the reader is directed to Ordinance XXXXX (Proposed
3291 Ordinance 2024-0013), for the composition and duties to be fulfilled the BHAB serving as the CCC Levy
3292 advisory body.

²⁶⁶ King County Behavioral Health Advisory Board [\[LINK\]](#)

²⁶⁷ RCW 71.24.300 [\[LINK\]](#)

²⁶⁸ WAC 182-538C-230 [\[LINK\]](#)

²⁶⁹ King County Code 2A.300.050 [\[LINK\]](#)

²⁷⁰ The 2023 HCA BH-ASO contract can be obtained from DCHS.

Behavioral Health Equity Highlight

The Behavioral Health Advisory Board serving as the CCC Levy advisory body will play an important role by providing a forum for people with demographics representative of King County as well as lived experience of mental health and substance use conditions to inform DCHS on the CCC Levy's impacts, which will help advance the equity goal described in [Section III. F. Behavioral Health Equity Framework: Quality Improvement Accountability](#).

3293

3294 [BHAB Member Recruitment Process](#)

3295 Members of the BHAB serving at the time of this Plan's drafting will continue to serve their advisory
3296 board terms after the Plan and its accompanying advisory board ordinance are enacted. Upon adoption
3297 of Ordinance XXXXX (Proposed Ordinance 2024-0013), as necessary to meet the membership
3298 requirements for the CCC Levy advisory body, the Executive shall undertake a recruitment process to
3299 select for appointment new members that satisfy the CCC Levy advisory body qualifications, and subject
3300 to confirmation by the Council, in accordance with K.C.C. chapter 2.28. When BHAB seats become
3301 vacant, the Executive will appoint new BHAB members, informed by the composition requirements of
3302 Ordinance XXXXX (Proposed Ordinance 2024-0013), and subject to confirmation by the Council, in
3303 accordance with K.C.C. chapter 2.28. The Regional Policy Committee will be copied on the appointment
3304 transmittal to Council.

3305

3306 [BHAB Support](#)

3307 DCHS will provide staff support to BHAB and, in consultation with BHAB, will help BHAB fulfill its
3308 required CCC Levy duties described in this section. DCHS will work to remove barriers that may dissuade
3309 persons from seeking to join BHAB. Included in those strategies will be per diem compensation.

3310

3311 [D. Expansion of BHAB's Duties to Include the CCC Levy](#)

3312 BHAB is responsible for advising the King County BH-ASO on the design and implementation of publicly
3313 funded behavioral health services.²⁷¹ This Plan and the accompanying of Ordinance XXXXX (Proposed
3314 Ordinance 2024-0013), expand the duties of BHAB to include the CCC Levy's advisory body duties
3315 required in Ordinance 19572. These additional required duties include:

- 3316 • Advise the King County Executive and Council on matters affecting the CCC Levy;
- 3317 • Visit each existing crisis care center annually to better understand the perspectives and
3318 priorities of crisis care center operators, staff, and clients, and
- 3319 • Report on the CCC Levy to the Council and the community through annual online reports
3320 beginning in 2025, as described in [Section VIII. Crisis Care Centers Levy Annual Reporting](#).

3321

3322 BHAB's additional duties related to advising the CCC Levy will go into effect on the effective date of the
3323 of Ordinance XXXXX (Proposed Ordinance 2024-0013).

3324

3325 [E. Process to Update CCC Levy Advisory Body if Necessary](#)

3326 Existing BHAB membership requirements and duties defined by state law and state contracts may be
3327 updated during this Plan's term. These potential changes could require adjustment of BHAB's
3328 membership composition or duties that are described in this Plan and the accompanying of Ordinance

²⁷¹ King County Behavioral Health Advisory Board Bylaws [\[LINK\]](#)

3329 XXXXX (Proposed Ordinance 2024-0013). If BHAB’s requirements are updated by the state in a way that
3330 is no longer compatible with the CCC Levy or if the Executive determines that a different CCC advisory
3331 body will better serve effective administration of the CCC Levy, then the Executive may propose an
3332 ordinance to the Council to update the CCC Levy’s advisory body structure, that will not require an
3333 amendment to this Plan. If the Executive proposes an ordinance to Council to update the CCC Levy's
3334 advisory board structure, the Executive will notify the Regional Policy Committee.

3335 **X. Conclusion**

3336 King County voters approved the Crisis Care Centers Levy on April 25, 2023. The nine-year levy begins on
3337 January 1, 2024, starting an ambitious timeline to transform the region’s behavioral health crisis
3338 response system, restore the region’s flagging mental health residential facilities, and reinforce the
3339 workforce — the people — upon whom tens of thousands of King County residents depend for their
3340 behavioral health. This Plan lays the path that King County, cities and other local jurisdictions, and
3341 behavioral health providers must travel with urgency, common purpose, and strong partnership so that
3342 future generations will have a safe, accessible, and effective place to go in a moment of mental health or
3343 substance use crisis.

3344
3345 **King County begins this levy at a critical moment.** The other systems upon which society depends —
3346 schools, the legal system, housing providers, first responders, hospitals, employers, and so many more
3347 — newly recognize that they cannot fully function if the people they serve cannot get behavioral health
3348 care. Federal and state funding for behavioral health have not kept pace with needs, and local
3349 communities, families, and individuals bear the results. Without better options, too many King County
3350 residents experiencing a crisis have languished in a jail, emergency room, on the street, or alone in their
3351 home when what they needed was a place they could get same-day care from a trained and supportive
3352 professional in a setting that helps, instead of making symptoms or underlying conditions worse.

3353
3354 **The Crisis Care Centers Levy also comes at a moment of new opportunity.** Other communities have
3355 tested and proven models of care and facility types that help people get better. Mental health and
3356 substance use treatments work when they are accessible and properly administered with dignity. The
3357 new 988 crisis line gives people in crisis someone they can call. Governments at all levels are investing in
3358 new teams and approaches that respond to more emergency calls with behavioral health clinicians.

3359
3360 At this moment when long-forming needs meet new attitudes and infrastructures, people in crisis
3361 increasingly have *someone they can call* and *someone to respond* to those calls. This Plan describes how
3362 King County will focus new resources and efforts to create *somewhere for people to go* — and to know
3363 that there will be providers there to help.

3364
3365 **But plans do not by themselves make change.** Creating a regional network of crisis care centers,
3366 restoring the region’s recently lost residential treatment capacity, and growing and better supporting a
3367 more representative workforce in nine years will require King County, cities and other local jurisdictions,
3368 and providers to work together in new ways. King County must fully resource and staff this Plan’s
3369 strategies, maintaining disciplined prioritization — and avoiding diffusion — of the Levy’s proceeds and
3370 staff capacity. Cities, other local jurisdictions, and communities must embrace and support development
3371 of new behavioral health facilities. Providers will need to incorporate new practices, integrate services,
3372 and coordinate care with new partners. All must communicate, collaborate, and be accountable with a
3373 new commitment to creating a behavioral health system and model of cooperation that future
3374 generations will be proud of and depend on.

3375
3376 **The Crisis Care Centers Levy provides the resources. This Plan lays the path. The task is now to King**
3377 **County, cities, and providers to make it happen.**

3378 **XI. Appendices**

3379 **Appendix A: Crisis Care Centers Levy Ordinance 19572 Text**

3380 AN ORDINANCE providing for the submission to the qualified electors of King County at a special election
3381 to be held in King County on April 25, 2023, of a proposition authorizing a property tax levy in excess of
3382 the levy limitation contained in chapter 84.55 RCW, for a consecutive nine-year period, at a first year
3383 rate of not more than \$0.145 per one thousand dollars of assessed valuation for collection beginning in
3384 2024, with the 2024 levy amount being the base for calculating increases in years two through nine
3385 (2025 - 2032) by the limit factor in chapter 84.55 RCW, as amended, for regional behavioral health
3386 services and capital facilities to establish and operate a regional network of behavioral health crisis care
3387 centers; to preserve, expand and maintain residential treatment facilities; to provide behavioral health
3388 workforce supports; to provide mobile crisis care and post-discharge stabilization; to pay, finance or
3389 refinance costs of those projects; and for administration, coordination, implementation and evaluation
3390 of levy activities.

3391
3392 STATEMENT OF FACTS:

- 3393 1. King County's behavioral health crisis service system relies heavily on phone support and outreach
3394 services, with very few options of places for persons to go for immediate, life-saving care when in crisis.
3395 2. As of September 2022, the Crisis Solutions Center, operated by Downtown Emergency Service Center
3396 and requiring mobile team, first responder or hospital referral for entry, is the only voluntary behavioral
3397 health crisis facility for the entirety of King County, and no walk-in urgent care behavioral health facility
3398 exists in King County.
3399 3. A coalition of community leaders and behavioral health providers issued recommendations to Seattle
3400 and King County in an October 13, 2021, letter that included recommendations to "expand places for
3401 people in crisis to receive immediate support" and "expand crisis response and post-crisis follow up
3402 services."
3403 4. Call volume to King County's regional behavioral health crisis line increased by 25 percent between
3404 2019 and 2021, from 82,523 calls in 2019 to 102,754 calls in 2021.
3405 5. The number of persons per year who received community-based behavioral health crisis response
3406 services in King County increased 146 percent between 2012 and 2021, from 1,764 persons served in
3407 2012 to 4,336 persons served in 2021.
3408 6. Referrals for mobile crisis outreach in King County grew 15 percent between 2019 and 2021, from
3409 4,030 referrals in 2019 to 4,648 referrals in 2021.
3410 7. King County's designated crisis responders conducted 14 percent more investigations for involuntary
3411 behavioral health treatment in 2021, when they investigated 9,189 cases, than in 2017 when they
3412 investigated 8,066 cases. There was a 10 percent increase in detentions or revocations for involuntary
3413 hospitalization during that same period, from 4,387 in 2017 to 4,806 in 2021.
3414 8. The wait time for a King County resident in behavioral health crisis in a community setting to be
3415 evaluated for involuntary behavioral health treatment tripled between January 2019 and June 2022,
3416 from 4 days to 12 days.
3417 9. The U.S. Department of Health and Human Services reported that in August 2022, the first full month
3418 that the new national 988 Suicide and Crisis Lifeline was operational, the overall volume of calls, texts
3419 and chats to the Lifeline increased by 152,000 contacts, or 45 percent, compared to the number of
3420 contacts to the National Suicide Prevention Lifeline in August 2021.
3421 10. The federal Substance Abuse and Mental Health Services Administration's ("SAMHSA's") National
3422 Guidelines for Behavioral Health Crisis Care, and its vision for the implementation of the new national

3423 988 Suicide and Crisis Lifeline, call for the development of safe places for persons in crisis to go for help
3424 as part of a robust behavioral health crisis system.

3425 11. In 2021, the Washington state Legislature passed Engrossed Second Substitute House Bill 1477,
3426 which became Chapter 302, Laws of Washington 2021, to support implementation of 988 in
3427 Washington, to further SAMHSA's overall vision and build on the crisis phone line change by expanding
3428 and transforming crisis services.

3429 12. RCW 71.24.025 defines crisis stabilization services to mean services such as 23-hour crisis
3430 stabilization units based on the living room model, crisis stabilization centers, short-term respite
3431 facilities, peer-operated respite services, and behavioral health urgent care walk-in centers, including
3432 within the overall crisis system components that operate like hospital emergency departments and
3433 accept all walk-ins, and ambulance, fire, and police drop-offs. Chapter 302, Laws of Washington 2021
3434 further expressed the state legislature's intent to expand the behavioral health crisis delivery system to
3435 include these components.

3436 13. Multiple behavioral health system needs assessments have identified the addition of crisis facilities
3437 as top priorities to improve community-based crisis services in King County. Such assessments include
3438 the 2016 recommendations of the Community Alternatives to Boarding Task Force called for by Motion
3439 14225, a Washington state Office of Financial Management behavioral health capital funding
3440 prioritization and feasibility study in 2018, and a Washington state Health Care Authority crisis triage
3441 and stabilization capacity and gaps report in 2019.

3442 14. King County is losing mental health residential treatment capacity that is essential for persons who
3443 need more intensive supports to live safely in the community due to rising operating costs and aging
3444 facilities that need repair or replacement. As of August 2022, King County had a total of 244 mental
3445 health residential beds for the entire county, down 111 beds, or nearly one third, from the capacity in
3446 2018 of 355 beds.

3447 15. As of July 2022, King County residents who need mental health residential services must wait an
3448 average of 44 days before they are able to be placed in a residential facility.

3449 16. Data from the U.S. Centers for Disease Control and Prevention, the U.S. Census Bureau and the
3450 Kaiser Family Foundation show that about three in ten adults in the United States reported symptoms of
3451 anxiety or depressive disorder in June 2022, up from one in ten adults who reported these symptoms in
3452 2019.

3453 17. The National Council for Mental Wellbeing's 2022 access to care survey found that 43 percent of
3454 U.S. adults who say they need mental health or substance use care did not receive that care, and they
3455 face numerous barriers to accessing and receiving needed treatment.

3456 18. According to the Washington state Department of Social and Health Services, the number of
3457 Medicaid enrollees in King County with an identified mental health need increased by approximately 34
3458 percent for adults and nine percent for youth between 2019 and 2021.

3459 19. The Washington state Department of Social and Health Services reports that in 2021, among those
3460 enrolled in Medicaid in King County, nearly half of adults and over a third of youth with an identified
3461 mental health need did not receive treatment.

3462 20. The Washington state Department of Social Health Services reports that in 2021, among those
3463 enrolled in Medicaid in King County, approximately 62 percent of adults and 80 percent of youth with an
3464 identified substance use disorder need did not receive treatment.

3465 21. SAMHSA's National Guidelines for Behavioral Health Crisis Care recommend including peers with
3466 lived experience of mental health conditions or substance use disorders on crisis response teams. Those
3467 guidelines also feature the living room model as an example of crisis service delivery innovation
3468 featuring peers.

3469 22. The 2021 King County nonprofit wage and benefits survey showed that many nonprofit employees
3470 delivering critical services earn wages at levels that make it difficult to sustain a career doing
3471 community-based work in this region.

3472 23. A 2021 King County survey of member organizations of the King County Integrated Care Network
3473 found that job vacancies at these community behavioral health agencies were at least double what they
3474 were in 2019. Providers cited professionals' ability to earn more in medical systems or private practice,
3475 and the high cost of living in the King County region, as the top reasons their workers were leaving
3476 community behavioral healthcare.

3477 24. The behavioral health workforce advisory committee to the state of Washington's Workforce
3478 Training and Education Coordinating Board found in 2021 that Washington continues to face a shortage
3479 of behavioral health professionals, while demand for services, and qualified workers to deliver them,
3480 continues to grow. The advisory committee also found that workers need increased financial support
3481 and incentives to remain in community behavioral health care.
3482

3483 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

3484 **SECTION 1. Definitions.** The definitions in this section apply throughout this ordinance unless the
3485 context clearly requires otherwise.

3486 A. "Crisis care center" means a single facility or a group of facilities that provide same-day access to
3487 multiple types of behavioral health crisis stabilization services, which may include, but are not limited to,
3488 those described in RCW 71.24.025(20), as amended. A crisis care center shall endeavor to accept at
3489 least for initial screening and triage any person who seeks behavioral health crisis care. Among the
3490 types of behavioral health crisis stabilization services that a crisis care center shall provide are a
3491 behavioral health urgent care clinic that offers walk-in and drop-off client screening and triage twenty-
3492 four hours per day, seven days per week; access to onsite assessment by a designated crisis responder; a
3493 twenty-three-hour observation unit or similar facility and service that allows for short-term, onsite
3494 stabilization of a person experiencing a behavioral health crisis; and a crisis stabilization unit that
3495 provides short-term, onsite behavioral health treatment for up to fourteen days or a similar short-term
3496 behavioral health treatment facility and service. A crisis care center shall be staffed by a
3497 multidisciplinary team that includes peer counselors. A crisis care center may incorporate pre-existing
3498 facilities that provide crisis stabilization services so long as their services and operations are compatible
3499 with this definition. Where a crisis care center is composed of more than one facility, those facilities
3500 shall either be geographically adjacent or shall have transportation provided between them to allow
3501 persons using or seeking service to conveniently move between facilities.

3502 B. "Designated crisis responder" has the same meaning as in RCW 71.05.020, as amended.

3503 C. "King County crisis response zone" means each of four geographic subregions of King County:

3504 1. North King County crisis response zone, which is the portion of King County within the boundaries of
3505 the cities of Bothell, Duvall, Kenmore, Kirkland, Lake Forest Park, Shoreline, Skykomish and Woodinville,
3506 plus the unincorporated areas within King County council district three as it is drawn on the effective
3507 date of this ordinance that are north or northeast of the city of Redmond;

3508 2. Central King County crisis response zone, which is the portion of King County within the boundaries
3509 of the city of Seattle, plus all unincorporated areas within King County council districts two and eight as
3510 they are drawn on the effective date of this ordinance;

3511 3. South King County crisis response zone, which is the portion of King County within the boundaries of
3512 the cities of Algona, Auburn, Black Diamond, Burien, Covington, Des Moines, Enumclaw, Federal Way,
3513 Kent, Maple Valley, Milton, Normandy Park, Pacific, Renton, SeaTac and Tukwila, plus all unincorporated
3514 areas within King County council districts five, seven and nine as they are drawn on the effective date of
3515 this ordinance; and

3516 4. East King County crisis response zone, which is the portion of King County within the boundaries of
3517 the cities of Beaux Arts, Bellevue, Carnation, Clyde Hill, Hunts Point, Issaquah, Medina, Mercer Island,
3518 Newcastle, North Bend, Redmond, Sammamish, Snoqualmie and Yarrow Point, plus the unincorporated
3519 areas within King County council district three as it is drawn on the effective date of this ordinance that
3520 are east or southeast of the city of Redmond, plus all unincorporated areas within King County council
3521 district six as it is drawn on the effective date of this ordinance.

3522 D. "Levy" means the levy of regular property taxes for the specific purposes and term provided in this
3523 ordinance and authorized by the electorate in accordance with state law.

3524 E. "Levy proceeds" means the principal amount of moneys raised by the levy and any interest earnings
3525 on the moneys and the proceeds of any interim or other financing following authorization of the levy.

3526 F. "Regional behavioral health services and capital facilities" means programs, services, activities,
3527 operations, staffing and capital facilities that: promote mental health and wellbeing and that treat
3528 substance use disorders and mental health conditions; promote integrated physical and behavioral
3529 health; promote and provide therapeutic responses to behavioral health crises; promote equitable and
3530 inclusive access to mental health and substance use disorder services and capital facilities for those
3531 racial, ethnic, experiential and geographic communities that experience disparities in mental health and
3532 substance use disorder conditions and outcomes; build the capacity of mental health and substance use
3533 disorder service providers to improve the effectiveness, efficiency, and equity, of their services and
3534 operations; provide transportation to care for persons receiving, seeking, or in need, of mental health or
3535 substance use disorder services; promote housing stability for persons receiving or leaving care from a
3536 facility providing mental health or substance use disorder services; promote service and response
3537 coordination, data sharing, and data integration amongst first responders, mental health and substance
3538 use disorder providers, and King County staff; promote community participation in levy activities,
3539 including payment of stipends to persons with relevant lived experience who participate in levy activities
3540 whose employment does not already compensate them for such participation; administer, coordinate
3541 and evaluate levy activities; apply for federal, state and philanthropic moneys and assistance to
3542 supplement levy proceeds; and promote stability and sustainability of the behavioral health workforce.

3543 G. "Residential treatment" means a licensed, community-based facility that provides twenty-four-hour
3544 on-site care for persons with mental health conditions, substance use disorders, or both, in a residential
3545 setting.

3546 H. "Strategy" means a program, service, activity, initiative or capital investment intended to achieve the
3547 purposes described in section 4 of this ordinance.

3548 I. "Technical assistance and capacity building" means assisting organizations in applying for grants
3549 funded by the levy and in implementing and improving delivery of a strategy or strategies for which levy
3550 moneys are eligible, and includes assisting community-based organizations in delivery of strategies to
3551 persons and communities that are disproportionately impacted by behavioral health conditions.

3552 **SECTION 2. Levy submittal.** To provide necessary moneys to fund, finance or refinance the purposes
3553 identified in section 4 of this ordinance, the King County council shall submit to the qualified electors of
3554 the county a proposition authorizing a regular property tax levy in excess of the levy limitation contained
3555 in chapter 84.55 RCW for nine consecutive years, with collection commencing in 2024, at a rate not to
3556 exceed \$0.145 per one thousand dollars of assessed value in the first year of the levy period. The dollar
3557 amount of the levy in the first year shall be the base upon which the maximum allowable levy amounts
3558 in years two through nine (2025-2032) shall be calculated using the limit factor in chapter 84.55 RCW, as
3559 amended.

3560 **SECTION 3. Deposit of levy proceeds.** The levy proceeds shall be deposited into the crisis care centers
3561 fund, or its successor.

3562 **SECTION 4. Levy purposes.**

3563 A. The paramount purpose of the levy shall be to establish and operate a regional network of five crisis
3564 care centers in King County, with each of the four King County crisis response zones containing at least
3565 one crisis care center and at least one of the five crisis care centers specializing in serving persons
3566 younger than nineteen years old.

3567 B. The levy's supporting purpose one shall be to restore the number of mental health residential
3568 treatment beds in King County to at least three hundred fifty-five beds and to expand the availability
3569 and sustainability of residential treatment in King County.

3570 C. The levy's supporting purpose two shall be to increase the sustainability and representativeness of
3571 the behavioral health workforce in King County by increasing recruitment and retention, and by
3572 improving financial sustainability for the behavioral health workforce through increased wages,
3573 apprenticeship programming and, where possible, reduction of costs such as costs of insurance, child
3574 care, caregiving and fees or tuition associated with behavioral health training and certification. This
3575 purpose shall promote workforce recruitment and retention for the region's behavioral health
3576 workforce while prioritizing increased wages and reduction of costs for the behavioral health workforce
3577 who are providing regional behavioral health services and capital facilities as a part of the levy's
3578 paramount purpose.

3579 D. The levy implementation plan required by section 7 of this ordinance may specify additional
3580 supporting purposes so long as those additional supporting purposes are not inconsistent with and are
3581 subordinate to the paramount purpose and supporting purposes one and two described in subsections
3582 A. through C. of this section.

3583 **SECTION 5. Eligible expenditures.**

3584 A. If approved by the qualified electors of the county, such sums from the first year's levy proceeds as
3585 are necessary may be used to provide for the costs and charges incurred by the county that are
3586 attributable to the election, and an amount from the first year's levy proceeds not to exceed one million
3587 dollars may be used for initial levy implementation planning activities.

3588 B. After the amounts authorized in subsection A. of this section, the remaining levy proceeds shall not
3589 be expended until King County enacts an ordinance adopting the implementation plan required by
3590 section 7 of this ordinance. The council's process to consider and adopt the levy implementation plan
3591 and any amendments shall include mandatory referral to the regional policy committee or its
3592 successor. After King County enacts an ordinance adopting the levy implementation plan, levy proceeds
3593 shall be expended in accordance with the implementation plan, as amended, and with this ordinance.

3594 C. Levy proceeds described in subsection B. of this section shall only be used to fund, finance or
3595 refinance costs to:

3596 1. Plan, site, construct, acquire, restore, maintain, operate, implement, staff, coordinate, administer
3597 and evaluate regional behavioral health services and capital facilities that achieve and maintain the
3598 paramount purpose, supporting purpose one, and supporting purpose two of the levy that are described
3599 in section 4. and as they may be further described in the implementation plan;

3600 2. Plan, site, construct, acquire, restore, maintain, operate, implement, staff, coordinate, administer
3601 and evaluate regional behavioral health services and capital facilities that achieve additional levy
3602 purposes that are included in the implementation plan, so long as those purposes are subordinate to
3603 and not inconsistent with the paramount purpose and supporting purposes one and two; and

3604 3. Provide for regional behavioral health services and capital facilities provided by metropolitan park
3605 districts, fire districts or local public hospital districts in King County in an amount up to the lost
3606 revenues to the individual district resulting from prorationing, as mandated by RCW 84.52.010, to the
3607 extent the levy was a demonstrable cause of the prorationing and only if the county council has
3608 authorized the expenditure by ordinance.

3609 D. Unless made otherwise eligible in subsection C. of this section, levy proceeds shall not be used to
3610 provide, supplant, replace or expand funding for non-behavioral health purposes including, but not
3611 limited to, jails, prisons, courts of law, criminal prosecution, criminal defense or law enforcement,
3612 except for costs that provide or coordinate regional behavioral health services and capital facilities
3613 within or between crisis care centers and other health care settings or that remove or reduce a barrier
3614 to receiving behavioral health services such as quashing a warrant. Nothing in this subsection shall be
3615 interpreted or construed to limit, discourage, or impede law enforcement agencies' or other first
3616 responders' coordination with, use of and access to crisis care centers for persons they encounter in the
3617 conduct of their duties.

3618 **SECTION 6. Call for special election.** In accordance with RCW 29A.04.321, the King County council
3619 hereby calls for a special election to be held on April 25, 2023, to consider a proposition authorizing a
3620 regular property tax levy for the purposes described in this ordinance. The King County director of
3621 elections shall cause notice to be given of this ordinance in accordance with the state constitution and
3622 general law and to submit to the qualified electors of the county, at the said special county election, the
3623 proposition hereinafter set forth. The clerk of the council shall certify that proposition to the director of
3624 elections in substantially the following form:

3625 PROPOSITION____: The King County Council passed Ordinance ____ concerning funding for
3626 mental health and substance use disorder services. If approved, this proposition would fund
3627 behavioral health services and capital facilities, including a countywide crisis care centers
3628 network, increased residential treatment; mobile crisis care; post-discharge stabilization; and
3629 workforce supports. It would authorize an additional nine-year property tax levy for collection
3630 beginning in 2024 at \$0.145 per \$1,000 of assessed valuation, with the 2024 levy amount being
3631 the base for calculating annual increases in 2025-2032 under chapter 84.55 RCW, and exempt
3632 eligible seniors, veterans, and disabled persons under RCW 84.36.381. Should this proposition
3633 be:

3634 Approved? _____

3635 Rejected? _____

3636 **SECTION 7. Implementation plan.**

3637 A. If voters approve the levy, the executive shall transmit by December 31, 2023, a proposed levy
3638 implementation plan for council review and adoption by ordinance. The proposed implementation plan
3639 shall direct levy expenditures from 2024 through 2032.

3640 B. The executive shall electronically file the implementation plan required in subsection A. of this
3641 section with the clerk of the council, who shall retain the original and provide an electronic copy to all
3642 councilmembers, the council chief of staff, the policy staff director and the lead staff for the law, justice,
3643 health and human services committee and the regional policy committee, or their successors. The
3644 implementation plan shall be accompanied by proposed ordinances that adopt the implementation plan
3645 and that establish or empower the advisory body, the description of which is set forth in subsection C.9.
3646 of this section.

3647 C. The implementation plan required in subsection A. shall include:

3648 1. A list and descriptions of the purposes of the levy, which must at least include and may not materially
3649 impede accomplishment of the paramount purpose and supporting purposes one and two described in
3650 section 4 of this ordinance;

3651 2. A list and descriptions of strategies and allowable activities to achieve the purposes described in
3652 subsection C.1. of this section, which strategies shall at least include:

3653 a. planning, capital, operations and services investments for crisis care centers, which may include
3654 construction of new or acquisition, renovation, updating or expanding existing buildings in whole or in
3655 part;

- 3656 b. capital and maintenance investments for mental health residential treatment capacity;
3657 c. investments to increase attraction to, retention in, and sustainability of the behavioral health
3658 workforce;
3659 d. establishment and maintenance of levy and capital reserves to promote continuity of levy-funded
3660 activities and prioritization of the paramount purpose and then supporting purposes one and two in the
3661 event of fluctuations in levy revenue or strategy costs;
3662 e. activities that promote post-crisis stabilization, including housing stability, for persons receiving or
3663 discharging from levy-funded services;
3664 f. a plan for the initial period of the levy prior to initiation of operations of the first crisis care center for
3665 the provision of mobile and site-based behavioral health activities that promote access to behavioral
3666 health services for persons experiencing or at risk of a behavioral health crisis;
3667 g. technical assistance and capacity building for organizations applying for or receiving levy funding,
3668 including a strategy or strategies to promote inclusive care at levy-funded facilities for racial, ethnic and
3669 other demographic groups that experience disproportionate rates of behavioral health conditions in
3670 King County;
3671 h. capital facility siting support, communication and city partnership activities;
3672 i. levy administration activities and activities that monitor and promote coordination, more effective
3673 crisis response, and quality of care within and amongst crisis care centers, other behavioral health crisis
3674 response services in King County, and first responders; and
3675 j. performance measurement and evaluation activities;
3676 3. A financial plan to direct the use of the proceeds for regional behavioral health services and capital
3677 facilities that achieve the purposes and strategies described in subsection C.1. and 2. of this section,
3678 which must at a minimum include:
3679 a. the forecast of annual revenue for each year of the levy;
3680 b. an annual expenditure plan for each year of the levy that allocates forecasted levy proceeds among
3681 the levy's strategies;
3682 c. a description of the sequence and timing of planned expenditures and activities to establish and
3683 operate the regional network of five crisis care centers required to satisfy the levy's paramount purpose;
3684 and
3685 d. a description of how a portion of first-year levy proceeds will be allocated to make rapid initial
3686 progress towards fulfilling supporting purposes one and two;
3687 4. A description of how the executive will seek and incorporate when available federal, state,
3688 philanthropic and other moneys that are not proceeds of the levy to accelerate, enhance, compliment or
3689 sustain accomplishment the levy's paramount purpose and supporting purposes one and two;
3690 5. A description of the executive's assumptions about the role of Medicaid funding in the financial plan
3691 and the executive's planned approach to billing eligible crisis care services to Medicaid or other sources
3692 of potential payment such as private insurance;
3693 6. A description of the process by which King County and partner cities shall collaborate to support
3694 siting of new capital facilities that use proceeds from the levy for such facilities' construction or
3695 acquisition;
3696 7. A summary of the process and key findings of the community and stakeholder engagement process
3697 that informs the proposed implementation plan;
3698 8. A process to make substantial adjustments to the financial plan required in subsection C.3. of this
3699 section, which process shall require notice to the council and provide for the council the ability to stop
3700 any substantial adjustment that the council does not support;
3701 9. A description of the composition, duties of, and process to establish the advisory body for the
3702 levy. The advisory body may be a preexisting King County board or commission that has relevant

3703 expertise or a new advisory body. The composition of the advisory body shall be demographically
3704 representative of the population of King County and shall include at least one resident of each King
3705 County crisis response zone, persons who have previously received crisis stabilization services, and
3706 persons with professional training and experience in the provision of behavioral health crisis care. The
3707 duties of the advisory body shall include advising the executive and council on matters pertaining to
3708 implementation of the levy, annually visiting each existing crisis care center and reporting annually to
3709 the council and community, through online annual reports beginning in 2025, on the levy's progress
3710 over the previous year towards accomplishing the levy purposes described in section 4 of this ordinance
3711 and on the levy's actual financial expenditures in the previous year relative to the financial plan required
3712 in subsection C.3. of this section that shall include, but not be limited to, the following:

3713 a. total expenditure of levy proceeds by crisis response zone, strategy, and levy purpose by ZIP Code in
3714 King County; and

3715 b. the number of individuals receiving levy-funded services by crisis response zone, strategy, and levy
3716 purpose by ZIP Code in King County of where the individuals reside at the time of service;

3717 10. A description of how the executive shall provide each online annual report described in subsection
3718 C.9. of this section to the clerk of the council, to all councilmembers and all members and alternate
3719 members of the regional policy committee, or its successor, including confirmation that the executive
3720 shall electronically file a proposed motion that shall acknowledge receipt of the report; and

3721 11. A description of how the purpose of the crisis response zones described in this levy will promote
3722 geographic distribution of crisis care centers so that they are accessible for walk-in and drop-off crisis
3723 care throughout King County, but that the crisis care zones shall not be used to limit the ability of any
3724 person in King County to use any particular crisis care center.

3725 **SECTION 8. Updating the definition of crisis care center.** If new research, changing best practices,
3726 updated federal or state regulations or other evidence-based factors cause this ordinance's definition of
3727 "crisis care center" to become infeasible, impracticable or inconsistent with the levy's paramount
3728 purpose, King County may, upon recommendation of the advisory body described in section 7.C.9. of
3729 this ordinance and with mandatory referral to the regional policy committee, update the definition of
3730 "crisis care center" through adoption of an ordinance to a definition substantially similar to what is
3731 recommended by the advisory body.

3732 **SECTION 9. Exemption.** The additional regular property taxes authorized by this ordinance shall be
3733 included in any real property tax exemption authorized by RCW 84.36.381.

3734 **SECTION 10. Ratification and confirmation.** Certification of the proposition by the clerk of the county
3735 council to the director of elections in accordance with law before the special election on April 25, 2023,
3736 and any other act consistent with the authority and before the effective date of this ordinance are
3737 hereby ratified and confirmed.

3738 **SECTION 11. Severability.** If any provision of this ordinance or its application
3739 to any person or circumstance is held invalid, the remainder of the ordinance or the application of the
3740 provision to other persons or circumstances is not affected.

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Appendix B: Crosswalk of Implementation Plan Requirements from King County Ordinance 19572

Crosswalk of Implementation Plan Requirements from King County Ordinance 19572²⁷²	
King County Ordinance 19572 Requirements	Implementation Plan Section(s)
List and Descriptions of Purposes of the Levy	See Section(s)
1. A list and descriptions of the purposes of the levy, which must at least include and may not materially impede accomplishment of the paramount purpose and supporting purposes one and two described in section 4 of this ordinance;	<ul style="list-style-type: none"> • Section IV. Crisis Care Centers Levy Purposes
List and Descriptions of Strategies and Allowable Activities	See Section(s)
2. A list and descriptions of strategies and allowable activities to achieve the purposes described in subsection C.1. of this section, which strategies shall at least include:	<ul style="list-style-type: none"> • Section V. Crisis Care Centers Levy Strategies and Allowable Activities
<i>Crisis Care Centers</i>	See Section(s)
a. planning, capital, operations and services investments for crisis care centers, which may include construction of new or acquisition, renovation, updating or expanding existing buildings in whole or in part;	<ul style="list-style-type: none"> • Section V.A. Strategy 1: Create and Operate Five Crisis Care Centers
<i>Mental Health Residential</i>	See Section(s)
b. capital and maintenance investments for mental health residential treatment capacity;	<ul style="list-style-type: none"> • Section V.B. Strategy 2: Restore, Expand, and Sustain Residential Treatment Capacity
<i>Behavioral Health Workforce</i>	See Section(s)
c. investments to increase attraction to, retention in, and sustainability of the behavioral health workforce;	<ul style="list-style-type: none"> • Section V.C. Strategy 3: Strengthen the Community Behavioral Health Workforce
<i>Reserves</i>	See Section(s)
d. establishment and maintenance of levy and capital reserves to promote continuity of levy-funded activities and prioritization of the paramount purpose and then supporting purposes one and two in the event of fluctuations in levy revenue or strategy costs;	<ul style="list-style-type: none"> • Section V.H. Strategy 8: Crisis Care Centers Levy Reserves
<i>Post-Crisis Stabilization/Discharge Resources incl Housing Stability</i>	See Section(s)
e. activities that promote post-crisis stabilization, including housing stability, for persons receiving or discharging from levy-funded services;	<ul style="list-style-type: none"> • Section V.A. Strategy 1: Create and Operate Five Crisis Care Centers
<i>Plan for Initial Levy Period: Mobile and Site-Based BH Activities</i>	See Section(s)
f. a plan for the initial period of the levy prior to initiation of operations of the first crisis care center for the provision of mobile and site-based behavioral health activities that promote access to	<ul style="list-style-type: none"> • Section V.D. Strategy 4: Early Crisis System Investments

²⁷² King County Ordinance 19572 [[LINK](#)].

Crosswalk of Implementation Plan Requirements from King County Ordinance 19572²⁷²	
King County Ordinance 19572 Requirements	Implementation Plan Section(s)
behavioral health services for persons experiencing or at risk of a behavioral health crisis;	
<i>Technical Assistance and Capacity-Building</i>	<i>See Section(s)</i>
g. technical assistance and capacity building for organizations applying for or receiving levy funding, including ...	<ul style="list-style-type: none"> • Section V.E. Strategy 5: Capacity Building and Technical Assistance
... a strategy or strategies to promote inclusive care at levy-funded facilities for racial, ethnic and other demographic groups that experience disproportionate rates of behavioral health conditions in King County;	<ul style="list-style-type: none"> • Section V.E. Strategy 5: Capacity Building and Technical Assistance
<i>Capital Facility Siting Support, Communication, City Partnership</i>	<i>See Section(s)</i>
h. capital facility siting support, communication and city partnership activities;	<ul style="list-style-type: none"> • Section V.E. Strategy 5: Capacity Building and Technical Assistance
<i>Administration, Coordination, and Quality</i>	<i>See Section(s)</i>
i. levy administration activities and activities that monitor and promote coordination, more effective crisis response, and quality of care within and amongst crisis care centers, other behavioral health crisis response services in King County, and first responders, and	<ul style="list-style-type: none"> • Section V.G. Strategy 7: Crisis Care Centers Levy Administration
<i>Performance Measurement and Evaluation</i>	<i>See Section(s)</i>
j. performance measurement and evaluation activities;	<ul style="list-style-type: none"> • Section V.F. Strategy 6: Evaluation and Performance Measurement Activities
Financial Plan: Revenue Forecast and Expenditures by Strategy	See Section(s)
3. A financial plan to direct the use of the proceeds for regional behavioral health services and capital facilities that achieve the purposes and strategies described in subsection C.1. and 2. of this section, which must at a minimum include:	<ul style="list-style-type: none"> • Section VI. Financial Plan
a. the forecast of annual revenue for each year of the levy;	<ul style="list-style-type: none"> • Section VI. Financial Plan
b. an annual expenditure plan for each year of the levy that allocates forecasted levy proceeds among the levy's strategies;	<ul style="list-style-type: none"> • Section VI. Financial Plan
<i>Sequence and Timing of Planned Expenditures/Activities to establish CCCs</i>	<i>See Section(s)</i>
c. a description of the sequence and timing of planned expenditures and activities to establish and operate the regional network of five crisis care centers required to satisfy the levy's paramount purpose; and	<ul style="list-style-type: none"> • Section V.A. Strategy 1: Create and Operate Five Crisis Care Centers
<i>Description of Use of Portion of First-Year Revenue for Rapid Progress on MH Residential and Workforce</i>	<i>See Section(s)</i>

Crosswalk of Implementation Plan Requirements from King County Ordinance 19572²⁷²	
King County Ordinance 19572 Requirements	Implementation Plan Section(s)
d. a description of how a portion of first-year levy proceeds will be allocated to make rapid initial progress towards fulfilling supporting purposes one and two;	<ul style="list-style-type: none"> • Section V.B. Strategy 2: Restore, Expand, and Sustain Residential Treatment Capacity • Section V.C. Strategy 3: Strengthen the Community Behavioral Health Workforce
Plan to Seek Other Funds to Accelerate/Enhance Levy Purposes	<i>See Section(s)</i>
4. A description of how the executive will seek and incorporate when available federal, state, philanthropic and other moneys that are not proceeds of the levy to accelerate, enhance, compliment or sustain accomplishment the levy's paramount purpose and supporting purposes one and two;	<ul style="list-style-type: none"> • Section VI. Financial Plan
Description of Medicaid and Private Insurance Assumptions	<i>See Section(s)</i>
5. A description of the executive's assumptions about the role of Medicaid funding in the financial plan and the executive's planned approach to billing eligible crisis care services to Medicaid or other sources of potential payment such as private insurance;	<ul style="list-style-type: none"> • Section VI. Financial Plan
Description of Collaboration with Cities in Siting	<i>See Section(s)</i>
6. A description of the process by which King County and partner cities shall collaborate to support siting of new capital facilities that use proceeds from the levy for such facilities' construction or acquisition;	<ul style="list-style-type: none"> • Section V.A. Strategy 1: Create and Operate Five Crisis Care Centers • Section V.B. Strategy 2: Restore, Expand, and Sustain Residential Treatment Capacity
Community and Stakeholder Engagement Summary	<i>See Section(s)</i>
7. A summary of the process and key findings of the community and stakeholder engagement process that informs the proposed implementation plan;	<ul style="list-style-type: none"> • Section III. Background
Process for Substantial Adjustments to Financial Plan	<i>See Section(s)</i>
8. A process to make substantial adjustments to the financial plan required in subsection C.3. of this section, which process shall require notice to the council and provide for the council the ability to stop any substantial adjustment that the council does not support;	<ul style="list-style-type: none"> • Section VI. Financial Plan
Advisory Body (New or Preexisting)	<i>See Section(s)</i>
9. A description of the composition, duties of, and process to establish the advisory body for the levy. ...	<ul style="list-style-type: none"> • Section IX. Crisis Care Centers Levy Advisory Body
...The advisory body may be a preexisting King County board or commission that has relevant expertise or a new advisory body. ...	<ul style="list-style-type: none"> • Section IX. Crisis Care Centers Levy Advisory Body
Advisory Body Composition	<i>See Section(s)</i>

Crosswalk of Implementation Plan Requirements from King County Ordinance 19572²⁷²	
King County Ordinance 19572 Requirements	Implementation Plan Section(s)
... The composition of the advisory body shall be	<ul style="list-style-type: none"> • Section IX. Crisis Care Centers Levy Advisory Body
... demographically representative of the population of King County and shall include ...	<ul style="list-style-type: none"> • Section IX. Crisis Care Centers Levy Advisory Body
... at least one resident of each King County crisis response zone, ...	<ul style="list-style-type: none"> • Section IX. Crisis Care Centers Levy Advisory Body
... persons who have previously received crisis stabilization services, and ...	<ul style="list-style-type: none"> • Section IX. Crisis Care Centers Levy Advisory Body
... persons with professional training and experience in the provision of behavioral health crisis care. ...	<ul style="list-style-type: none"> • Section IX. Crisis Care Centers Levy Advisory Body
<i>Advisory Body Duties</i>	<i>See Section(s)</i>
... The duties of the advisory body shall include ...	<ul style="list-style-type: none"> • Section IX. Crisis Care Centers Levy Advisory Body
... advising the executive and council on matters pertaining to implementation of the levy, ...	<ul style="list-style-type: none"> • Section IX. Crisis Care Centers Levy Advisory Body
... annually visiting each existing crisis care center ...	<ul style="list-style-type: none"> • Section IX. Crisis Care Centers Levy Advisory Body
<i>Annual Reporting (framed as an advisory body role)</i>	<i>See Section(s)</i>
... and reporting annually to the council and community, through online annual reports beginning in 2025, on ...	<ul style="list-style-type: none"> • Section VIII. Crisis Care Centers Levy Annual Reporting
... the levy's progress over the previous year towards accomplishing the levy purposes described in section 4 of this ordinance and ...	<ul style="list-style-type: none"> • Section VIII. Crisis Care Centers Levy Annual Reporting
... on the levy's actual financial expenditures in the previous year relative to the financial plan required in subsection C.3. of this section ...	<ul style="list-style-type: none"> • Section VIII. Crisis Care Centers Levy Annual Reporting
... that shall include, but not be limited to, the following:	<ul style="list-style-type: none"> • Section VIII. Crisis Care Centers Levy Annual Reporting
a. total expenditure of levy proceeds by crisis response zone, strategy, and levy purpose by ZIP Code in King County; and	<ul style="list-style-type: none"> • Section VIII. Crisis Care Centers Levy Annual Reporting
b. the number of individuals receiving levy-funded services by crisis response zone, strategy, and levy purpose by ZIP Code in King County of where the individuals reside at the time of service;	<ul style="list-style-type: none"> • Section VIII. Crisis Care Centers Levy Annual Reporting
10. A description of how the executive shall provide each online annual report described in subsection C.9. of this section to the clerk of the council, to all councilmembers and all members and alternate members of the regional policy committee, or its successor, including confirmation that the executive shall electronically file a proposed motion that shall acknowledge receipt of the report; and	<ul style="list-style-type: none"> • Section VIII. Crisis Care Centers Levy Annual Reporting
Geographic Distribution/Crisis Response Zone Description	See Section(s)

Crosswalk of Implementation Plan Requirements from King County Ordinance 19572 ²⁷²	
King County Ordinance 19572 Requirements	Implementation Plan Section(s)
11. A description of how the purpose of the crisis response zones described in this levy will promote geographic distribution of crisis care centers so that they are accessible for walk-in and drop-off crisis care throughout King County, but that the crisis care zones shall not be used to limit the ability of any person in King County to use any particular crisis care center.	<ul style="list-style-type: none"> • Section V.A. Strategy 1: Create and Operate Five Crisis Care Centers

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3747 **Appendix C: King County Local Jurisdiction Request for Information (RFI)**

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3749 The purpose of this RFI was to solicit information from jurisdictions located within King County to help
 3750 inform this Plan and future CCC siting and procurement processes. The RFI was open from September
 3751 29, 2023, to October 27, 2023 and was extended to November 15, 2023.

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**CRISIS CARE CENTERS INITIATIVE REQUEST FOR INFORMATION (RFI)
 for
 KING COUNTY LOCAL JURISDICTIONS**

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Release Date	Friday, September 29, 2023
Information Session	Thursday, October 12, 2023 3:00 – 4:30pm Pacific Time Please register at this link
Due Date	Friday, October 27, 2023
Purpose	The purpose of this RFI is to solicit information from Jurisdictions located within King County to help inform the Crisis Care Centers Initiative’s Implementation Plan and future Crisis Care Center siting and Procurement processes. This RFI is optional for Jurisdictions to respond to and is for informational purposes only. Responses will not be a commitment to action. The decision to respond or not respond to this RFI will not give Jurisdictions preferential nor disadvantageous treatment during any future Crisis Care Center site selection or siting processes.
Who Should Respond	Jurisdictions physically located within King County, including cities, tribes, and other jurisdictional entities with siting authority.
How to Respond	Responses are hereby solicited and will be received via survey no later than 11:59 p.m. Pacific Time on the due date noted above. Please submit your response at the following survey link: https://forms.office.com/q/vmeUMAhMZd
RFI Lead	Joanna Armstrong DCHScontracts@kingcounty.gov

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PLEASE NOTE:

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This RFI is informational only and will help inform the Crisis Care Centers Initiative planning, including future Crisis Care Center siting processes and Procurement processes to select organizations to develop and operate Crisis Care Centers. Responses will not be a commitment to action. The decision to respond or not respond to this RFI will not give Jurisdictions preferential nor disadvantageous treatment during any future Crisis Care Center site selection or siting processes.

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RFI Overview

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A. **PURPOSE**

The purpose of this RFI is to solicit information from Jurisdictions located within King County to help inform the Crisis Care Centers Initiative’s Implementation Plan and future Crisis Care Center siting and Procurement processes. This RFI is optional for Jurisdictions to respond to and is for informational purposes only. Responses will not be a commitment to action. The decision to respond or not respond to this RFI will not give Jurisdictions preferential nor disadvantageous treatment during any future Crisis Care Center site selection or siting processes.

B. **BACKGROUND**

King County voters approved a nine-year property tax Crisis Care Centers Levy in April 2023 to fund the [Crisis Care Centers Initiative](#) (Initiative) from 2024 to 2032. The Initiative will create a countywide network of five Crisis Care Centers, restore and expand mental health residential treatment beds in the region, and invest in the recruitment and retention of the community behavioral health workforce.

Crisis Care Centers are a type of behavioral health facility that will have three core components: a 24/7 Behavioral Health Urgent Care Clinic, a 23-hour Crisis Observation Unit, and a Crisis Stabilization Unit. Crisis Care Centers will use a “no-wrong door approach” and will endeavor to accept, at least for initial screening and triage, any person who seeks behavioral health crisis care. Crisis Care Centers will also be expected to provide a Post-Crisis Follow-Up Program to promote post-crisis stabilization for people who receive services at Crisis Care Centers.

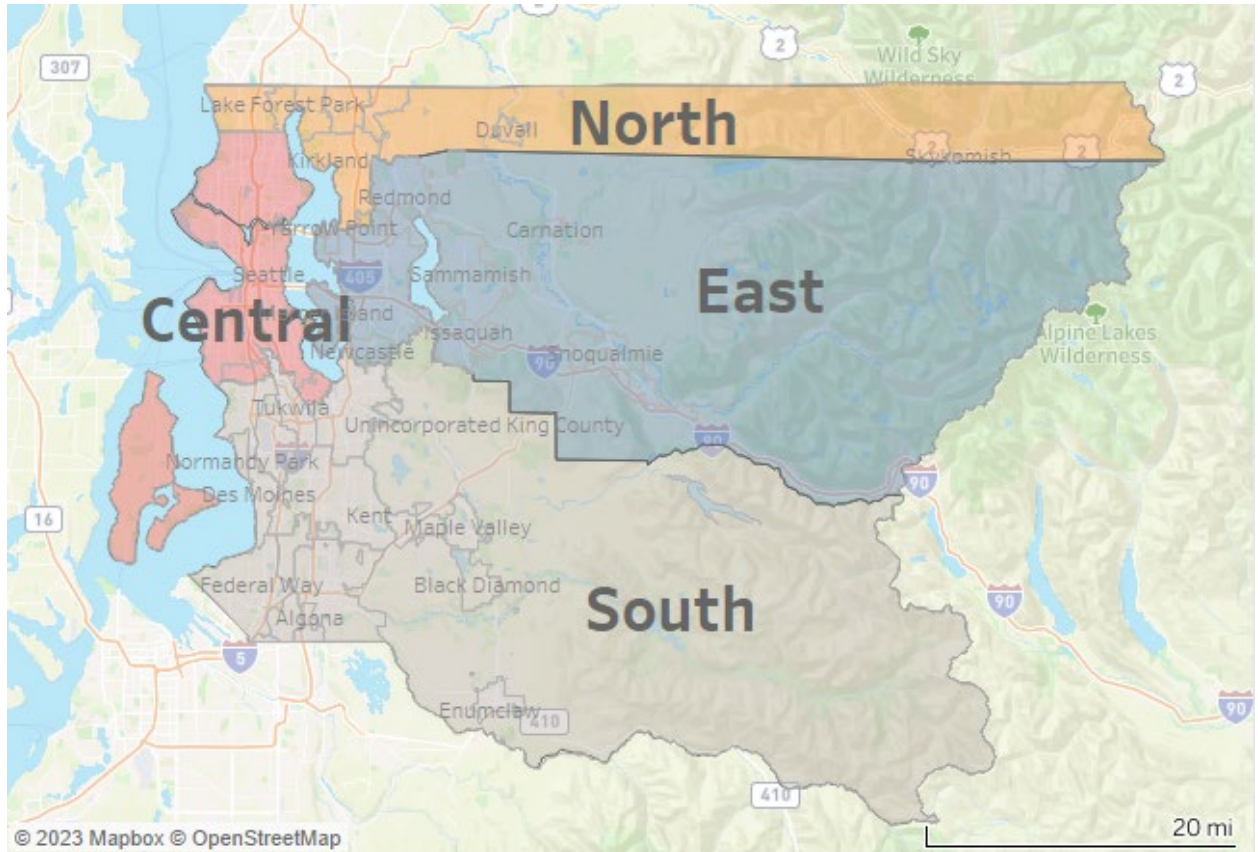
The site requirements for Crisis Care Centers are still being developed and are subject to change. Requirements will likely include:

1. The capacity to accommodate approximately 30,000 - 50,000 square feet of clinical space within one or multiple adjacent buildings;
2. Zoning that allows for the construction and ongoing operations of a Crisis Care Center;
3. Proximity to arterials, public transportation, and other transportation infrastructure to ensure ease of access for community members seeking care and their families, mobile crisis teams, first responders, and other community partners.

Components of a Crisis Care Center may incorporate pre-existing facilities that are compatible with the model’s required clinical components. Crisis Care Centers may be located in a single facility or more than one facility as long as they are geographically adjacent or have transportation provided between them so that people seeking services can easily move between facilities. Additional program components may be co-located with Crisis Care Centers. Each Crisis Care Center may be operated by a single provider or by multiple providers that work together to meet all required clinical components.

The Crisis Care Center siting process will be informed by responses to this Request for Information, as well as additional community partner feedback, and will be defined in the Crisis Care Centers Initiative Implementation Plan as adopted by King County Council. Crisis Response Zones, described and depicted below, will determine the geographic distribution of Crisis Care Centers across King County.

3814 [King County Ordinance 19572](#) created four geographic Crisis Response Zones in King
3815 County (see Figure 1). Each of the four Crisis Response Zones will contain at least one
3816 Crisis Care Center and at least one of the five Crisis Care Centers will specialize in serving
3817 youth.
3818



3819 *Figure 1: Map of Crisis Response Zones*

3820 King County intends to release one or more Procurements in 2024 to begin to select
3821 organizations to develop and operate Crisis Care Centers. Local Jurisdictions will be key
3822 partners in siting Crisis Care Centers within the designated Crisis Response Zones. King
3823 County is seeking information from Jurisdictions through this RFI to help inform the Crisis
3824 Care Centers Initiative’s Implementation Plan and the future planning of Crisis Care Center
3825 siting processes and Procurement processes.

3826 **C. WHO SHOULD RESPOND**

3827 All Jurisdictions located within King County are invited to respond to this RFI. Elected
3828 mayors or similar elected leadership, city managers, or their designee may submit a
3829 response on behalf of the Jurisdiction that they represent.

3830 **D. HOW TO RESPOND**

3831 Jurisdictions can respond to this RFI by submitting responses to the questions listed below
3832 through an online survey located at the following link:

3833 <https://forms.office.com/g/vmeUMAhMZd>.

3834 Responses will be accepted between Friday, September 29 and Friday, October 27 at
3835 11:59pm Pacific Time. King County’s Department of Community and Human Services will
3836 hold an RFI information session for local government officials and staff on Thursday,
3837
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3839 October 12, 3:00 – 4:30pm via Zoom; please [register at this link](#). This is an optional meeting,
3840 and its purpose is to provide background about the Crisis Care Centers Initiative and answer
3841 questions about the RFI.
3842

Glossary

3843
3844 **“23-Hour Crisis Observation Unit”** means a behavioral health facility where people
3845 experiencing an acute mental health and/or substance use crisis can receive psychiatric
3846 services for up to twenty-three hours and fifty-nine minutes. 23-Hour Crisis Observation Units
3847 serve people triaged as having higher clinical acuity as well as people dropped off by first
3848 responders such as mobile crisis, emergency medical services, and law enforcement.
3849 **“24/7”** means open twenty-four hours per day, seven days per week.
3850 **“Behavioral Health Agency”** means an organization licensed by the Washington State
3851 Department of Health to provide behavioral health services under [Chapter 246-341 Washington](#)
3852 [Administrative Code](#).
3853 **“Behavioral Health Urgent Care Clinic”** means a behavioral health clinic that is open twenty-
3854 four hours per day, seven days per week (24/7) and can triage and assess people who walk-in
3855 seeking mental health and/or substance use services.
3856 **“Crisis Care Center”** means a behavioral health facility defined in [King County Ordinance](#)
3857 [19572](#) as “a single facility or a group of facilities that provide same-day access to multiple types
3858 of behavioral health crisis stabilization services, which may include, but are not limited to, those
3859 described in RCW 71.24.025(20), as amended. A Crisis Care Center shall endeavor to accept
3860 at least for initial screening and triage any person who seeks behavioral health crisis care.
3861 Among the types of behavioral health crisis stabilization services that a Crisis Care Center shall
3862 provide are a Behavioral Health Urgent Care clinic that offers walk-in and drop-off client
3863 screening and triage 24/7; access to onsite assessment by a designated crisis responder; a 23-
3864 Hour Crisis Observation Unit or similar facility and service that allows for short-term, onsite
3865 stabilization of a person experiencing a behavioral health crisis; and a Crisis Stabilization Unit
3866 that provides short-term, onsite behavioral health treatment for up to fourteen days or a similar
3867 short-term behavioral health treatment facility and service. A Crisis Care Center shall be staffed
3868 by a multidisciplinary team that includes peer counselors. A Crisis Care Center may incorporate
3869 pre-existing facilities that provide crisis stabilization services so long as their services and
3870 operations are compatible with this definition. Where a Crisis Care Center is composed of more
3871 than one facility, those facilities shall either be geographically adjacent or shall have
3872 transportation provided between them to allow persons using or seeking service to conveniently
3873 move between facilities.”
3874 **“Crisis Care Centers Initiative”** means the purposes defined in [King County Ordinance 19572](#),
3875 which include creating a countywide network of five Crisis Care Centers, restoring and
3876 expanding mental health residential treatment beds in the region, and growing the community
3877 behavioral health workforce.
3878 **“Crisis Care Centers Levy”** means the nine-year property tax levy described in [King County](#)
3879 [Ordinance 19572](#) that was approved by King County voters in April 2023 and will raise revenue
3880 between 2024 and 2032 to fund the Crisis Care Centers Initiative.
3881 **“Crisis Response Zone”** means a geographic subregion of King County defined in [King County](#)
3882 [Ordinance 19572](#) where at least one Crisis Care Center will be located. The four Crisis
3883 Response Zones are depicted in Figure 1 and defined in [King County Ordinance 19572](#) as
3884 follows:
3885 1. **“North King County Crisis Response Zone**, which is the portion of King County
3886 within the boundaries of the cities of Bothell, Duvall, Kenmore, Kirkland, Lake Forest
3887 Park, Shoreline, Skykomish and Woodinville, plus the unincorporated areas within King

3888 County council district three as it is drawn on the effective date of this ordinance that are
3889 north or northeast of the city of Redmond;
3890 2. **Central King County Crisis Response Zone**, which is the portion of King County
3891 within the boundaries of the city of Seattle, plus all unincorporated areas within King
3892 County council districts two and eight as they are drawn on the effective date of this
3893 ordinance;
3894 3. **South King County Crisis Response Zone**, which is the portion of King County
3895 within the boundaries of the cities of Algona, Auburn, Black Diamond, Burien, Covington,
3896 Des Moines, Enumclaw, Federal Way, Kent, Maple Valley, Milton, Normandy Park,
3897 Pacific, Renton, SeaTac and Tukwila, plus all unincorporated areas within King County
3898 council districts five, seven and nine as they are drawn on the effective date of this
3899 ordinance; and
3900 4. **East King County Crisis Response Zone**, which is the portion of King County
3901 within the boundaries of the cities of Beaux Arts, Bellevue, Carnation, Clyde Hill, Hunts
3902 Point, Issaquah, Medina, Mercer Island, Newcastle, North Bend, Redmond,
3903 Sammamish, Snoqualmie and Yarrow Point, plus the unincorporated areas within King
3904 County council district three as it is drawn on the effective date of this ordinance that are
3905 east or southeast of the city of Redmond, plus all unincorporated areas within King
3906 County council district six as it is drawn on the effective date of this ordinance.”
3907 **“Crisis Stabilization Unit”** means a behavioral health facility where people recovering from an
3908 acute mental health and/or substance use crisis can receive continued behavioral health
3909 stabilization services for up to 14 days.
3910 **“Implementation Plan”** means a plan required by [King County Ordinance 19572](#) that will direct
3911 Crisis Care Centers Levy expenditures from 2024 through 2032.
3912 **“Jurisdictions”** means cities, tribes and other jurisdictional entities with siting authority that are
3913 physically located within King County.
3914 **“King County Ordinance 19572”** means the [ballot measure ordinance](#) that was enacted by
3915 King County Council on February 9, 2023 and passed by King County voters on April 25, 2023
3916 to create the Crisis Care Centers Levy.
3917 **“Post-Crisis Follow-Up Program”** means short-term case management and peer engagement
3918 services to connect people to care after they leave a Crisis Care Center.
3919 **“Procurement”** means a future solicitation to determine who will be contracted to develop, own,
3920 and operate Crisis Care Centers.
3921 **“RFI”** means this Request for Information plus all written amendments, addenda, or
3922 attachments hereto, and all terms and conditions incorporated herein.
3923

Upcoming Procurement Description

- 3924
- 3925 A. **UPCOMING PROCUREMENT FUNDING AMOUNT AND OBJECTIVES**
- 3926 King County intends to release one or more Procurements beginning in 2024. Funding will
3927 include resources to construct and operate Crisis Care Centers, and the funding amount
3928 that will be available is not yet determined. The siting of Crisis Care Centers will be
3929 coordinated in partnership with local Jurisdictions and King County.
- 3930 B. **ANTICIPATED TIMELINE**
- 3931 One or more rounds of Procurement processes will be released in 2024. The timeline will
3932 be determined in 2024 after the King County Council passes the Crisis Care Centers
3933 Initiative Implementation Plan.
- 3934 C. **PROGRAM DESCRIPTION**

3935 Crisis Care Centers are behavioral health facilities defined by [King County Ordinance](#)
3936 [19572](#) that will provide same-day access to mental health and substance use crisis
3937 services. Crisis Care Centers will have three programmatic components:
3938 1. 24/7 Behavioral Health Urgent Care Clinic;
3939 2. 23-Hour Crisis Observation Unit; and
3940 3. Crisis Stabilization Unit.

3941 Crisis Care Centers will also be expected to provide a Post-Crisis Follow-Up Program to
3942 promote post-crisis stabilization for people who receive services at Crisis Care Centers.
3943 Crisis Care Centers will strive for a “no-wrong door” approach and will endeavor to
3944 accept, at least for initial screen and triage, any person who seeks behavioral health
3945 crisis care. Crisis Care Centers will strive to create and foster a safe and welcoming
3946 environment that provides care that is trauma-informed, recovery-oriented, person-
3947 centered, integrated, and supports people in the least restrictive environment possible.
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RFI Questions

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A. **QUESTIONS**

3952 Please submit responses to each of the following questions (* indicates response is
3953 required; respondents are not required to answer all questions to submit a response).
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3954

Contact Information

- 3955
- 3956 1. *Name of Jurisdiction responding to RFI.
 - 3957 2. *Name of person submitting response.
 - 3958 3. *Title of person submitting response.
 - 3959 4. *Email address of person submitting response.
 - 3960 5. *Phone number of person submitting response.
 - 3961 6. What other points of contact from your Jurisdiction should receive
3962 communication about this RFI and the Crisis Care Centers Initiative? Please
3963 share their name, title, and contact information.

3964

Crisis Care Center Information

- 3965
- 3966 7. What communities or populations in your Jurisdiction have historically been,
3967 or are at greatest risk of being, underserved in their behavioral health
3968 needs?
 - 3969 8. Is your Jurisdiction interested in siting an adult or youth Crisis Care Center, or
3970 both? Why or why not?
 - 3971 9. How would siting a Crisis Care Center in or adjacent to your Jurisdiction
3972 benefit your Jurisdiction and region of King County?
 - 3973 10. What additional information would you need from the County to help
3974 determine if your Jurisdiction is interested in siting a Crisis Care Center?
 - 3975 11. What are important attributes of a Crisis Care Center and its location from
3976 your Jurisdiction's perspective?
 - 3977 12. What are potential geographic features, transportation infrastructure, or other
3978 factors in your Jurisdiction that may impact access to a Crisis Care Center?
 - 3979 13. What obstacles would deter your Jurisdiction from siting a Crisis Care
3980 Center?

- 3981 14. Does your Jurisdiction have any facilities that are like a Crisis Care Center? If
3982 yes, do you have recommendations of siting best practices based on your
3983 experience with existing facilities?
3984 15. What ideas do you have for how Jurisdictions and the County can work
3985 together to site Crisis Care Centers?
3986 16. If your Jurisdiction decided to site a Crisis Care Center, what type of capital
3987 facility siting support, communication, and Jurisdiction partnership activities
3988 would be helpful?
3989 17. Do you have one or more potential site(s) that may be suitable for a Crisis
3990 Care Center site(s) identified in your Jurisdiction? If yes, please share the
3991 location and a brief description. Alternatively, would you be interested in
3992 scheduling a meeting with the County to discuss possible locations?
3993 18. Does your Jurisdiction own one or more parcels of land or properties that
3994 could be rehabilitated to become a Crisis Care Center that your Jurisdiction
3995 would be willing to donate? If yes, please briefly describe the property.
3996 Alternatively, would you be interested in scheduling a meeting with the
3997 County to discuss possible properties?
3998 19. Does your Jurisdiction have any capital or operating resources it would be
3999 willing to contribute to a Crisis Care Center property or facility? If yes, please
4000 briefly describe the resource. Alternatively, would you be interested in
4001 scheduling a meeting with the County to discuss possible resources?
4002 20. Does your Jurisdiction have feedback regarding the types of entities that
4003 should be eligible to apply to the eventual Crisis Care Center
4004 Procurement(s)? Examples of entities could include Behavioral Health
4005 Agencies (Agencies), Agencies with letters of support from host Jurisdictions,
4006 formal partnerships between Jurisdictions and Agencies, or a Jurisdiction by
4007 itself?
4008 21. How would your Jurisdiction like to be engaged in the Crisis Care Center
4009 Initiative planning and future siting process?
4010 22. Do you have recommendations for how community members should be
4011 engaged during Crisis Care Center siting processes?
4012 23. Do you have any additional feedback about Crisis Care Center siting?

4013
4014 B. **DOCUMENT REQUESTS**

4015 Please respond to the following request for documentation, if applicable.

- 4016
4017 24. Please attach additional documentation describing potential Crisis Care
4018 Center sites or properties that your Jurisdiction has identified (i.e., photos,
4019 maps, real estate documentation, etc.).

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Appendix D: Coordination with State and County Partners

State and County Partner Meetings June 2023 – November 2023	
Partners Internal to King County	
<ul style="list-style-type: none">• Department of Adult and Juvenile Detention• Department of Natural Resources and Parks• Facilities Management Division• Metro• Prosecuting Attorney’s Office• Public Health – Seattle & King County• Sheriff’s Office	
Washington State Partners and Meeting Topics	
<ul style="list-style-type: none">• Health Care Authority<ul style="list-style-type: none">○ Billing and sustainability of crisis services○ Reimbursement for ambulance transport to alternate destinations○ Pharmacy regulations and reimbursement○ Peer specialist programs○ Data sharing related to implementation of 988 and 2SHB 1477○ Regulations regarding Institutes for Mental Disease• Department of Health<ul style="list-style-type: none">○ 23-hour Crisis Relief Centers (direct meetings and participation in 2SSB 5120 public rulemaking process)○ 988 implementation○ Regulations on ambulance transport to alternate destinations○ Pilots to embed behavioral health counselors in public safety answering points to divert 911 calls from law enforcement response• Department of Social and Human Services<ul style="list-style-type: none">○ Department of Children, Youth, and Families○ Developmental Disabilities Administration (DDA)	

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Appendix E: Site and Field Visits

The following site and field visits were conducted between June 2023 and October 2023 and helped inform this Plan.

Site and Field Visits June 2023 – October 2023
Behavioral Health Crisis Facilities
Children's Emergency Screening Unit, San Diego, CA Crisis Solutions Center, DESC, Seattle, WA Connections Health Solutions, Phoenix, AZ Connections Health Solutions, Tucson, AZ (virtual site visit) Connections Health Solutions, Kirkland, WA* Oceanside Crisis Stabilization Unit, San Diego, CARI International, Federal Way, WA* RI International, Parkland, WA Spokane Regional Stabilization Center, Spokane, WA Sea Mar, White Center, WA*
Mental Health Residential Facilities
Cascade Hall, Community House, Seattle, WA Try House, Transitional Resources, Seattle, WA Stillwater, Sound, Redmond, WA Keystone, Sound, Seattle, WA Firwood, Community House, Seattle, WA Spring Manor, Community House, Seattle, WA Hilltop, Community House, Seattle, WA
Other Health Care Providers
Children's Hospital, Seattle, WA Crisis Connections, Seattle, WA
Field Visits
Designated Crisis Responder Ride Along, King County, WA

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* Facilities under construction or not yet operational

Appendix F: Community Engagement Activities

Community Engagement Activities June 2023 – November 2023
Monthly CCC Levy Community Engagement Meetings
<ul style="list-style-type: none"> • Community Partner Evening Recap Meeting (1 meeting) • Community Partners Update Meeting (5 meetings) • Crisis System Integration Partners Meeting (3 meetings) • Substance Use Disorder Partners Meeting (3 meetings) • Youth Partners Meeting (5 meetings)
Presentations at Community Meetings
<ul style="list-style-type: none"> • CCORS Operations Meeting (2 meetings) • CCORS Young Adult Monthly Providers Meeting • CIT King County Coordinators Committee Meeting (2 meetings) • CRIS Committee • Cross Division Overdose Prevention Workgroup • External Partners Group • Just Access to Health Meeting • King County Behavioral Health Administrative Services Organization Inpatient Providers Quarterly Meeting • King County Behavioral Health Advisory Board (2 meetings) • King County Diversion and Reentry Services Managers Meeting • King County Hospital and Inpatient Psychiatric Leadership Meeting • King County Integrated Care Network, Network Provider Group (4 meetings) • King County Integrated Care Network, Clinical Operations Committee • King County Integrated Care Network, Joint Operations Committee • King County Outpatient Medical Leadership Team Meeting • King County Peer Network Meeting (4 meetings) • King County Youth Behavioral Health Learning Collaborative Meeting (2 meetings) • King County Behavioral Health and Recovery Division Clinical Provider Meeting • King County Behavioral Health and Recovery Division, Washington State Department of Youth and Family Services, and Coordinated Care Monthly Field Operations Meeting • King County Medications for Opioid Use Disorder (MOUD) Provider Meeting • King County Youth Service Providers Coalition (2 meetings) • Hospital and Mental Health Residential Provider Quarterly Meeting • MIDD Advisory Committee Meeting • Overdose Recovery and Care Access (ORCA) Center Planning Meetings (3 meetings) • Patient Placement Task Force (2 meetings) • Pediatrics Crisis Care Provider Meeting • Seattle/King County Coalition on Homelessness Member Meeting
Key Informant Interviews and Individual Engagement Meetings
<ul style="list-style-type: none"> • American Medical Response • Asian Counseling and Referral Services • Behavioral Health Institute, Harborview Medical Center • Challenge Seattle

- Children’s Hospital (2 meetings)
- Crisis Connections (3 meetings)
- Consejo Counseling
- Connections Health Solutions (4 meetings)
- DESC (2 meetings)
- Genoa Pharmacy
- Fairfax (2 meetings)
- Harborview Medical Center Addiction Medicine Program
- Health One and Mobile Integrated Health Program, Seattle Fire Department
- HealthierHere
- Hopelink Transportation
- International Community Health Services
- Islamic Trauma Health Program
- Kelley-Ross Pharmacy (2 meetings)
- MIDD Community Partnership Focus Group Follow-Up Meeting
- Muckleshoot Health
- North Star Advocates
- Pacific Hospital Public Development Association
- Individual People with Lived Experience of Crisis Services (7 meetings)
- Individual People with Professional Experience Delivering Crisis Services (2 meetings)
- Peer Washington
- Psychiatric Emergency Services, VA Puget Sound Health Care System
- RI International
- Ryther (2 meetings)
- Sea Mar (2 meetings)
- Seattle Fire Department and Public Health Seattle & King County Emergency Medical Services
- Seattle Indian Health Board
- Seattle/King County Coalition on Homelessness
- Seattle Police Department
- SEIU 1199 (5 meetings)
- School of Nursing, University of Washington
- Somali Health Board (2 meetings)
- Sound
- Sound Alliance
- Tubman Center for Health and Freedom
- Valley Cities
- Vietnamese Health Board
- Vocal-WA
- Washington State Pharmacy Association
- YMCA (3 meetings)
- Youth Eastside Services
- YouthCare and Kaiser

Focus Groups and Listening Sessions

- Aging and Older Adults Focus Group
- Behavioral Health Worker Focus Group

- Housing and Homelessness Focus Group
- MIDD Community Partnership Focus Group
- Mockingbird Society YAEH Chapter and New Members Chapter Listening Session
- Peer Counselors Focus Group
- Sound Alliance, United Tribes of All Indians, and FEEST Youth Partner Listening Session
- Sound Alliance and United Indians of All Tribes Youth Services Listening Session
- Veterans and Active Military Personnel Focus Group

King County Council and Local Jurisdiction Meetings

- City Mayor, Councilmember, and Staff Meetings (16 meetings)
- Countywide Sub-Regional Human Service Convening
- Councilmember Perry District Three First Responder Roundtable
- Councilmember Perry District Three Mayors Roundtable
- Councilmember Zahilay Community Mental Health Meeting (4 meetings)
- King County Councilmember and Council Staff Meetings (10 meetings)
- Snoqualmie Valley Government Association Quarterly Meeting
- Sound Cities Association (2 meetings)

CCC Levy Request for Information (RFI) Public Information Sessions

- King County Local Jurisdictions RFI Information Session
- Behavioral Health Organizations and Other Potential Partners RFI Information Session

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Appendix G: Clinical Best Practices in Behavioral Health Crisis Services

Clinical Best Practices in Behavioral Health Crisis Services	
Best Practice	Description
Trauma-Informed	Trauma-informed programs and services acknowledge the widespread impact of trauma and understand potential paths for recovery; recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system, and respond by fully integrating knowledge about trauma into policies, procedures, and practices, while seeking to actively resist re-traumatization. ²⁷³
Recovery-Oriented	Recovery-oriented care addresses reduction of symptoms related to mental health and substance use disorders and supports someone to have a life in the community that meets their recovery goals. ²⁷⁴
Person-Centered	Person-centered care means people have control over their services, including the amount, duration, and scope of services, as well as choice of providers. Person-centered care is respectful and responsive to cultural, linguistic, and other social and environmental needs. Family-centered care recognizes the important role of family members and caregivers in the design and implementation of services. ²⁷⁵
Culturally and Linguistically Appropriate	Culturally and linguistically appropriate services (CLAS) are a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and promote health equity. ²⁷⁶ CLAS are about respect and responsiveness: respect the whole individual and respond to the individual’s health needs and preferences. By tailoring services to an individual’s culture and language preferences, including with use of interpretation and translation services, health professionals can help support positive health outcomes for diverse populations.
Integrated Care	Integrated care is when mental health and substance use treatment is closely coordinated with physical and primary care. ²⁷⁷ While crisis care centers will primarily serve behavioral health needs, they should also be able to provide care for most minor physical or basic health needs that can be addressed without need for medical diagnosis or health care prescriber orders, with an identified pathway to transfer the person to more medically appropriate services if needed. ²⁷⁸

²⁷³ Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. [\[LINK\]](#)

²⁷⁴ Davidson L, Rowe M, DiLeo P, Bellamy C, Delphin-Rittmon M. Recovery-Oriented Systems of Care: A Perspective on the Past, Present, and Future. Alcohol Res. 2021 Jul 22;41(1):09. doi: 10.35946/arc.v41.1.09. [\[LINK\]](#)

²⁷⁵ Substance Abuse and Mental Health Services Administration (SAMHSA) Person- and Family-centered Care and Peer Support [\[LINK\]](#)

²⁷⁶ National Culturally and Linguistically Appropriate Services (CLAS) Standards. Think Cultural Health, U.S. Department of Health & Human Services [\[LINK\]](#).

²⁷⁷ National Council for Mental Wellbeing, The Comprehensive Healthcare Integration (CHI) Framework, April 22, 2022. [\[LINK\]](#)

²⁷⁸ Expectations for integrated medical care in a behavioral health crisis care setting are described here similar to state requirements for 23-hour Crisis Relief Centers as defined in RCW 71.24.916 – 23-hour crisis relief centers— Licensing and certification— Rules—Standards. [\[LINK\]](#)

Least Restrictive Setting	Least restrictive care refers to care provided in settings that least interfere with a person’s civil rights and freedom to participate in society. The practice of care in least restrictive settings supports the key values of self-determination in behavioral health care: that people should be able to disagree with clinician recommendations for care; that people should be informed participants in defining their care plan, and that state laws and agency policies are applied only as a last resort for people who are unable to act in their own self-interests. ²⁷⁹
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4040

²⁷⁹ Detoxification and Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2006. (Treatment Improvement Protocol (TIP) Series, No. 45.) 2 Settings, Levels of Care, and Patient Placement. [\[LINK\]](#)

4041 **Appendix H: BHRD Capital Improvement Funding for Behavioral Health Facilities Request for**
4042 **Information (RFI)**

4043
4044 The purpose of this RFI was to solicit information from contracted behavioral health provider
4045 organizations about necessary capital improvements, repairs, and innovations in behavioral health
4046 facilities located in County. Information provided through this RFI may be used to inform a potential
4047 Request for Proposal and be used to improve access to and availability of behavioral health services by
4048 assisting with costs associated with building repairs, renovations, or expansion of existing behavioral
4049 health provider facilities. This RFI was open from June 23, 2023, to July 17, 2023.

4050
4051 Department of Community and Human Services
4052 Behavioral Health and Recovery Division
4053 401 Fifth Avenue, Suite 400
4054 Seattle, WA 98104

4055
4056 REQUEST FOR INFORMATION (RFI)
4057 BHRD Capital Improvement Funding for Behavioral Health Facilities
4058 RFI Release Date: June 23, 2023
4059 Questions Due: July 07, 2023
4060 Due Date: July 17, 2023
4061 RFI Lead: Brandon Paz, branpaz@kingcounty.gov

4062
4063 Purpose of RFI

4064 This Request for Information (RFI) is seeking input from contracted behavioral health provider
4065 organizations to inform a potential Request for Proposal (RFP) that may be released in late 2023. The
4066 King County Department of Community and Human Services (DCHS) Behavioral Health and Recovery
4067 Division (BHRD) seeks information related to necessary capital improvements, repairs and renovations in
4068 behavioral health treatment facilities located in King County. Information provided through this RFI may
4069 be used to improve access to and availability of behavioral health services by assisting with costs
4070 associated with building repairs, renovations or expansion of existing behavioral health provider
4071 facilities.

4072
4073 DCHS is releasing this RFI to understand the level of need agencies have for capital projects and
4074 expected costs. Please note that **no funding will be released as a result of this RFI**. Submitting a
4075 response to this RFI does **not** constitute a commitment to a project in any subsequent RFPs. This RFI is
4076 for informational purposes only, to inform potential investments by the County in late 2023.

4077
4078 Who should respond?

4079 The following entities are encouraged to respond:

- 4080
- 4081 • Behavioral health provider organizations that are contracted with the King County Behavioral
4082 Health and Recovery Division, including but not limited to King County Integrated Care Network
4083 providers, King County Behavioral Health Administrative Service Organization (KCICN-BH-ASO)
4084 providers, and providers contracted through the MIDD program.

- 4085 • Nonprofit organizations, community-based organizations, tribe/tribal organizations interested in
4086 capital improvements, including renovations and repairs to an existing facility used for
4087 behavioral health programming/treatment.

4088 Background

4089 There is a need for capital improvements for many behavioral health provider facilities in King County.
4090 Capital improvements are necessary to increase or maintain access to effective behavioral health
4091 treatment. BHRD is considering an investment through a future procurement, to provide funding for
4092 small-medium scale capital improvement projects that can increase the health and safety and/or
4093 functional space of a facility, so providers can increase or maintain capacity to effectively provide quality
4094 behavioral health services. Capital improvement projects may include: building repairs, renovations, or
4095 expansions of existing locations to improve access to high quality programs and services.

4096
4097 Request for Information

4098 BHRD is requesting information related to behavioral health capital improvement projects. Information
4099 collected from RFI responses may inform the development of a RFP, including allowable costs and
4100 funding thresholds. Funded projects will be limited to existing facilities. New construction will not be
4101 eligible.

4102
4103 How to Respond

4104 Please submit a response that clearly addresses the questions below by 2:00 PM Pacific Time on
4105 Monday, July 17, 2023, to Brandon Paz at branpaz@kingcounty.gov. If you have any questions regarding
4106 your submission, please contact Brandon Paz at branpaz@kingcounty.gov.

4107
4108 Questions

4109 The following questions are for information only and will not be scored. Completing this RFI
4110 does not constitute a commitment to funding your project in any subsequent RFP.

- 4111
- 4112 1. Please provide the below information about your organization:
 - 4113 a. Organization Name
 - 4114 b. Address
 - 4115 c. Point of Contact Name
 - 4116 d. Title
 - 4117 e. Phone
 - 4118 f. Email
 - 4119 2. If your organization has a mission statement, please state it here.
 - 4120 3. Approximately how many clients annually does your organization provide services to?
 - 4121 4. Please briefly list the behavioral health services and/or programs that your organization offers to
4122 King County residents.
 - 4123 5. Why are you interested in applying for the anticipated Capital Improvement Funding for Behavioral
4124 Health Facilities RFP? Please explain in a short narrative, including describing the project and the
4125 need the project will address.
 - 4126 6. Please indicate the type of project you would be most likely to request funding for
 - 4127 o Renovation of an existing property to maintain or increase access to behavioral health
4128 treatment services

- 4129 ○ Renovation and repairs of an existing property to address critical health and safety issues, or
- 4130 improve treatment environment
- 4131 ○ Facility improvements, including new paint and furniture to improve the treatment
- 4132 environment to promote healing
- 4133 ○ Expansion of an existing facility to increase availability of treatment services, or allow more
- 4134 clients to be served
- 4135 7. If you currently own or lease the project site, please provide the address. If not, please provide the
- 4136 zip code or general location of the proposed site and whether you plan to own or lease it.
- 4137 8. Please share the following information regarding the project’s funding needs:
- 4138 a. What is the estimated total cost of your project?
- 4139 b. Do you have funding secured from other sources?
- 4140 c. Are you anticipating applying for other funding sources?
- 4141 d. How much funding do you anticipate requesting from a potential 2023 capital program
- 4142 RFP?
- 4143 e. What is the anticipated timeline for completion of the project?
- 4144

4145 RFI Terms and Conditions

4146

4147 **A. Revisions to the RFI**

4148 If DCHS determines in its sole discretion that it is necessary to revise any part of this RFI, an

4149 addendum to this RFI will issued via email. For this purpose, the published questions and

4150 answers and any other pertinent information will also be provided as an addendum to the RFI

4151 and will be issued via email. DCHS also reserves the right to cancel or to reissue the RFI in whole

4152 or in part, prior to execution of a contract.

4153

4154 **B. Cost to Propose**

4155 DCHS will not be liable for any costs incurred by the Responder in preparation of a Response

4156 submitted in response to this RFI, in conduct of a presentation, or any other activities related in

4157 any way to this RFI.

4158

4159 **C. No Obligation to Contract**

4160 DCHS will not contract with any vendor as a result of this RFI. While DCHS may use responses to

4161 this RFI to develop a competitive solicitation for the subject of this RFI, issuing this RFI does not

4162 compel DCHS to do so.

4163

4164 **D. Public Records Act**

- 4165 1. Washington State Public Records Act (RCW 42.56) requires public organizations in
- 4166 Washington to promptly make public records available for inspection and copying
- 4167 unless they fall within the specified exemptions contained in the Act or are otherwise
- 4168 privileged.
- 4169
- 4170 2. All submitted Responses and RFI materials become public information and may be
- 4171 reviewed by anyone requesting to do so at the conclusion of the RFI, negotiation, and award
- 4172 process. This process is concluded when a signed contract is completed between the County and
- 4173 the selected Responder. Note that if an interested party requests copies of submitted
- 4174 documents or RFI materials, a standard County copying charge per page must be received prior

4175 to processing the copies. King County will not make available photocopies of pre-printed
4176 brochures, catalogs, tear sheets or audiovisual materials that are submitted as support
4177 documents with a Response. Those materials will be available for review at King County
4178 Department of Community and Human Services.

4179
4180 3. No other distribution of Responses will be made by the Responder prior to any public
4181 disclosure regarding the RFI, the Response or any subsequent awards without written approval
4182 by King County. For this RFI all Responses received by King County shall remain valid for ninety
4183 (90) days from the date of Response. All Responses received in response to this RFI will be
4184 retained.

4185
4186 4. Responses submitted under this RFI shall be considered public documents and with limited
4187 exceptions, Responses that are recommended for contract award will be available for inspection
4188 and copying by the public. If a Responder considers any portion of his/her Response to be
4189 protected under the law, the Responder shall clearly identify on the page(s) affected such words
4190 as "CONFIDENTIAL," PROPRIETARY" or "BUSINESS SECRET." The Responder shall also use the
4191 descriptions above in the following table to identify the effected page number(s) and location(s)
4192 of any material to be considered as confidential. If a request is made for disclosure of such
4193 portion, the County will review the material in an attempt to determine whether it may be
4194 eligible for exemption from disclosure under the law. If the material is not exempt from public
4195 disclosure law, or if the County is unable to make a determination of such an exemption, the
4196 County will notify the Responder of the request and allow the Responder ten (10) days to take
4197 whatever action it deems necessary to protect its interests. If the Responder fails or neglects to
4198 take such action within said period, the County will release the portion of the Response deemed
4199 subject to disclosure. By submitting a Response, the Responder assents to the procedure
4200 outlined in this paragraph and shall have no claim against the County on account of action taken
4201 under such procedure. Please notify the County of your needs and reference the table
4202 information below

4203

Type of Exemption	Beginning Page/Location	Ending Page/Location

4204

4205 **E. American with Disabilities Act**

4206 DCCHS complies with the Americans with Disabilities Act (ADA). Responder may contact the RFI
4207 Coordinator to receive materials for this RFI in alternative formats, such as Braille, large print, audio
4208 tape, or computer disc.



King County

Dow Constantine

King County Executive

401 Fifth Avenue, Suite 800

Seattle, WA 98104-1818

206-263-9600 Fax 206-296-0194

TTY Relay: 711

www.kingcounty.gov

December 29, 2023

The Honorable Dave Upthegrove
 Chair, King County Council
 Room 1200
 COURTHOUSE

Dear Councilmember Upthegrove:

I am pleased to transmit the Crisis Care Centers Levy Implementation Plan 2024-2032 as required by Ordinance 19572, and three proposed Ordinances that would, if enacted, adopt the Levy's implementation plan, establish its advisory body, and provide appropriation authority for Levy expenditures in 2024. Approval of this proposed legislation would transform the region's behavioral health crisis response system through the creation of a network of five crisis care centers throughout the region; restore the region's flagging mental health residential facilities; and reinforce the workforce upon whom tens of thousands of King County residents depend for their behavioral health.

Specifically, my plan prioritizes three investments and outcomes for the 2024-2032 Crisis Care Centers (CCC) Levy:

- **Crisis Care Centers:** Establish and operate a regional network of five crisis care centers in King County, with at least one in each of the four crisis response zones established in Ordinance 19572 and one serving youth.
- **Residential Treatment:** Restore the number of mental health residential treatment beds to at least 355 and expand the availability of residential treatment in King County.
- **Community Behavioral Health Workforce:** Help more people join and stay in the behavioral health workforce in King County by expanding community behavioral health career pathways, supporting labor-management workforce development partnerships, and focusing on crisis workforce development.

While laying a path and providing resources for long-term change, the plan also prioritizes rapid changes where possible. The plan includes specific strategies to quickly invest in additional crisis services before crisis care centers open and substantial first-year investments in residential treatment facilities and existing behavioral health workforce strategies.

This transmittal package also includes the following proposed legislation:

- A proposed Ordinance that would, if enacted, adopt the plan to govern the CCC Levy's strategies, activities, and expenditures from January 1, 2024 through December 31, 2032;
- A proposed Ordinance that would, if enacted, provide supplemental budget appropriation to the Crisis Care Centers Fund to support CCC Levy strategies and activities in 2024; and
- A proposed Ordinance that would, if enacted, amend King County Code 2A.300.050 to empower the King County Behavioral Health Advisory Board to be the advisory body for the CCC Levy in accordance with Ordinance 19572 and implement changes to the code as recommended in the CCC Levy Implementation Plan, including updating the Board's membership requirements and duties.

On February 9, 2023, King County adopted Ordinance 19572 to provide for the submission of the CCC Levy to the voters of King County. King County voters considered the Levy as Proposition No. 1 as part of the April 25, 2023 special election, and 57 percent of voters approved it. The passage of Proposition No. 1 created a nine-year property tax levy of \$0.145 per \$1,000 of assessed value, which is expected to generate over \$1.1 billion in revenue between 2024 and 2032. Ordinance 19572 also required transmittal of an implementation plan to direct CCC Levy expenditures from 2024 through 2032.

The CCC Levy implementation plan is the product of an intensive process that began in June 2023 and concluded in December 2023. DCHS' planning activities included engaging community partners, soliciting formal requests for information (RFIs), engaging with various Washington State departments, consulting with national subject matter experts, coordinating with other County partners, and convening internal workgroups within DCHS. Community engagement activities included participation from behavioral health agencies, people with lived experiences of behavioral health crises, frontline behavioral health workers, local jurisdiction staff and elected officials, and other community partners. This input significantly informed the strategies described in this Plan and will inform future procurement and operational phases of the CCC Levy.

The enclosed plan describes the forecasted expenditure of Levy proceeds, consistent with Ordinance 19572, to achieve the Levy's paramount and supporting purposes. It identifies and describes strategies to create and operate a regional network of five crisis care centers across King County, which will create a new front door for people in crisis who need behavioral health services. The plan funds early crisis services that will go into effect in 2024 before crisis care centers are operational and will quickly expand services for people experiencing both mental health and substance use crises in our community. Additionally, the plan also includes strategies to increase King County's mental health residential treatment capacity back to at least its 2018 level of 355 beds, and to strengthen the County's community behavioral health workforce. The plan also describes a robust framework to assess and report on how well the CCC Levy is achieving its results and describes how its results will be made available digitally to the Council and community, as directed by Ordinance 19572. Lastly, the plan makes recommendations to empower the King County Behavioral Health Advisory Board as the CCC Levy's advisory body.

The Honorable Dave Upthegrove


December 29, 2023

Page 3

Thank you for your continued support of the CCC Levy. I look forward to ongoing collaboration with the Council, local jurisdictions, behavioral health providers, and other community partners. Together, we aim to ensure that future generations will have a safe, accessible, and effective place to go when they experience a mental health or substance use crisis or treatment need, confident in the knowledge that there will be supportive providers there to help.

If your staff have questions, please contact Leo Flor, Director, Department of Community and Human Services, at 206-477-4384.

Sincerely,

 for

Dow Constantine
King County Executive

Enclosure

cc: King County Councilmembers
ATTN: Stephanie Cirkovich, Chief of Staff
Melani Hay, Clerk of the Council
Shannon Braddock, Deputy County Executive, Office of the Executive
Karan Gill, Chief of Staff, Office of the Executive
Penny Lipsou, Council Relations Director, Office of the Executive
Leo Flor, Director, Department of Community and Human Services

2023-2024 FISCAL NOTE

Ordinance/Motion:
 Title: Crisis Care Centers Levy 2024-2032 Implementation Plan
 Affected Agency and/or Agencies: Department of Community and Human Services
 Note Prepared By: Nicholas Makhani
 Date Prepared: 12/07/2023
 Note Reviewed By: Christina Diaz
 Date Reviewed: 12/7/2023

Description of request:

This proposed Ordinance will adopt the Crisis Care Centers Levy 2024-2032 Implementation Plan. Ordinance 19572 established a special election for the Crisis Care Centers Levy on April 25, 2023; voters ultimately approved the Levy.

Revenue to:

Agency	Fund Code	Revenue Source	2023-2024	2025	2026-2027	2028-2029	2030-2031
DCHS	1460	Property Taxes	117,304,332	119,828,701	247,579,090	258,519,973	269,872,906
DCHS	1460	Interest Earnings	586,522	599,144	1,237,895	1,292,600	1,349,365
TOTAL			117,890,853	120,427,845	248,816,986	259,812,573	271,222,271

Expenditures from:

Agency	Fund Code	Department	2023-2024	2025	2026-2027	2028-2029	2030-2031
DCHS	1460	Community & Human Services	85,936,418	122,076,597	284,584,473	257,525,929	259,146,107
TOTAL			85,936,418	122,076,597	284,584,473	257,525,929	259,146,107

Expenditures by Categories

	Fund Code	Department	2023-2024	2025	2026-2027	2028-2029	2030-2031
Strategy 1: Create and Operate Five Crisis Care Centers	1460	Community & Human Services	16,150,000	59,888,425	127,455,639	170,934,371	166,240,256
Strategy 2: Restore, Expand, and Sustain Residential Treatment C	1460	Community & Human Services	42,000,000	33,340,000	88,722,888	3,074,610	3,720,278
Strategy 3: Strengthen the Community Behavioral Health Workfor	1460	Community & Human Services	7,500,000	11,849,360	29,381,458	42,311,718	48,076,116
Strategy 4: Early Crisis Response Investments	1460	Community & Human Services	8,200,000	6,289,900	14,928,077	15,364,130	15,154,048
Strategy 5: Capacity Building and Technical Assistance	1460	Community & Human Services	1,750,000	2,029,000	3,415,794	3,950,800	3,730,445
Strategy 6: Evaluation and Performance Measurement Activities	1460	Community & Human Services	771,020	1,098,502	2,282,491	2,508,479	2,637,580
Strategy 7: CCC Levy Administration	1460	Community & Human Services	5,065,398	7,581,410	18,398,126	19,381,821	19,587,384
Election Costs	1460	Community & Human Services	3,500,000	-	0	0	0
Planning Costs	1460	Community & Human Services	1,000,000	-	0	0	0
TOTAL			85,936,418	122,076,597	284,584,473	257,525,929	259,146,107

2023 - 2024 Proposed Financial Plan (NEW BIENNIUM SCHEDULE APPLIED)
 CCC Levy Fund / 1460

Category	2021-2022 Actuals	2023-2024 Adopted	2023-2024 Current Budget	2023-2024 Biennial-to-Date Actuals	2023-2024 Estimated	2025 Projected	2026-2027 Projected	2028-2029 Projected	2030-2031 Projected	2032-2033 Projected
Beginning Fund Balance	-	-	-	-	-	31,954,435	30,305,683	(5,461,804)	(3,175,160)	8,901,004
Revenues										
Local	-	-	-	-	#####	#####	#####	#####	269,872,906	139,345,667
Other	-	-	-	-	586,522	599,144	1,237,895	1,292,600	1,349,365	696,728
Total Revenues	-	-	-	-	#####	#####	#####	#####	271,222,271	140,042,395
Expenditures										
Strategy 1: Create and Operate Five Crisis Care Centers	-	-	-	-	16,150,000	59,888,425	#####	#####	166,240,256	86,146,802
Strategy 2: Restore, Expand, and Sustain Residential Treatment Capacity	-	-	-	-	42,000,000	33,340,000	88,722,888	3,074,610	3,720,278	2,143,589
Strategy 3: Strengthen the Community Behavioral Health Workforce	-	-	-	-	7,500,000	11,849,360	29,381,458	42,311,718	48,076,116	24,574,255
Strategy 4: Early Crisis Response Investments	-	-	-	-	8,200,000	6,289,900	14,928,077	15,364,130	15,154,048	7,742,220
Strategy 5: Capacity Building and Technical Assistance	-	-	-	-	1,750,000	2,029,000	3,415,794	3,950,800	3,730,445	1,683,091
Strategy 6: Evaluation and Performance Measurement Activities	-	-	-	-	771,020	1,098,502	2,282,491	2,508,479	2,637,580	1,369,427
Strategy 7: CCC Levy Administration	-	-	-	-	5,065,398	7,581,410	18,398,126	19,381,821	19,587,384	9,978,785
Election Costs	-	-	-	-	3,500,000	-	-	-	-	-
Planning Costs	-	-	-	-	1,000,000	-	-	-	-	-
Total Expenditures	-	-	-	-	85,936,418	#####	#####	#####	259,146,107	133,638,168
Estimated Underexpenditures										
Other Fund Transactions										
Other GAAP Adjustments	-	-	-	-	-	-	-	-	-	-
Total Other Fund Transactions	-	-	-	-	-	-	-	-	-	-
Ending Fund Balance	-	-	-	-	31,954,435	30,305,683	(5,461,804)	(3,175,160)	8,901,004	15,305,231
Reserves										
Reserved for Committed Projects					27,600,503	28,256,093				
Rainy Day Reserve (60 days)					4,353,932	2,049,590	5,338,850	11,903,167	14,725,627	15,285,170
Total Reserves					31,954,435	30,305,683	5,338,850	11,903,167	14,725,627	15,285,170
Reserve Shortfall	-	-	-	-	-	-	10,800,654	15,078,328	5,824,624	-
Ending Undesignated Fund Balance	-	-	-	-	-	-	-	-	-	20,061

Financial Plan Notes

This plan applies the new biennium schedule after the shift in 2025 to an even-odd cycle starting in 2026-2027. 2023-2024 estimated matches the proposed Crisis Care Centers Levy Implementation Plan.

Revenue Notes:

Revenues are based on the adopted August 2023 OEFA forecast (King County Forecast Council resolution KCFC2023-04) with a 99% collection factor, and a \$0.145/\$1,000 assessed value levy rate. The dollar amount of the levy collected in the first year would be the base for computing annual increases for years 2025-2032 and would be limited by chapter 84.55 RCW. Revenue also includes estimated revenue from other sources (investment/interest income) of roughly \$640K annually, depending on revenue fluctuations.

Expenditure Notes:

Expenses are based on the proposed Crisis Care Centers Levy Implementation Plan.

Other Fund Transactions:

Reserve Notes:

Reserves are calculated to provide 60-day coverage of expenditures for ongoing CCC operations, CCC and residential treatment center maintenance, and program administration and evaluation.

Last Updated 12/07/2023 by DCHS Finance Staff.

Crisis Care Centers (CCC) Levy Implementation Plan Executive Briefing

King County Council, Regional Policy Committee

February 14, 2024

Kelly Rider, Chief of Staff, Department of Community and Human Services (DCHS)

Susan McLaughlin, PhD, Director, Behavioral Health and Recovery Division, DCHS

Kate Baber, MSHA, MSW, CCC Initiative Planning Director, DCHS

Matt Goldman, MD, MS, CCC Initiative Medical Director, DCHS

Key Themes

2 Years; 100+ Events; 1,000+ Experts & Community Members; 236,000+ Voters

Cannot Be the Entire System (But An Essential Part that We're Missing)

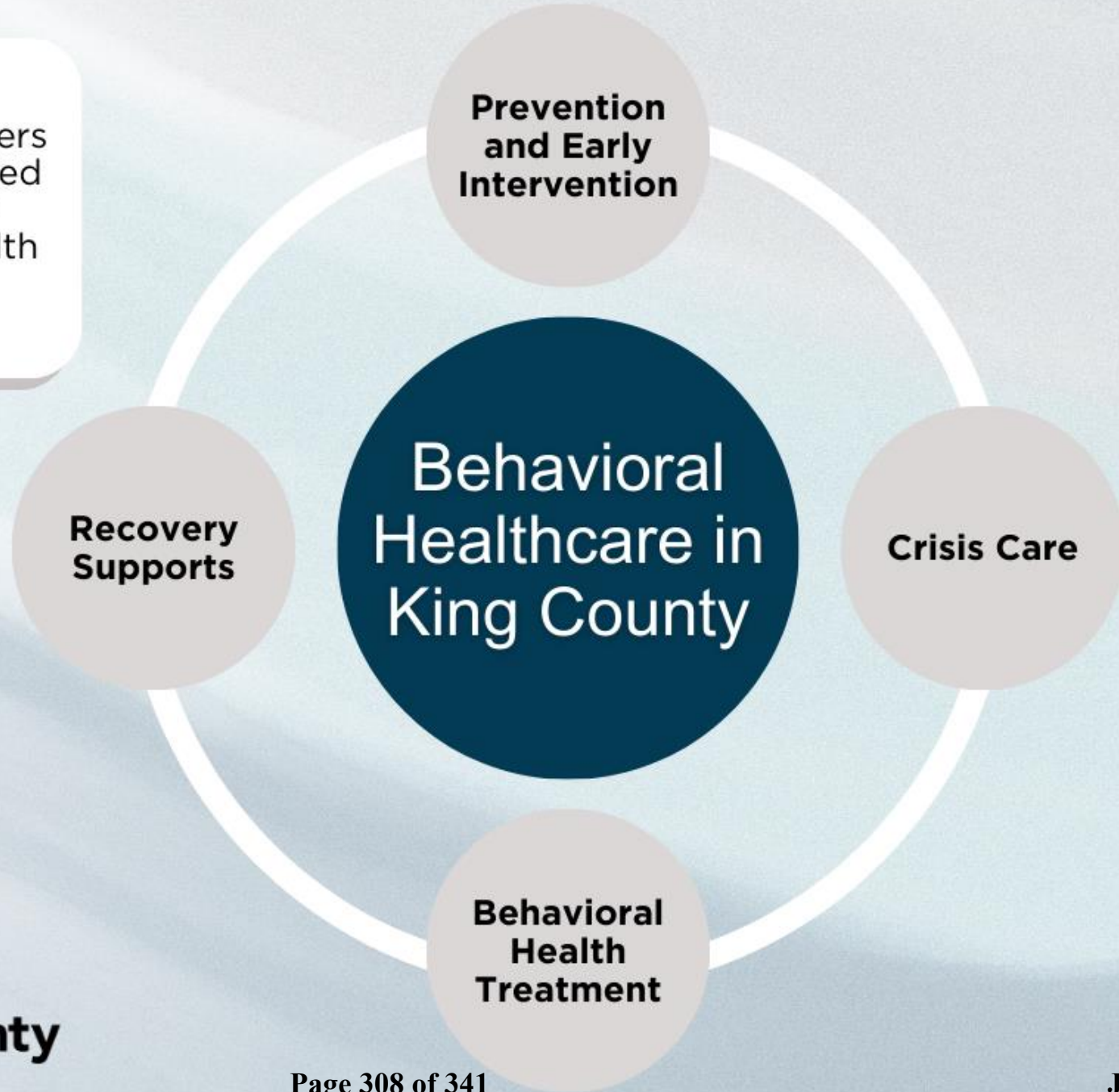
Places to Go: We Need Buildings and People Working In Them

A Rational Funding Model

Quality is Equity. Equity is Quality.

We Can Meet the Moment Together

Crisis care centers will be connected to the larger behavioral health continuum.





Delivering care across the
Crisis Continuum

CRISIS CARE CENTERS LEVY

Community Engagement Activities

64 Key Informant Interviews

- 11 with providers with expertise in culturally and linguistically appropriate services
- 12 with youth behavioral health providers

40 Community Meeting Presentations

- 11 that included participants with lived experience of behavioral health conditions

20 Site and Field Visits

- 10 behavioral health crisis facilities
- 7 mental health residential facilities

16 Community Engagement Meetings

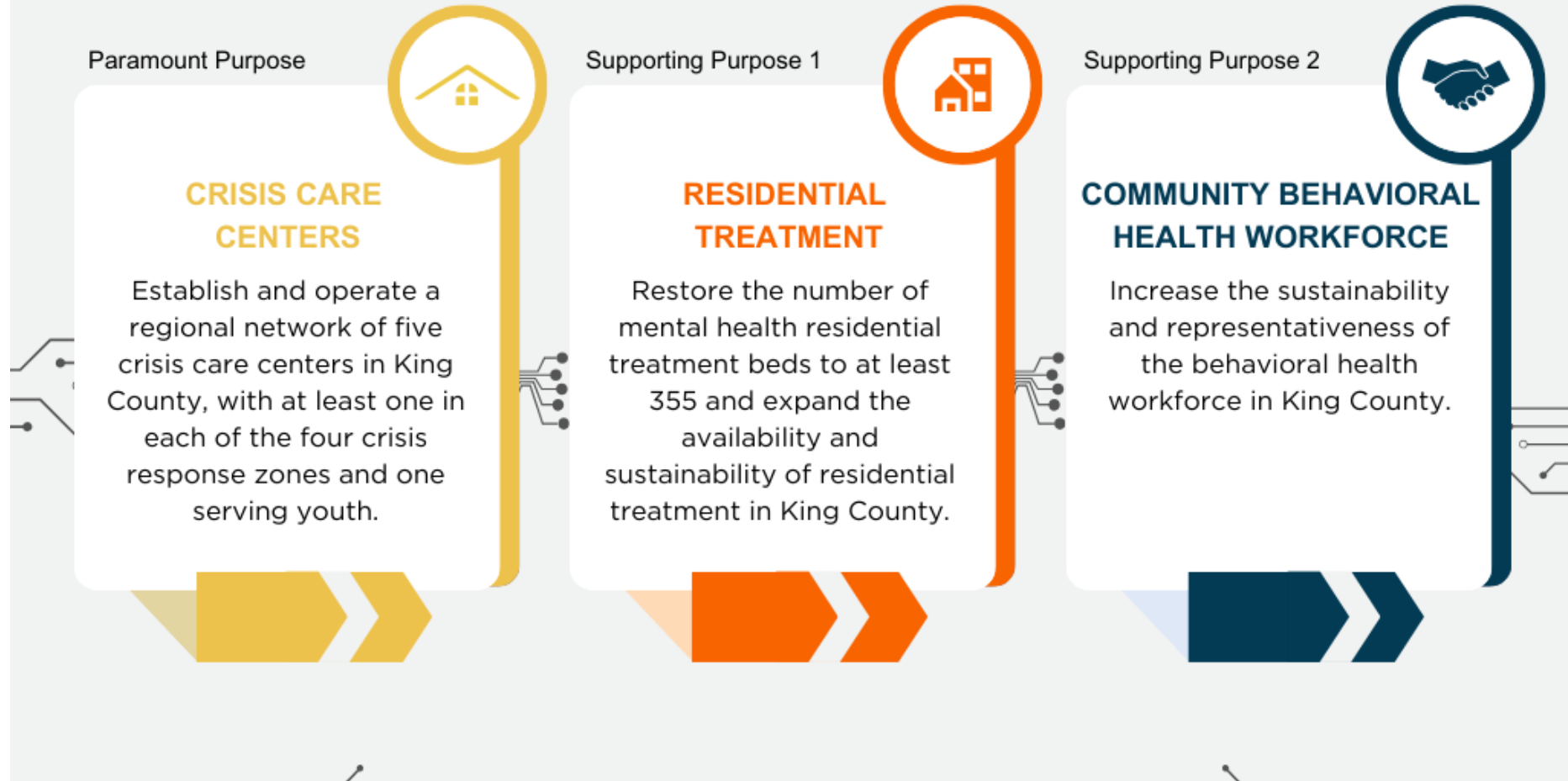
- Average of approximately 49 attendees per meeting
- Focus on crisis system, youth, and substance use service partners

9 Focus Groups

- Youth, peer specialists, veterans and active military personnel and older adults

Implementation plan includes all council and voter approved requirements.

CRISIS CARE CENTERS Levy Purposes



CRISIS CARE CENTERS

Levy Investment Summary

\$626.8M

Create and operate five crisis care centers.

\$173M

Restore, expand, and sustain mental health residential treatment capacity.

\$163.7M

Strengthen the community behavioral health workforce.

\$67.7M

Early crisis response investments.

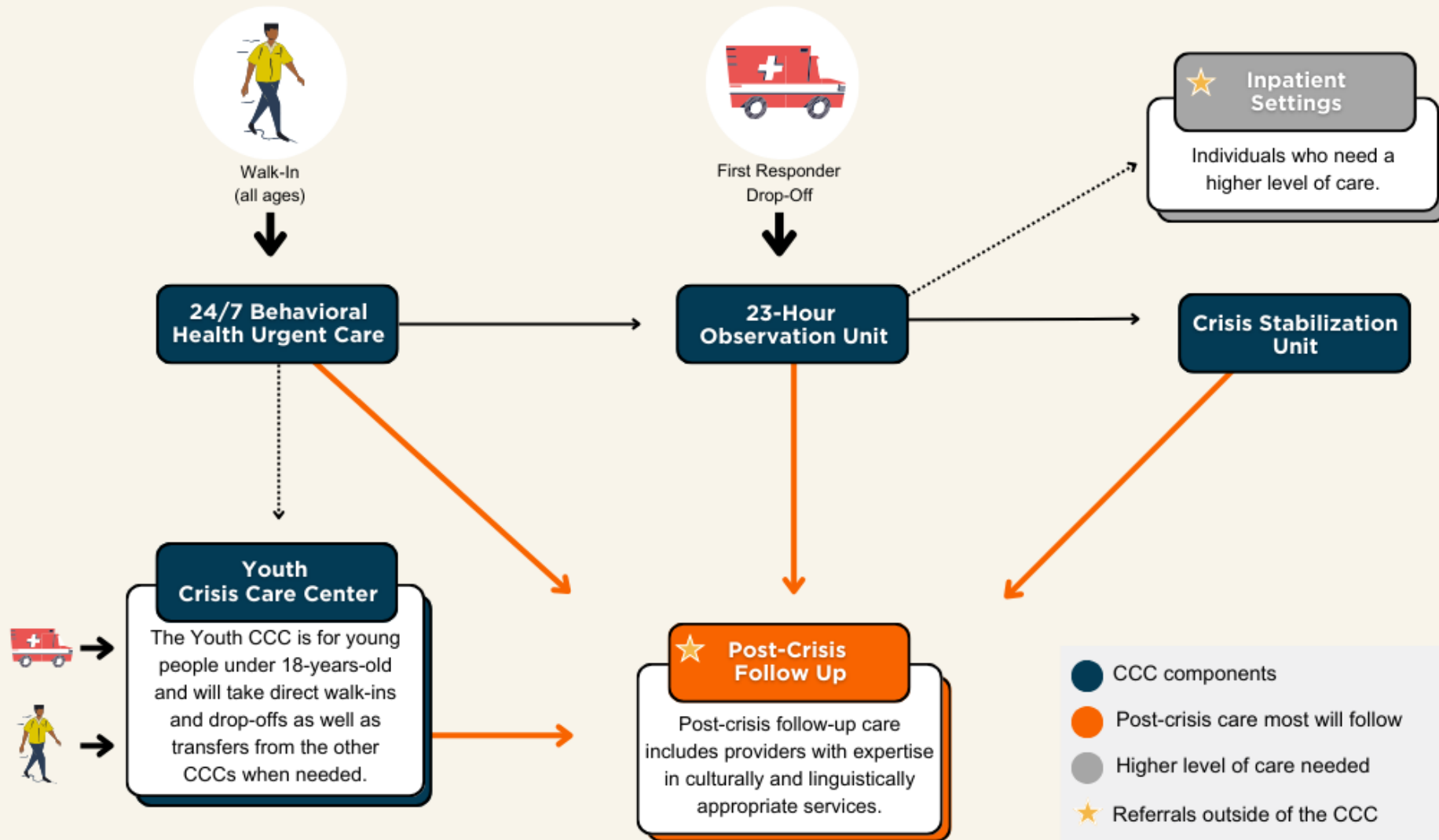
\$111.7M

Capacity building and technical assistance, performance and evaluation, election and planning costs, and levy administration.



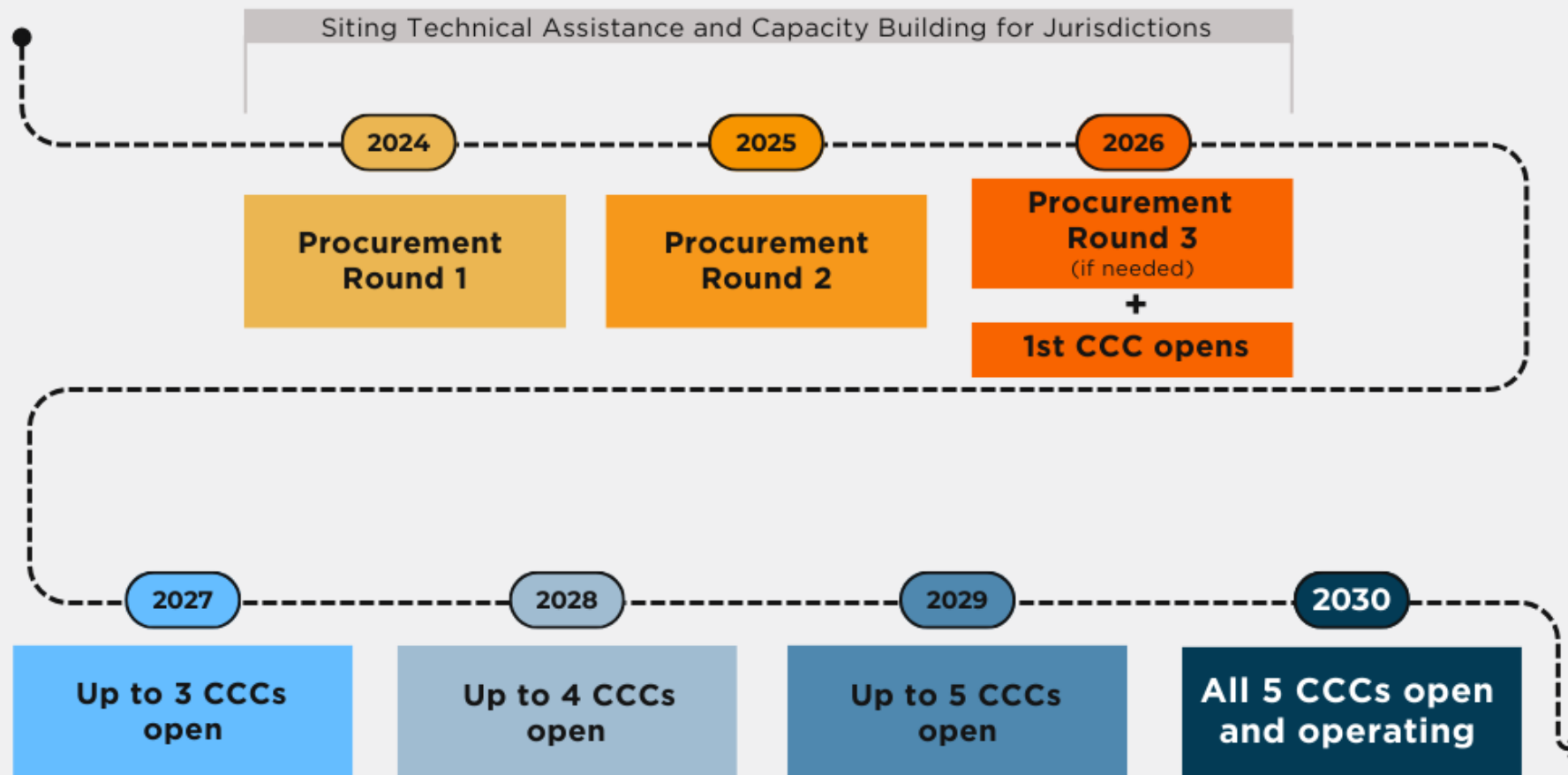


CRISIS CARE CENTER MODEL



CRISIS CARE CENTERS

Estimated Implementation Timeline



CRISIS CARE CENTERS LEVY

Early Investments Starting in 2024



Increase Community-Based Crisis Response Capacity

- Expand mobile crisis services for adults and youth
- Embed behavioral health counselors in 911 call centers



Reduce Fatal Opioid Overdoses

- Expand access to opioid overdose reversal medication
- Capital facility funding to expand substance use services



Residential Treatment Facility Capital Investments

- Preserve existing capacity
- Build new capacity

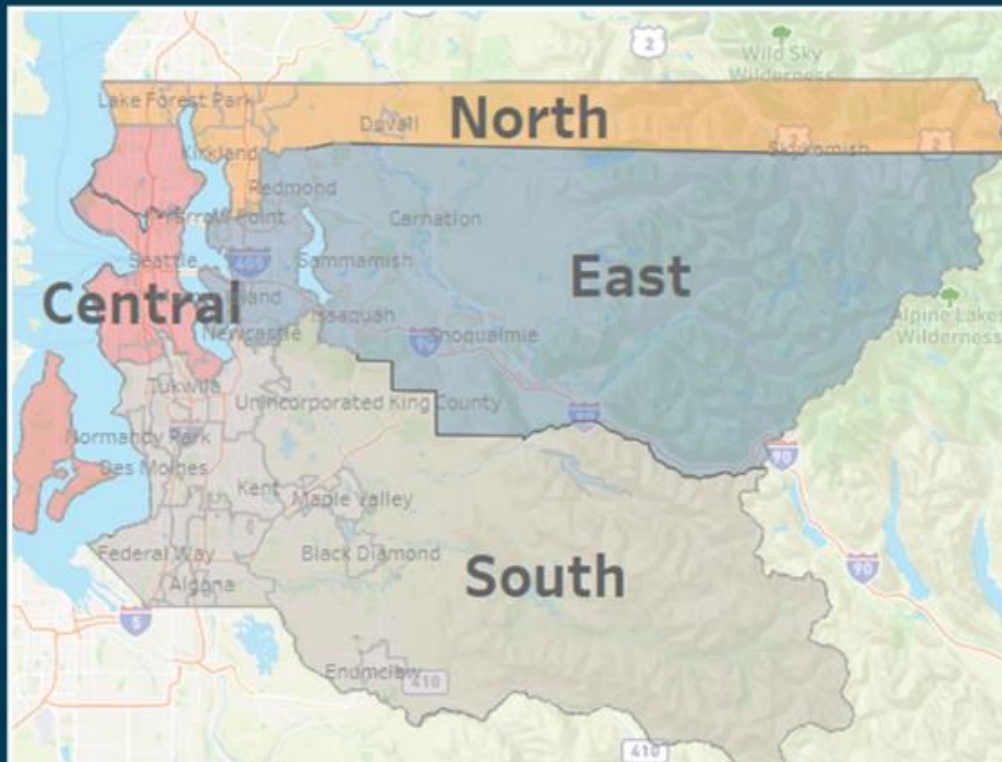


Behavioral Health Workforce Investments

- Community behavioral health career pathways
- Labor-management workforce development partnerships
- Crisis workforce development

Crisis Response Zones

Crisis response zones are defined in the CCC levy ballot measure ordinance.

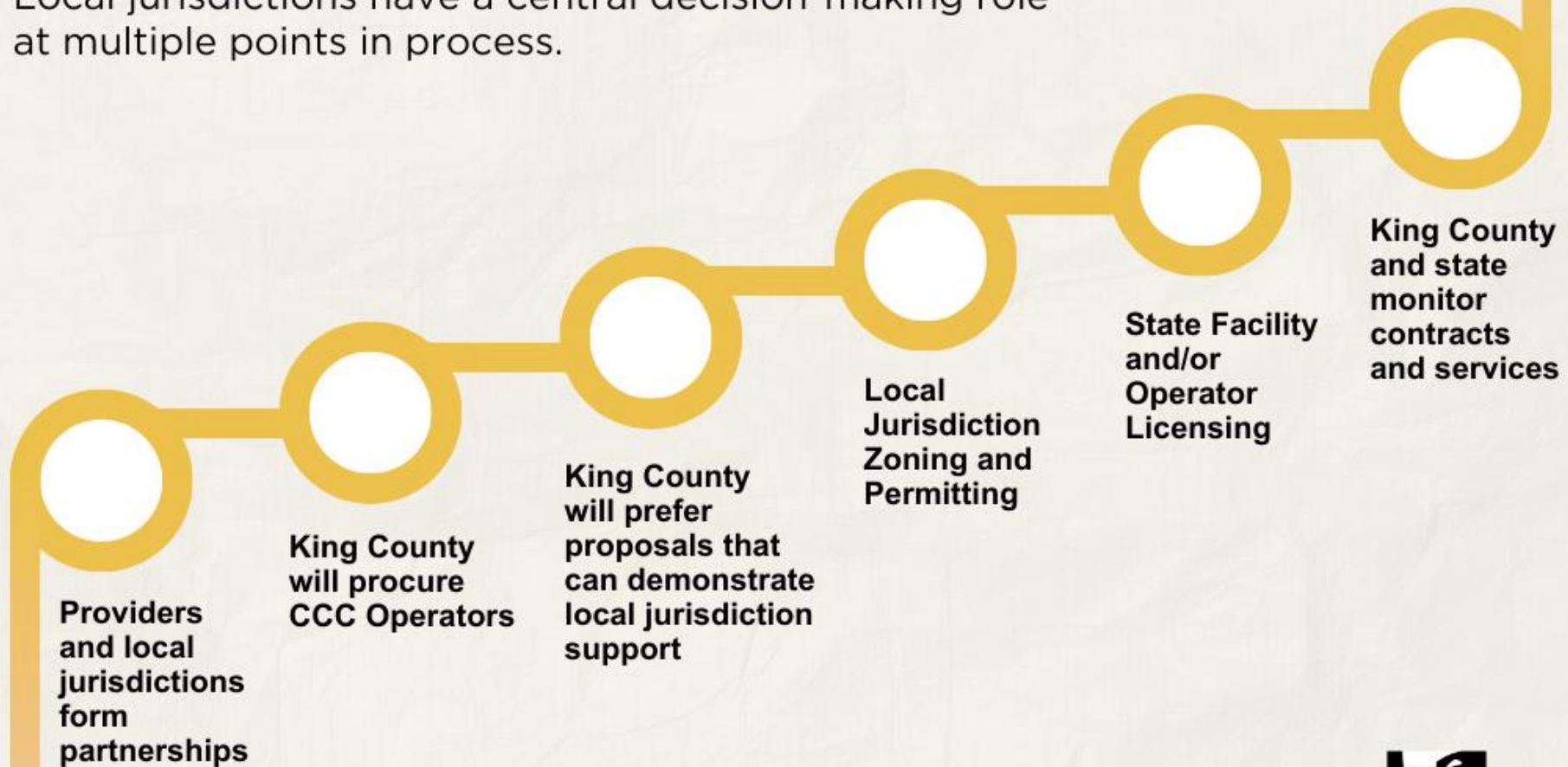


- Crisis Response Zones promote access and geographic distribution of Crisis Care Centers.
- Crisis Response Zones do not restrict who can access Crisis Care Centers.
- Each Crisis Response Zone will host at least one Crisis Care Center.

CRISIS CARE CENTERS

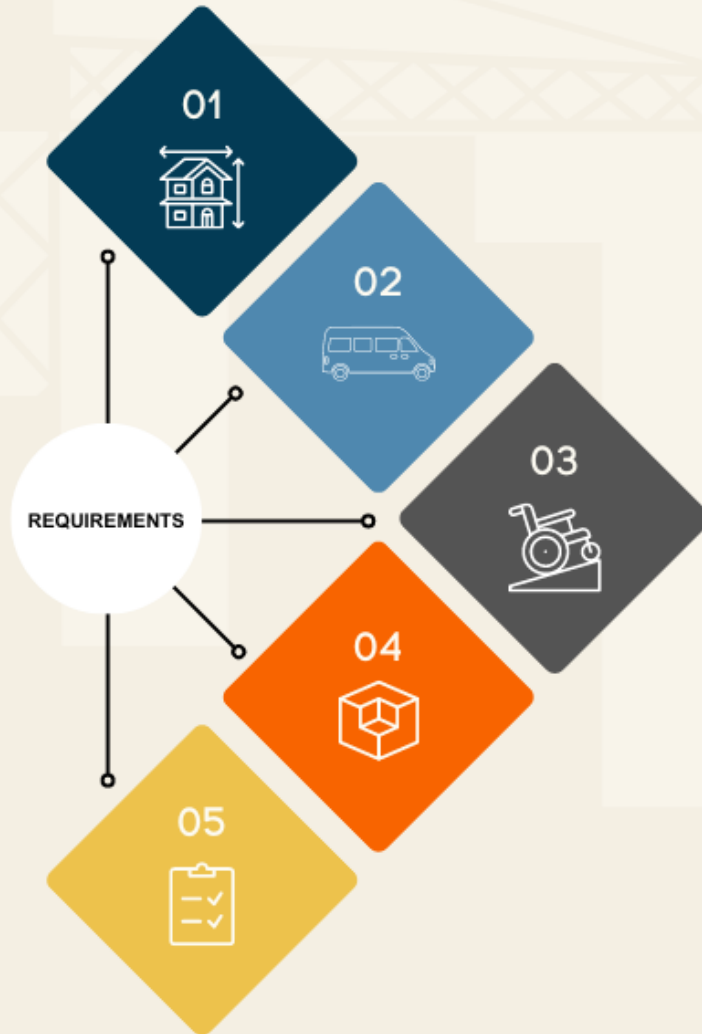
Siting Process

Local jurisdictions have a central decision-making role at multiple points in process.



King County

CRISIS CARE CENTERS Site Requirements



01

Sufficient Size

Sites must have sufficient space to deliver services and should be able to accommodate a facility with ~30,000 to 50,000 sq ft.

02

Meaningful Transportation Access

Crisis care center sites must be accessible to transportation.

03

Accessibility

Crisis care center sites and buildings must be accessible for people with disabilities and comply with the Americans with Disabilities Act.

04

Zoning

Crisis care center operators must adhere to the relevant zoning and permitting laws and regulations of the jurisdiction within which a crisis care center facility is sited.

05

Licensure Feasibility

Crisis care center operators must propose sites that can satisfy state licensure requirements.

CRISIS CARE CENTERS

Capital Facility Public Interest Requirements



50 Year Minimum Use

Crisis care center capital facilities must remain dedicated to providing crisis care center services for a minimum of 50 years.

Operator Cap

A single operator may operate a maximum of three crisis care center facilities funded by CCC Levy proceeds.

Leased Facility Restrictions

If a crisis care center operates in a leased facility, the operator must pursue ownership of the leased facility when possible.

Environmental Sustainability Standards

Crisis care center facilities should align with environmental sustainability standards for building design and operations.

Equity Impact

Crisis care centers should promote behavioral health equity.

Behavioral Health Workforce Investments



Strengthen Overall Behavioral Health Workforce

- Training and recruiting
- Tuition and professional fees reimbursement
- Promote the wellbeing of workers
- Increase workforce representativeness.



Ensure Worker Voice in Career Advancement

- Expand access to behavioral health apprenticeship programs
- Expand labor management partnership training



Build a Crisis Workforce

- Recruit and retain crisis care center workers
- Specialty crisis care training



CRISIS CARE CENTERS LEVY

“There is no quality without equity, and there is no equity without quality”

- 1 Increase access to care for populations experiencing behavioral health inequities
- 2 Increase access to Culturally and Linguistically Appropriate Services
- 3 Increase the representativeness of the behavioral health workforce
- 4 Implement accountability mechanisms



CRISIS CARE CENTERS LEVY

Evaluation and Performance Measurement Principles



**Transparent and
Community
Informed**



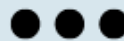
Person-Centered



**Continuously
Improving**



Equitable



Questions?

Constituent Resources



VISIT THE [CCC INITIATIVE WEBSITE](#) FOR UPDATES



SIGN-UP FOR THE [CCC INITIATIVE LISTSERV](#)



SEND QUESTIONS TO CCCLEVY@KINGCOUNTY.GOV



REGISTER FOR THE [FEBRUARY UPDATE](#)



Behavioral Health Crisis Resources

King County Resources

24-Hour Regional Crisis Line: 866-427-4747

Provides immediate help to individuals, families, and friends of people in emotional crisis. This crisis line can help you determine if you or your loved one needs professional consultation or connection to mental health or substance use services like mobile crisis or a next-day appointment.

King County BHRD Client Services: 800-790-8049

For people interested in mental health services.

SUD Residential Phone Line: 855-682-0781

For information about King County substance use residential services, Monday-Friday 9am-5pm.

King County 211

For the most comprehensive information on health and human services resources in King County.

Washington State Resources

WA Recovery Help Line: 866-789-1511

A 24/7 anonymous and confidential help line that provides crisis intervention and referral services for Washington State residents. *Who answers:* Professionally trained volunteers and staff

WA Warm Line: 877-500-WARM (9276)

Confidential peer support help line for people living with emotional and mental health challenges. *Who answers:* Specially-trained volunteers who have lived experience with mental health challenges

988 National Suicide & Crisis Lifeline

Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week

Call/Text	9-8-8
Chat	988lifeline.org
Veterans Crisis Line	9-8-8 then press 1
Spanish Lifeline	9-8-8 then press 2
Spanish text/chat	Text "AYUDA" to 988
Native and Strong Lifeline	9-8-8 then press 4
American Sign Language	TTY or dial 711, then 988

Youth & LGBTQ+ Resources

Teen Link: 866-833-6546

Confidential and anonymous help line for teens in Washington state. *Who answers:* Trained teen volunteers

Trevor Project: 866-488-7386

24/7 free, confidential and anonymous national help line for LGBTQ+ young people. *Who answers:* Trained counselors

TRANS Lifeline: 877-565-8860

24/7 hotline run by trans people, for trans people to connect people to community support and resources needed to survive, thrive

RPC February 14, 2024 Questions

1. WHAT IS THE EXPECTED IMPACT OF THE MOBILE CRISIS INVESTMENT PROPOSED IN THE IMPLEMENTATION PLAN?

The proposed implementation plan includes investments to expand adult and youth mobile crisis service capacity across all of King County. This proposed investment will create additional community-based crisis response capacity starting in 2024 before crisis care centers are operational. After crisis care centers open, mobile crisis services will continue to have a critical role responding to crises in the community, resolving crises in the field when possible, and helping people access crisis care centers when they need facility-based specialized behavioral health crisis care.

The proposed plan funds:

- **10 new adult mobile crisis teams, creating approximately 34 new mobile crisis positions** with contracted community providers. This would bring King County's adult mobile crisis capacity to a total of 27 teams staggered throughout the day and night in 8-hour shifts to expand 24/7 adult mobile crisis access across King County.
- **2 new youth mobile crisis teams, creating approximately 20 new mobile crisis positions** with a contracted community provider. This would bring King County's youth mobile crisis capacity to a total of 5 teams staggered throughout the day and night in 12-hour shifts to expand 24/7 youth mobile crisis access across King County.

The proposed mobile crisis investments are anticipated to have the following impact:

- **Expand mobile crisis response eligibility to include all adults and youth in King County, regardless of their insurance coverage.** Because of state funding limitations, people who are not enrolled in Medicaid are currently prioritized for mobile crisis services. People who are enrolled in Medicaid behavioral health services receive a crisis response, when needed, from their behavioral health provider during regular business hours and are connected to after-hour teams during the evening and on weekends. The proposed CCC levy investment would complement state mobile crisis funds and would expand mobile crisis service capacity so that all people in King County have equal access to mobile crisis services when they need help.
- **Create capacity for adult mobile crisis teams to follow-up with a person after a crisis.** Providing crisis follow-up to support connections to ongoing care is a mobile crisis response best practice promoted by the federal Substance Abuse and Mental Health Service Administration's National Guidelines for Behavioral Health Crisis Care. DCHS expects that with CCC levy funding, adult mobile crisis teams will be able to provide at least one follow up connection after a person experiences a crisis. This expanded capacity will add an additional layer of support, which may help reduce future crises.
- **Create capacity for new youth mobile crisis teams to work with a youth and family for up to 8 weeks post crisis to support connections to follow-up services.** Existing youth crisis teams provide this level of follow-up services. CCC levy funding would create capacity for new youth mobile crisis teams to also provide this level of follow-up care.

Expanded mobile crisis capacity will serve all regions of King County:

- **DCHS will provide for timely adult mobile crisis coverage in all regions of King County through its upcoming adult mobile crisis procurement process.** DCHS will contract with mobile crisis providers that can respond to an emergent crisis in less than 2 hours and an urgent crisis in less than 24 hours anywhere in King County. The specific locations of where mobile crisis teams are stationed will be determined by contracted providers to meet DCHS' geographic coverage and response time contract requirements. To expedite adult mobile crisis service capacity expansion, DCHS plans to open this procurement in spring 2024 and intends to include both state and CCC levy funds in the RFP. No CCC levy funds will be awarded until after King County Council adoption of the CCC levy implementation plan and relevant budget appropriations.
- **DCHS will provide for timely youth mobile crisis coverage in all regions of King County through expanding its youth mobile crisis response contract with the YMCA.** DCHS will continue to require timely youth mobile crisis response across all of King County (responses within 2 hours for emergent crises and within 24 hours for urgent crises). The YMCA will determine where to station its mobile crisis teams to meet DCHS' geographic coverage and response time contract requirements. DCHS plans to expand the YMCA's contract to increase youth mobile crisis service capacity after King County Council adoption of the CCC levy implementation plan and relevant budget appropriations.

2. HOW WILL CRISIS CARE CENTER INTERSECT WITH SEATTLE FIRE DEPARTMENT'S HEALTH ONE AND HEALTH 99 PROGRAMS?

The Seattle Fire Department's (SFD) Health One program is a mobile integrated health response unit that connects people to appropriate medical care, mental health care, shelter, and social services. SFD's Health 99 program is a new pilot program that dispatches units to provide outreach services to people who have survived an overdose.

Currently, outreach programs like SFD's Health One and Health 99 programs have limited options for where they can take people who have an urgent mental health and/or substance use service need. There is no walk-in behavioral health urgent care clinic or behavioral health 23-hour observation unit that can accept first responder referrals anywhere in King County. First responders' options for where they can take people are often limited to jail and emergency rooms, which are typically not appropriate settings for people to receive urgent behavioral healthcare. DESC's Crisis Solutions Center, located in Seattle, can accept voluntary first responder referrals, but it only has 46 beds to serve all of King County. Crisis care centers will fill this gap in the County's continuum of crisis care by creating safe places for people to go to receive 24/7 specialized behavioral healthcare. Crisis care centers will accept first responder drop-offs, including drop-offs from SFD's One Health and Health 99 programs.

DCHS consulted with SFD during the implementation planning process to hear feedback on how crisis care centers can complement SFD's services. After Council adopts the proposed implementation plan, then DCHS will begin the next implementation phase. An important implementation activity will be engaging first responders across King County, including SFD, to develop protocols for first responder drop-offs at crisis care centers so that responders are able to easily access centers and help people experiencing crises receive the care that they need. DCHS plans to continue to engage and coordinate with first responders throughout the levy period. While DCHS and crisis care centers will collaborate with SFD's Health One and Health 99 programs, the proposed implementation plan does not provide funding to SFD or any other city-level program.

The proposed investments are prioritized and scaled to achieve the voter approved CCC levy ballot measure ordinance's paramount and supporting purposes.

3. WHAT IS THE SCOPE OF SUBSTANCE USE DISORDER SERVICES THAT WILL BE AVAILABLE AT CRISIS CARE CENTERS?

a. What type of substance use conditions will crisis care centers be able to support?

Crisis care centers will utilize a no wrong door approach and be required to serve people who use substances. No one will be denied care at a crisis care center because they have a substance use and/or co-occurring mental health and substance use need. DCHS anticipates that people who use opioids, stimulants (including methamphetamine), alcohol, and other substances will frequently present to crisis care centers based on substance use trends in King County, particularly related to the opioid crisis. DCHS will expect crisis care centers to accept all types of substance use presentations for at least initial assessment and triage.

b. What type of substance use services will be provided at the different components of crisis care centers?

Crisis care centers will admit people seeking care with any substance use service need and address their immediate crisis needs. If appropriate, the centers could refer people to substance use disorder (SUD) inpatient treatment, which has a much shorter duration than residential substance use treatment, or other community-based SUD services such as outpatient care or medication for opioid use disorders (MOUD) when needed. Crisis care centers will be staffed by behavioral health clinicians and medical providers who can initiate treatments for substance use disorders, along with peer specialists and substance use disorder professionals who are trained to engage and support people living with substance use conditions.

- i. 24/7 Behavioral Health Urgent Care Clinic: Crisis care center urgent care clinics will be access and referral points for both routine and urgent substance use services. These clinics will be low barrier settings where people can walk in without an appointment, 24/7 to receive substance use services regardless of their health insurance status. Clinicians will be able to provide substance use assessments and help people connect with the appropriate next level of care. Depending on a person's needs, examples of connections to appropriate care may include:
 1. Initiation and continuation of Medication for Opioid Use Disorder (MOUD) and long-acting injectable medications that are highly effective treatments to prevent opioid overdose deaths;
 2. Connecting a person to ongoing outpatient substance use treatment services;
 3. Initiating withdrawal management services at a crisis care center;
 4. Referring someone to a residential substance use treatment program; and,
 5. Referring someone to inpatient-level substance use care.
- ii. 23-Hour Crisis Observation Unit: This unit will be able to accept people with acute behavioral healthcare needs, including substance use service needs, who self-present through urgent care or are being dropped off by first responders. Observation units will be able to provide comprehensive emergency-level psychiatric services, including substance use services such as treating withdrawal symptoms, starting MOUD and other medications for substance use disorders, and providing counseling. Clinicians will assess, stabilize, and triage people to the

next level of care, which could include ongoing outpatient substance use services, continued services at a crisis care center such as withdrawal management services, or referral and transportation to residential substance use treatment services or inpatient substance use services.

- iii. 14-Day Crisis Stabilization Unit: The crisis stabilization unit will be able to provide withdrawal management services, MOUD services, substance use assessment and counseling, and aftercare planning, including connecting people to the appropriate next level of care, which could include ongoing outpatient substance use services, residential substance use treatment services, and other health and social services.
- iv. Post-Crisis Follow-Up Program: The post-crisis follow-up program will support people after they leave a crisis care center and will connect them to community-based substance use services. Post-crisis follow-up substance use services may include care coordination, peer engagement, brief clinical interventions, and will promote access to culturally and linguistically appropriate services (CLAS) by contracting directly with behavioral health providers with expertise in providing CLAS services.

- c. Will crisis care centers offer contingency management services for people living with stimulant use disorder?

DCHS does not anticipate crisis care centers will initiate contingency management treatment because this is a long-term service provided in outpatient behavioral health clinic settings. However, crisis care centers will be low barrier, 24/7, walk-in access and referral points for substance use services across the continuum of behavioral healthcare. DCHS will expect crisis care centers and post-crisis follow-up program providers to connect people to outpatient contingency management treatment services, when clinically appropriate.

- d. Why is the Crisis Stabilization Unit limited to a 14-day stay?

The Crisis Stabilization Unit (CSU) within a crisis care center is limited to a 14-day stay because of Medicaid rules. The Washington State Health Care Authority's Medicaid [Service Encounter Reporting Instructions](#) define CSU services as "short term (less than 14 days per episode)." In addition to Medicaid rules, the voter approved CCC levy ballot measure ordinance defines a crisis care center CSU as a setting that "provides short-term, onsite behavioral health treatment for up to fourteen days or a similar short-term behavioral health treatment facility and service."

- e. What will happen if people need more than 14-days of substance use treatment?

If people need more than 14 days of treatment, then DCHS will expect crisis care centers to refer people to other parts of the behavioral health treatment continuum. Depending on the person's needs, this could include ongoing outpatient substance use services, residential substance use treatment services, or inpatient substance use treatment services.

- f. How will crisis care centers help people access substance use outpatient, inpatient, or residential treatment services?

The crisis care center staffing model includes staff such as peer specialists who can work with a person receiving services and their care team to help them connect to the next

appropriate level of care. This could include services like aftercare planning, care coordination, referrals, care navigation support, transportation assistance, telehealth services, and post-crisis follow-up crisis services, including outreach services to help the person transition to and connect to services.

- g. What other substance use investments are proposed in the implementation plan?

The proposed plan includes early investments starting in 2024 to urgently expand access to crisis services given the current mental health and overdose crises. This includes resources to expand access to substance use services while crisis care centers are being developed. Proposed substance use service investments include capital funding to support one or more behavioral health facilities that can create faster in-person access to substance use services, more referral pathways to treatment, expanded mobile outreach teams, and funding to expand access to naloxone, a life-saving opioid overdose reversal medication (see *Sec. V.D. Strategy 4: Early Crisis Response Investments* starting on pg. 98). In addition to these early investments, King County is taking action to prevent overdoses, save lives, and clear paths to recovery for all. [Learn more about the County's five priorities for action to prevent overdoses in 2024 at this link.](#)

RPC March 13, 2024 Questions

1. WHAT IS THE UNIVERSE OF NEED THAT THIS CCCL IP SEEKS TO SERVE? HOW MANY PEOPLE SUFFERING V. HOW MANY PEOPLE WILL WE SERVE AND WHAT IS THE GAP? (CM ZAHILAY)

Please see below for a summary of the behavioral health needs in King County that the CCC levy implementation plan seeks to address across the levy's paramount and supporting purposes.

Paramount Purpose: Create and Operate Five Crisis Care Centers

The CCC levy will create a network of five crisis care centers that do not currently exist in King County. DCHS anticipates between 10,000 to 14,000 visits per crisis care center annually. Together, once all are online, the centers could see more than 50,000 visits per year, including people who use the center's services more than once. Crisis care centers, along with investments to expand mobile crisis services, will increase the capacity of less-restrictive, more supportive, trauma-informed, and evidence-based behavioral health crisis services in King County. These investments will provide for walk-in and immediate care before a crisis gets worse and potentially requires a more restrictive response. Below are additional figures that illustrate need in King County:

- **For a county of 2.3 million people, DCHS estimates that 63,000 crisis episodes requiring an in-person response may occur in a given year.** DCHS is tracking a portion of crisis interventions occurring in King County, but there is likely a significant lack of access to essential community care and services that is not captured in the data available.¹
- **Additional data from 2022 shows that the King County behavioral health crisis system served 122,569 people (see March 2024 data brief), 96,993 crisis calls were made in King County, and 25,576 crisis service interactions were made.** These interactions range from designated crisis responder (DCR) investigations to psychiatric hospitalizations and mobile crisis encounters.

Together this data shows us that the average 50,000 visits per year is within range to significantly address the needs of a county this size. The increased investments in workforce, mobile crisis teams, and additional behavioral health facilities across the continuum will advance our efforts to respond to the growing need and make services available before a person reaches a crisis.

Supporting Purpose 1: Restore, Expand, and Sustain Residential Treatment Capacity

The proposed implementation plan includes funding to build back King County's lost residential treatment capacity. As of October 2023, King County had a total of 240 mental health residential treatment beds for the entire county, a decrease of 115 beds from the capacity of 355 beds in 2018. The reduction of residential treatment facilities, as the total King County population continues to grow, increases residential treatment wait times. For example, King County residents who needed residential treatment services in February 2024 had to wait an average of 20 days before they were admitted to a residential treatment facility. This is a decrease from the 44 day average wait time in 2022 and a result of process and capacity improvements implemented between DCHS and residential treatment providers. The CCC levy ballot measure ordinance and proposed implementation plan would invest capital funding to sustain the County's supply of residential treatment at least at the 2018 level while continuing to monitor the wait times to understand what specific populations need increased access.

Supporting Purpose 2: Strengthen the Community Behavioral Health Workforce

The proposed implementation plan includes funding to strengthen King County's overall behavioral health workforce, increase the representativeness of workers, create career advancement opportunities that center worker's voices, and build a crisis workforce. An October 2023 survey of community behavioral health agencies contracted with the DCHS found there are approximately 600 staff vacancies across the agencies that responded to the survey. This represents a 16 percent total vacancy rate at King County community behavioral health agencies, and there is still a need to hire more behavioral health workers to support the growing behavioral health care needs in the community, including a projected 600+ workers needed to staff future crisis care centers (including psychiatric providers, nurses, mental health clinicians, peer specialists, and behavioral health technicians). It takes people to care for people, and the workforce investments proposed in the implementation plan are needed more than ever to support a skilled workforce that is representative of people receiving care.

2. WHAT IS OUR GUARANTEE/SAFEGUARD THAT AN OPERATOR'S "NO WRONG DOOR" IS TRULY EFFECTIVE? (CM PERRY)

DCHS will implement legal requirements for crisis care center operators to use a "no wrong door" approach through contract requirements and funding supports:

Legal Requirements:

- **CCC Levy Ballot Measure Ordinance 19572:** Ordinance 19572 defines a crisis care center (CCC) in Section 1.A. The definition states that a CCC "shall endeavor to accept at least for initial screening and triage any person who seeks behavioral health crisis care." This language establishes a "no wrong door" requirement. It's important to note that crisis care centers are not intended to replace emergency departments to treat medical emergencies, like heart attacks. DCHS will develop protocols in partnership with emergency medical services and other key system partners and subject matter experts to ensure that first responders take people to the medically appropriate healthcare setting. DCHS will also work with crisis care center operators to develop medical screening protocols so that people who self-present to crisis care centers and are assessed to be medically unstable can be safely referred and/or transported to an appropriate setting.
- **Proposed CCC Levy Implementation Plan:** The proposed plan defines the crisis care center clinical model in Figure 21 on page 62 to include the following requirement: "No wrong door" access for all behavioral health needs; all welcome regardless of insurance or ability to pay; meets medically stability criteria." The proposed plan further states on page 63 that "crisis care centers will follow the "no wrong door" approach, meaning individuals will be able to receive at least an initial screening and triage for all clinical needs. Examples of "no wrong door" may include an individual facing their first crisis episode, someone without regular access to behavioral health care, or an established client seeking services outside their outpatient clinic's standard hours. Services will be available regardless of ability to pay and without an appointment."

Procurement and Contracting Terms:

Ordinance 19572 and the final implementation plan adopted by King County Council will create the legal and policy framework that will guide future crisis care center operator procurement requirements and contract terms. The “no wrong door” requirement will be embedded in and enforced by DCHS through future procurements and contracts with crisis care center operators.

- In applying to be a crisis care center operator, applicants will be required to explain their approach to providing services. Applicants who cannot demonstrate how they will comply with crisis care center legal requirements, including the “no wrong door” approach, will not be awarded funding.
- Contracts will include language requiring operators to comply with the crisis care center legal requirements, including the “no wrong door” approach. If a contractor is not in compliance with a contract requirement, then DCHS would provide technical assistance to assist providers in meeting the contract requirement. If the contractor remains out of compliance, DCHS could withhold payment or terminate the contract, including transferring the crisis care center property to a different operator.
- To receive payment, DCHS contracts will also require crisis care center operators to report on performance measures that specify the triage rates and reasons for referral out of a crisis care center (e.g., not meeting criteria for medical stability or other county-approved factors).

In addition to these contractual requirements, the proposed implementation plan includes the following service and operating investments intended to promote a “no wrong door” approach:

- **Technical Assistance and Capacity Building:** The proposed plan would fund technical assistance and capacity building to support crisis care center operators in delivering high quality clinical services and inclusive care. These investments may be used to support operators in implementing a “no wrong door” approach. See *Crisis Care Center Operator Regulatory and Clinical Quality Activities* starting on page 103 for more information.
- **Continuous Quality Improvement:** The proposed implementation plan establishes DCHS as the “accountable entity” to provide oversight of crisis care center operators. This oversight role will include contract monitoring, contract enforcement, and leading continuous quality improvement and quality assurance activities. Through this role, DCHS will support and monitor crisis care center operators in meeting their contract requirements, including implementing a “no wrong door” approach.
- **Clinical Model:** The crisis care centers’ clinical model described in the proposed implementation plan supports a “no wrong door” approach (see *Crisis Care Clinical Model* starting on page 60). This is because crisis care centers will offer multiple levels of care for people in need of mental health and/or substance use services across their clinical components (24/7 urgent care, 23-hour observation unit, 14-day stabilization unit, and post-crisis follow-up program). The availability of multiple levels of care will allow crisis care centers to provide high-quality care to people experiencing a range of behavioral health symptoms, from a routine health need to a psychiatric emergency.

- **Reducing Cost Barriers:** The proposed implementation plan invests CCC levy funding to pay for crisis care center services for people who are uninsured, regardless of immigration or citizenship status. This promotes a “no wrong door” approach by ensuring the cost of care or lack of insurance is not a barrier to accessing crisis care when a person needs it.
- **Low-Barrier and Inclusive Operating Model:** The proposed implementation plan includes operating investments and standards that will promote a “no wrong door” approach by lowering barriers for people to access care. This includes funding 24/7 operations, allowing for walk-in appointments, requiring crisis care centers to be accessible and have meaningful transportation access, requiring and supporting crisis care center operators to provide culturally and linguistically appropriate services, and providing transportation assistance for people who receive services at crisis care centers.

3. WHAT DOES THE RELATIONSHIP WITH LAW ENFORCEMENT LOOK LIKE WITH CCCS? (CM PERRY)

DCHS will develop specific drop-off protocols required by crisis care center operators and will develop these in close coordination with first responders, including law enforcement officers, leading up to the opening of crisis care centers and after centers open. It is important to note that the DESC Crisis Solutions Center, the only 46-bed crisis center in King County accepts referrals from first responders across the county, including law enforcement and medics. The same will be true for the future crisis care centers.

The proposed implementation plan’s *Access to Crisis Care Centers* section on page 63 describes how law enforcement officers will be able to drop people off:

“Crisis care centers will also receive drop-offs by first responders, which include, but are not limited to, mobile crisis teams, co-responder teams, emergency medical services, and law enforcement. First responder drop-offs will be made directly into the 23-hour observation unit through a dedicated first responder entrance. These drop-offs are expected to be completed in an efficient manner so that first responders can return to their duties as quickly as possible.”

DCHS anticipates that the 23-hour observation units of the adult-focused crisis care centers will be licensed as crisis relief center facilities by the Washington State Department of Health (DOH). Per RCW 71.24.916 Section (2)(a), in order to attain and maintain licensure, crisis relief centers must “offer walk-in options and drop-off options for first responders and persons referred through the 988 system, without a requirement for medical clearance for these individuals. The facility must be structured to have the capacity to accept admissions 90 percent of the time when the facility is not at its full capacity, **and to have a no-refusal policy for law enforcement**, with instances of declined admission and the reasons for the declines tracked and made available to the department.” Penalties for non-compliance with DOH licensing requirements could include facility closure, loss of license, and withholding of funds.

4. WHEN SOMEONE IS RELEASED WHERE ARE THEY RELEASED TO? (MAYOR BACKUS)

After receiving services at a crisis care center, people will either be connected to outpatient care and additional supports or transferred to another level of care, like a behavioral health inpatient

facility or residential treatment facility. DCHS is investing in care coordination in four ways, which are summarized below.

Care Coordination Staff

The proposed implementation plan's *Strategy 1: Create and Operate Five Crisis Care Centers* includes funding for crisis care center operators to hire staff to support aftercare planning, care transition planning, and care coordination for people who are receiving care at a crisis care center (see *Crisis Care Center Operational Activities* starting on page 67). Care coordination staff will work with a person to identify a safe place for them to go after they leave a crisis care center and help coordinate care with appropriate behavioral health, medical, and social services to support the person after they discharge from a crisis care center.

Transportation Assistance

The proposed implementation plan includes funding for transportation assistance for people who receive care at a crisis care center (see *Crisis Care Center Operational Activities* starting on page 67). These resources may be used to help support people transferring from a crisis care center to another type of behavioral health facility, like an inpatient or residential treatment facility. They may also be used to help a person access a safe place to go after receiving care at a crisis care center. This could include transportation assistance to return home, to stay with a friend or family member, or to access a respite or shelter resource.

Post-Crisis Follow-Up Program

The proposed implementation plan includes funding for a post-crisis follow-up program to support people after they leave a crisis care center (see *Post-Crisis Stabilization Activities* starting on page 69). Post-crisis follow-up programs will be staffed with clinicians and peer specialists who can engage people served at crisis care centers before and after they depart a crisis care center and link them to community-based services and supports. Teams will provide outreach specially tailored for people experiencing homelessness. The proposed plan authorizes expenditures for limited housing stability resources necessary to support post-crisis stabilization. The CCC levy will also fund behavioral health agencies that demonstrate significant experience in providing culturally and linguistically appropriate services to provide post-crisis follow-up services for populations experiencing behavioral health inequities.

Care Coordination Technology

The proposed implementation plan includes funding for crisis care center operators to invest in their health information technology, which will help operators implement tools that allow different healthcare organizations to coordinate care for the same person (see *Crisis Care Center Operational Activities* starting on page 67). The proposed plan also includes funding for DCHS to enhance its behavioral health data systems to better support system-level care coordination activities (see *Develop Data Systems Infrastructure and Technology* starting on page 108). These proposed investments in care coordination technology are necessary to help crisis care center operators coordinate care with external behavioral health and medical providers to support aftercare planning and care transitions so that a person can continue to receive care that supports their recovery and wellbeing after they leave a crisis care center.

5. WHAT ARE THE CRITICAL PATHWAYS (PROCESS AND CRITERIA CLARITY) BETWEEN NOW AND DEC 2026 WHEN THE ALTERNATIVE SITING PROCESS IS USED? WHAT IS THE TIMELINE? (MAYOR BAKUS)

The Executive will take several steps to promote a successful procurement process in 2024-2026 and avoid the alternative siting process. Prior to commencing the alternative siting process, King County will do the following:

1. DCHS will hold multiple rounds of competitive procurements for crisis care center operators in 2024, 2025, and 2026 (if needed) to provide multiple opportunities to receive successful applications. This timeline is structured to provide local jurisdictions and operators multiple opportunities to develop partnerships.
2. DCHS will structure the procurements to lower barriers to applying to increase the likelihood of identifying a successful operator proposal with local jurisdiction support. For example, an address for a site is not required for an application to be viable. Please refer to the question 1 response submitted to King County Council staff on March 7, 2024, for details about how DCHS defines a viable proposal with host jurisdictional support.
3. DCHS will require procurement applicants to engage local jurisdictions and seek their support before submitting a procurement proposal. This includes preferring procurement proposals that can demonstrate local jurisdiction support, especially from the host jurisdiction, as defined on page 83 of the proposed implementation plan.
4. DCHS will proactively collaborate with local jurisdictions during 2024, 2025, and 2026 to promote local jurisdiction supported partnerships with potential crisis care center operators, including offering siting support and connecting jurisdictions with providers who may be considering operating a CCC levy-funded facility or convening multiple cities to coordinate locating a crisis care center within a crisis response zone.
 - a. DCHS may do this at the request of jurisdictions as part of the 2024 procurement.
 - b. After the initial 2024 procurement, DCHS will proactively engage with jurisdictions in crisis response zones where there is no viable proposal in this initial procurement round, to encourage development of a viable, city-supported proposal in 2025 or 2026.
5. DCHS will support local jurisdictions through technical assistance, and funding for jurisdictions to deploy, to support their siting efforts in 2024, 2025, and 2026.
6. If, after these activities and no sooner than January 1, 2027, the County has not identified an operator and site with jurisdiction support, the Executive must transmit a notification letter to the King County Council describing the decision prior to initiating an alternative siting process.
7. If an alternative siting process is needed, DCHS will still work to proactively engage and collaborate with the host jurisdiction, including but not limited to working directly with the future operator to seek permitting and licensure of a site. DCHS would work to engage and collaborate with a potential host jurisdiction.

Please refer to the response to question 1 submitted to King County Council staff on March 22, 2024, for additional information about the alternative siting process.

6. HAS THE RACIAL EQUITY TOOLKIT LENS BEEN USED TO DEVELOP THE PLAN? WILL/HAS THE RACIAL EQUITY TOOLKIT HAS BEEN DONE WITH COMMUNITY ENGAGEMENT? (CM WOO)

DCHS Implementation Planning Community Engagement and Use of an Equity Lens

DCHS did not follow a specific toolkit developing the proposed implementation planning process. However, DCHS crafted the implementation plan with an equity lens and framework, collecting and incorporating community feedback in the following ways:

- **Community Engagement:** DCHS worked to engage community partners representing populations experiencing behavioral health inequities, including inequities related to race and ethnicity, to elicit feedback during the implementation planning process. The engagement process included 11 interviews with providers who provide culturally and linguistically appropriate services, a focus group with community-based and human service organizations that support the behavioral health needs of BIPOC and other diverse and rural communities in King County, and several focus groups with people with lived experiences of behavioral health conditions. The community engagement that informed the development of the implementation is summarized in the proposed plan's section titled *Community Engagement Summary* starting on page 38 and all community engagement activities are listed in *Appendix F: Community Engagement Activities* starting on page 155.
- **Research and Data Analysis:** DCHS staff reviewed research and data related to behavioral health inequities, including inequities related to race and ethnicity, to help inform strategies aimed to promote inclusive and equitable care. This analysis is summarized in the plan under the *Key Historical and Current Conditions* section starting on page 23 and the *Who Experiences Behavioral Health Inequities* section starting on page 27.
- **Behavioral Health Equity Framework:** The proposed implementation plan includes a section titled *Behavioral Health Equity Framework* starting on page 47 that synthesizes findings from research and community engagement into a behavioral health equity framework that guided the development of the plan's strategies. This framework aligns closely with King County's 2016 Equity and Social Justice Strategic Plan and historic investments in addressing inequities. Figure 13 on page 49 summarizes the framework and is pasted below:

Figure 13. CCC Levy Implementation Plan Behavioral Health Equity Framework Summary

CCC Levy Implementation Plan Behavioral Health Equity Framework Summary		
Behavioral Health Equity Focus	Background and Community Engagement	CCC Levy Strategies and Activities
Increase equitable access to behavioral health crisis care	<ul style="list-style-type: none"> • Significant unmet behavioral health service needs in sociodemographic groups • Need to reach out to underserved communities 	<ul style="list-style-type: none"> • Reduce cost/insurance barriers • Increase geographic access 24/7 • Promote awareness and outreach to populations that disproportionately face barriers to access
Expand availability of culturally and linguistically appropriate behavioral health services	<ul style="list-style-type: none"> • Clinical best practice to offer culturally and linguistically appropriate services (CLAS)¹ • Community demand for increased access to CLAS 	<ul style="list-style-type: none"> • Require and support crisis care center operators to offer CLAS • Invest in providers with expertise in CLAS to expand services
Increase representativeness of the behavioral health workforce	<ul style="list-style-type: none"> • Culturally concordant care improves outcomes • Community feedback advocating for increased diversity in behavioral health workforce 	<ul style="list-style-type: none"> • Train, recruit and retain a more representative behavioral health workforce
Promote accountability to health equity	<ul style="list-style-type: none"> • Need to put accountability mechanisms in place • Ongoing community engagement is needed 	<ul style="list-style-type: none"> • Support community engagement throughout the CCC Levy period • Track outcomes within and between demographic subpopulations • Train providers on best practices for gathering demographic information needed to inform equity analyses

Future Crisis Care Center Operator Community Engagement

The proposed implementation plan includes an equity impact public interest requirement (see Figure 27 on page 80) that requires crisis care center operators to conduct community engagement to assess the equity impact of its operations. The plan does not require a racial equity toolkit be used during the crisis care center operators’ community engagement process. The proposed plan states on page 80: “DCHS also intends to include within a crisis care center operator’s ongoing contract a requirement to periodically offer opportunities for persons receiving care at the crisis care center and persons living or working in the immediate area near a crisis care center to provide feedback on the crisis care center facility’s equity impacts, and then propose to DCHS how that feedback will influence the operator’s future operations within or near the facility.”

Future DCHS Community Engagement

DCHS intends to prioritize community engagement throughout the term of the CCC Levy to help inform ongoing implementation, quality improvement, evaluation and performance measurement, and accountability of the levy (see the *Community Engagement* section within Strategy 7 on page 107). The plan does not require a racial equity toolkit be used during DCHS’ ongoing community engagement. The

¹ National Culturally and Linguistically Appropriate Services (CLAS) Standards. Think Cultural Health, U.S. Department of Health & Human Services [\[LINK\]](#)

proposed plan includes the following DCHS community engagement requirements on page 107: “DCHS will engage community partners and community members impacted by the CCC Levy, including populations experiencing behavioral health inequities....community partners also include, but are not limited to, people who have received CCC Levy funded services, community-based organizations, contracted service providers, and elected officials and policy makers. DCHS intends to conduct listening sessions at least annually to solicit community feedback about the CCC Levy implementation. DCHS also intends to engage community partners in the CCC Levy’s performance measurement and evaluation activities by publicly sharing and disseminating its annual reporting, and by soliciting provider feedback on performance measurement to foster accountability and collaboration in the measurement of the CCC Levy’s progress.”

Expertise to Support Oversight of Behavioral Health Equity

The proposed plan includes funding for DCHS to contract with community-based organizations or behavioral health agencies with expertise in culturally and linguistically appropriate services to help DCHS better serve people experiencing behavioral health inequities. This proposed investment will help inform quality improvement priorities for crisis care center operators and post-crisis follow-up providers. See the section titled *Expertise to Support Oversight of Behavioral Health Equity* within Strategy 7 on page 107. The investments of CCC Levy funds in expert consultation will be critical to ensuring that DCHS is overseeing the proposed implementation plan’s behavioral health equity framework (see page 47) using the best standards that are reflective of King County’s communities and local context.

HHS April 2, 2024 Questions

1. PROVIDE AN OVERVIEW OF HOW THE EARLY INVESTMENTS WERE DECIDED?

Summary of response provided during HHS April 2, 2024: Executive staff based the areas for early investment on feedback from community members and partners during the engagement conducted as part of the development of the implementation plan. In response to the feedback, executive staff identified services that would be practical and feasible to stand up rapidly upon adoption of the Plan in 2024 and would be most responsive to addressing behavioral health crises while awaiting the opening of crisis care centers.

Please see the proposed implementation plan's *Theme D: Interim Solutions While Awaiting Crisis Care Centers* on page 44 for a summary of community feedback received by DCHS regarding early investments. As discussed in the proposed plan, the importance of expanding community-based response resources and the urgency of the opioid overdose crisis were two key community feedback themes. DCHS strove to be responsive to this feedback through the early investments proposed in *Strategy 4: Early Crisis Response Investments* starting on page 98. The proposed early investments address these community priorities, are feasible to implement in 2024 after final adoption of the proposed implementation plan and relevant appropriations and will add capacity to address behavioral health crises while crisis care centers are being developed.

2. IN ORDER TO REDUCE BARRIERS TO ACCESS TO CARE, HOW CAN ENSURE "WALL TIME" IS 10 MINS OR LESS FOR FIRST RESPONDERS?

Summary of response provided during HHS April 2, 2024: Executive staff have tried to strike a balance by setting expectations and commitments with the community while also recognizing that the capacity of the CCC network will vary, particularly during the periods when the Centers are beginning to open (when only one CCC is open compared to when all five are open and operating 24/7). Therefore, executive staff ask to keep that timeline flexible. The Plan creates framework for the detailed implementation to be developed in the coming years.

In addition to this summary, the proposed implementation plan addresses first responder drop-off efficiency in the following ways:

- **Efficient Drop-Off Expectation:** The proposed plan sets an expectation for crisis care center operators to support efficient first responder drop-offs in the *Crisis Care Centers* section on page 63: *"Crisis care centers will also receive drop-offs by first responders, which include, but are not limited to, mobile crisis teams, co-responder teams, emergency medical services, and law enforcement. First responder drop-offs will be made directly into the 23-hour observation unit through a dedicated first responder entrance. These drop-offs are expected be completed in an efficient manner so that first responders can return to their duties as quickly as possible."*
- **Dedicated First Responder Entrance:** The proposed plan specifies "a dedicated entrance for first responders for discrete and efficient drop-offs" as a crisis care center design feature on page 65.
- **Workflow Development:** The proposed plan describes how DCHS plans to collaborate with first responders and other partners to develop first responder drop-off workflows so that drop-offs are as efficient as possible. The proposed plan's *Coordination Between Crisis Care Centers and Crisis*

System Partners section on page 75 states: “DCHS will collaborate with first responders and other crisis system partners to develop policies and procedures for referrals from outside facilities like hospitals and emergency departments, first responder drop-offs and medical stability criteria at crisis care centers.... DCHS plans to further engage crisis care centers along with other crisis providers and first responder agencies, such as crisis call lines, mobile crisis teams, co-responder programs, emergency medical services, and law enforcement agencies, to develop protocols, workflows, clinical convenings about shared treatment plans, and other coordination activities.”