**King County Behavioral Health Infrastructure Issue Background Overview**

**Introduction.**

* **Definitions.** The term “behavioral health” encompasses both mental health and substance use disorders. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), mental health disorders involve changes in thinking, mood, or behavior that can affect interpersonal relationships and decision making. Substance use disorders (SUD) occur when the recurrent use of alcohol or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.[[1]](#footnote-1) Individuals can have co-occurring mental health and substance use disorders.
* **Washington State.** In 2014, the Washington legislature adopted Second Substitute Senate Bill 6312 to fully integrate medical and behavioral health services by January 1, 2020, known as fully integrated managed care.[[2]](#footnote-2) A few of the central goals of fully integrated managed care is achieving greater integration of behavioral health and primary care, and creating parity of reimbursement rates between substance use disorder and mental health treatment.
* **King County.** People seeking help for a behavioral health crisis in King County may connect with treatment through their health insurance provider, the client services section of the King County Department of Community and Human Services’ Behavioral Health and Recovery Division, or through the 988 Suicide & Crisis Lifeline operated by Crisis Connections.[[3]](#footnote-3) Individuals who are in crisis may be connected with more urgent services such as the Mobile Crisis Team (MCT), Children’s Crisis Outreach Response System (CCORS), or the Geriatric Regional Assessment Team (GRAT). A person experiencing a life-threatening behavioral health crisis may voluntarily seek help at a hospital emergency room. Currently, the only non-hospital, in-person behavioral health crisis program is the Crisis Solutions Center (CSC)[[4]](#footnote-4) operated by the Downtown Emergency Services Center. More detailed information on inpatient behavioral health facility types and capacity is discussed later in this overview.

**Role of King County in Public Behavioral Health System**. The Behavioral Health and Recovery Division (BHRD) within the Department of Community and Human Services (DCHS) manages public behavioral health services in King County. This includes Medicaid-funded services provided through the King County Integrated Care Network (KCICN), the state-funded Behavioral Health Administrative Services Organization (BH-ASO), and programs funded with revenue from the Mental Illness and Drug Dependency (MIDD) sales tax.

The KCICN receives Medicaid revenue from five managed care organizations (MCO) that contract with BHRD to coordinate Medicaid-funded outpatient and inpatient behavioral healthcare in King County. As authorized by RCW 71.24.045, BHRD serves as the BH-ASO to manage the crisis behavioral health system including the designated crisis responders (DCR) who initiate detentions authorized under the involuntary treatment act (ITA), the CCORS, prevention services, and federal block grant funded behavioral health services. Additionally, King County MIDD is a countywide 0.1 percent sales tax allocated to 53 initiatives across five integrated strategies. MIDD dollars support multiple programs designed to decrease utilization of deeper-end institutional settings including the previously mentioned MCT, CCORS, GRAT, and CSC.[[5]](#footnote-5)

**Involuntary Behavioral Health Treatment**. In Washington State, individuals experiencing behavioral health crises who decline to seek treatment but meet legal thresholds for commitment may be subject to compulsory treatment.

* The Involuntary Treatment Act (ITA) provides the statutory framework for civil investigation, evaluation, detention and civil commitment for persons experiencing a mental health or substance use disorder whose symptoms are so acute that there is an imminent likelihood of serious harm to self, others, property, or are an imminent danger because of grave disability.[[6]](#footnote-6)
* The ITA process may be initiated for anyone in Washington State who meets this criteria (e.g. an individual may be referred for an ITA investigation/evaluation by a family member, medical provider or a first responder).[[7]](#footnote-7)

In King County, designated crisis responders (DCRs) are mental health professionals employed by DCHS/BHRD who are appointed under RCW chapter 71.05 to perform evaluations of individuals referred for involuntary treatment.

* After an evaluation, a DCR may commit a patient to a hospital for an initial 72-hour hold before a hearing is held before a Superior Court Judge or Commissioner.
* If the hospital determines that a patient should be held for more than 72 hours, the hospital petitions the court for an order of involuntary treatment and a hearing is scheduled. If needed, subsequent court hearings can result in additional commitments of 14, 90 or 180 days.[[8]](#footnote-8)
* Public defense attorneys are assigned to represent patients at no cost, and the Prosecuting Attorney's Office assigns attorneys to represent the treatment facility seeking longer involuntary treatment.

**Treatment Facilities, Bed Inventory and Capacity**. Treatment for behavioral health may be provided in several different therapeutic settings. All agencies that receive Medicaid reimbursement or provide court-ordered mental health or SUD services are required to be licensed and certified by the Washington State Department of Health. Intensive treatment settings available in King County include psychiatric hospitals, Evaluation & Treatment facilities, SUD and mental health residential treatment, intensive step down, secure withdrawal management, acute withdrawal management, sobering services, crisis respite, and the above-mentioned Crisis Solutions Center. These settings are described in more detail below.

*Psychiatric Hospital:* Psychiatric hospitals specialize in the treatment of severe mental disorders. In King County, there are standalone psychiatric hospitals that only provide psychiatric treatment such as Fairfax hospital in Kirkland, and some psychiatric units within larger hospitals such as Multicare Auburn and Swedish Ballard.

*Evaluation and Treatment (E&T) Facilities:* These facilities provide emergency evaluation and inpatient treatment to persons diagnosed with mental health disorders. Services are provided for individuals who pose an actual or imminent danger to self, others, or property due to a mental illness, or who have experienced a marked decline in their ability to care for themselves due to the onset or exacerbation of a psychiatric disorder. All E&T facilities serve involuntary patients, though some patients may also be voluntary.

*SUD Residential Treatment:[[9]](#footnote-9)* Residential treatment facilities are licensed, community-based settings that provide intensive 24-hour-a-day inpatient services including a concentrated program of SUD treatment, individual and group counseling, education, and related activities. Levels of care include Recovery House, Long-Term, and Intensive Inpatient. Each level of care is established using the American Society of Addiction Medicine standards and varies depending on the severity of the disorder and needs of the individual.

*Mental Health Residential Treatment:* Mental Health residential programs incorporate a recovery and resiliency perspective that enables clients to live in the community with minimal dependence on public safety and acute care resources. Programs are meant to provide residential treatment services for adults experiencing severe and persistent mental illness to promote stability, community tenure, and movement toward the least restrictive community housing option. Programs provide residential stabilization and case management services that are strengths-based. Mental health residential treatment includes two main levels of care:

* *Long-Term Residential (LTR):* A mental health residential level of care that includes 24-hour supervised residential treatment program for adults who require 24-hour supervision; do not require extensive medical care; have a severe functional or behavioral impairment as a result of a psychiatric disorder; and/or do not follow or do not have effective medications.
* *Supervised Living (SL):* A mental health residential level of care that includes a residential service program in which staff provide 24-hour on-site supervision. Additional treatment services may be provided in this setting as part of the outpatient authorized benefit.

*Intensive Step Down (ISD):* This setting provides one of the highest levels of support, designed for clients experiencing a serious mental illness who are stepping down from inpatient care in a state hospital bed or are being diverted from an inpatient state hospital bed stay. Trained staff members are present 24/7 to provide care and assistance with medication, daily living skills, meals, paying bills, transportation, and treatment management. Supports include: peer support, case management, occupational therapy, support for chronic medical conditions, living skills, and care coordination with substance use treatment and other medical providers. ISD staff focus on assisting clients incorporating themselves into the community and developing natural supports, focusing on transition to long term placement in the community.

*Secure Withdrawal Management:* Secure withdrawal management is a program for individuals who have been referred to DCRs for involuntary treatment because they present an imminent likelihood of serious harm as a result of a substance use disorder. Secure withdrawal management and stabilization services are provided to individuals on a voluntary or involuntary basis to assist the process of withdrawal from psychoactive substances in a safe setting, or medically stabilize an individual after acute intoxication.

*Acute Withdrawal Management:* Acute withdrawal management support individuals in the process of withdrawal from psychoactive substance in a safe, voluntary setting. Medically monitored withdrawal management provides medical care and physician supervision for withdrawal from alcohol or other drugs.

*Crisis Solutions Center (CSC):* The CSC, located in Seattle, consists of two adjoining programs serving adults in behavioral health crisis: the Crisis Diversion Facility (CDF), and the Crisis Diversion Interim Services (CDIS). Referrals to CSC may only be made by first responders.[[10]](#footnote-10) These programs provide facility-based crisis and stabilization services to assist individuals in behavioral health crisis due to suspected mental health conditions, substance use, or co-occurring mental health conditions and substance use disorders. The CDF includes capacity for 16 stabilization beds to resolve immediate crises, for a maximum length of stay of 72 hours. The CDIS includes capacity for 30 interim respite beds with a maximum length of stay of 14 days and includes intensive case management to support stabilization upon discharge including addressing housing or shelter needs when applicable.

Other facility-based programs in King County include:

* *Sobering Services:* Safe and secure shelter for adults to sleep off the acute effects of intoxication. They also serve as a recovery access point where people receive case management services and assistance to move towards recovery.
* *Crisis Respite Program:* Temporary shelter and/or residential care for individuals in crisis in need of case management support and connects clients to mental health or substance use disorder treatment and other services as needed.

Executive staff provided an inventory of behavioral health facilities that King County contracts with and bed capacity as seen in the table below. This list excludes outpatient services, out-of-County facilities, providers only serving patients on Single Bed Certifications[[11]](#footnote-11), and facilities not contracted with the County.

**King County-Contracted Behavioral Health Facilities and Bed Capacity[[12]](#footnote-12)**

|  |  |  |
| --- | --- | --- |
| **Facility Type** | **Facility Name (Agency)** | **Bed Capacity** |
| **Psychiatric Inpatient** |
| Evaluation & Treatment | Recovery Place - Kent (Valley Cities) | 16 |
| Telecare  | 16 |
| Psychiatric Hospital | Fairfax | 126 |
| Navos | 70 |
| Cascade | 66 |
| Northwest GeroPsych | 27 |
| Swedish Ballard | 22 |
| Harborview | 21 |
| Multicare Auburn | 20 |
|   | *Total Psychiatric Inpatient* | *384* |
| **Substance Use Disorder (SUD) Residential** |
|   | Key Recovery  | 90 |
| Recovery Place – Seattle (Valley Cities) | 42 |
| Sea Mar Turning Point | 29 |
| Co-Occurring Residential Program (Pioneer Human Services) | 16 |
| Sea Mar Renacer – *Youth* | 16 |
|   | *Total SUD Residential* | *193* |
| **Mental Health (MH) Residential** |
| Long-Term Rehabilitation | Keystone (Sound) | 64 |
| Cascade Hall (Sound) | 30 |
| Stillwater (Sound) | 16 |
| Firwood (Community House) | 16 |
| Spring Manor (Community House) | 16 |
| Hilltop (Community House) | 16 |
| TRY (Transitional Resources) | 15 |
| Supervised Living  | Spring Manor (Community House) | 41 |
| Cascade Hall (Sound) | 30 |
|   | *Total Mental Health Residential* | *244* |
| **Intensive Step Down (ISD)** |
| Intensive Step Down  | Geriatric-Psychiatric Center (Sea Mar) | 16 |
|   | *Total Intensive Step Down* | *16* |
| **Withdrawal Management (“Detox”)** |
| Secure Withdrawal Management | Recovery Place – Kent (Valley Cities) | 16 |
| Acute Withdrawal Management | Recovery Place – Seattle (Valley Cities) | 33 |
|   | *Total Withdrawal Management* | *49* |
| **Crisis Solutions Center[[13]](#footnote-13)** |
|   | Crisis Diversion Facility (DESC) | 16 |
|   | Crisis Diversion Interim Services (DESC) | 30 |
|   | *Total Crisis Solutions Center* | *46* |
| **Other Facilities** |
|   | Crisis Respite Program (DESC) | 20 |
|   | Sobering Center (Pioneer) | 35 |
|   | *Total Other Facilities* | *55* |
| ***Total*** | ***987*** |

In 2018, the Washington state legislature required the Office of Financial Management (OFM) to establish a Behavioral Health Statewide Plan to inform future grant allocations by “assessing and prioritizing facility needs and gaps in the behavioral health continuum of care.”[[14]](#footnote-14)

* The OFM contracted with the Public Consulting Group to review bed capacity data, interview stakeholder partners, and perform comparative analyses to assess target crisis bed counts comparing Washington State to five other U.S. States, and comparing regions within Washington State. Based on the comparison analysis, the average per capita bed count in the five other states for residential and other 24-hour services was 13 beds per 100,000 above the Washington state per capita bed count.
* When folding in regional comparisons across Washington, the report identified King County with the largest total gap to target across residential, crisis services, secure withdrawal management and stabilization services, and inpatient beds. The report included an analysis of bed capacity specific to King County, including a gap of 427 beds, 200 of those being specifically crisis bed capacity.[[15]](#footnote-15)

Executive staff state that, King County’s mental health residential bed capacity has dropped by 111 beds since 2018 and as of July 2022, King County residents who need mental health residential services must wait an average of 44 days for placement.

Executive staff state that although additional SUD residential resources are also needed, SUD residential treatment beds are operated through a statewide system that includes 992 beds in 17 treatment facilities, five of which are in King County. This means that King County residents can access SUD residential treatment both in King County and other communities when needed, and typically can be admitted within five days or less.

**Medicaid Funding**. The Medicaid Institutions for Mental Diseases (IMD) exclusion prohibits the use of federal Medicaid dollars in residential treatment facilities with more than 16 beds. The exclusion applies to Medicaid beneficiaries between the ages of 21 and 65.[[16]](#footnote-16)

**Models for Crisis Care**. The state of Arizona manages a system of crisis behavioral health services comprised of local 24-hour crisis phone lines, 24/7 mobile crisis teams, and facility-based crisis stabilization centers.[[17]](#footnote-17) The crisis stabilization centers are based on the living room model of care[[18]](#footnote-18) that offers an alternative to hospitalization. The centers accept people on a walk-in basis with expedited drop-off for law enforcement referrals and serve anyone regardless of insurance status or ability to pay. People in crisis are seen by a behavioral health professional and assessed shortly after arrival to determine appropriate treatment. Individuals can stay at the center for up to 24 hours and usually stay in a recliner in an open living room-type setting. After the initial 24 hours individuals may be admitted to an inpatient behavioral health hospital or discharged with a follow up plan for treatment if needed.[[19]](#footnote-19)

The model has been operating for approximately 18 years, during which time state laws and policy have changed to increase referrals to the crisis centers and decrease reliance on deeper-end institutional settings such as jails and hospitals. According to AZ Central news, “policymakers changed medical rules to allow police to take people straight to a crisis facility without first getting medical clearance from a hospital. And lawmakers amended the state’s commitment law to allow crisis centers to hold people for 72 hours and renew the hold if individuals present a risk to themselves or others. Medicaid reimbursement codes were developed, federal and state money was allocated, and staffing requirements were established.”[[20]](#footnote-20)

*Washington State.* In 2022, the state legislature adopted a supplemental capital budget through SSB 5651 which allocated money to establish new capacity for 23-hour crisis triage facilities, crisis stabilization facilities of up to 16 beds, and youth residential crisis triage and stabilization facilities, that are not subject to federal funding restrictions that apply to IMD’s described above. Of this allocation, $10 million was designated for a King County Crisis Walk-in/Stabilization facility and $12 million for the Lynnwood Community Recovery Center. Funding for the King County facility was appropriated in the adopted 2023-2024 biennial budget.

Of note, the Community Recovery Center Project in Lynnwood has established a task force to develop a recommendation to the Lynnwood City Council to co-locate the Recovery Center at the site of the Community Justice Center.[[21]](#footnote-21) A presentation was made at the Lynnwood City Council Work Session on January 31, 2022[[22]](#footnote-22) that included blueprints for a living-room model recovery center based on the RI International Bridge Center for Hope in Baton Rouge, Louisiana.

**Behavioral Health Workforce.** Recognizing that difficulties in recruiting, educating, training, and retaining a skilled behavioral health workforce may further exacerbate the limited availability of behavioral healthcare, Governor Inslee tasked the Washington Workforce Training & Education Coordinating Board in collaboration with the University of Washington Center for Health Workforce Studies to assess workforce needs across the behavioral healthcare field.

* The Workforce Board performed quantitative and qualitative data analysis to describe the supply and distribution of the behavioral health workforce, assess the range of workforce-related barriers to improving access to behavioral health in Washington, and identified recommendations addressing these needs through the Washington State Behavioral Health Workforce Assessment report produced in December 2017.[[23]](#footnote-23)
* Two of the recommendations identified in the report include adjusting reimbursement rates to better support competitive recruitment and retention of a skilled behavioral health workforce, and improving the workforce supply, distribution and diversity. The Workforce Board continues to work on this issue and has produced subsequent reports including in December 2021.[[24]](#footnote-24) According to the 2021 report:

“The state continues to face a shortage of much-needed healthcare professionals, while demand for behavioral health workers continues to grow. The existing behavioral health workforce encompasses many highly competent, committed professionals working hard to deliver behavioral health services, but barriers to educational attainment needed to enter or advance in the field, along with professional recruitment challenges, and long-term retention issues, hamper the state’s ability to meet the behavioral healthcare needs of its residents.”

* The 2021 report includes a recommendation to adjust reimbursement rates to improve recruitment and retention of the workforce, providing incentives to individuals pursuing careers in behavioral health, and expanding the role for certified peer counselors, especially to support emergency services and first responders.
1. Mental Health and Substance Use Disorders, SAMHSA, <https://www.samhsa.gov/find-help/disorders> [↑](#footnote-ref-1)
2. SB 6312, Washington State Legislature 2014, https://app.leg.wa.gov/billsummary?BillNumber=6312&Year=2013&Initiative=false [↑](#footnote-ref-2)
3. Behavioral Health and Recovery Division, King County Department of Community and Human Services <https://kingcounty.gov/depts/community-human-services/mental-health-substance-abuse.aspx>; Crisis Connections, <https://www.crisisconnections.org/> [↑](#footnote-ref-3)
4. DESC, Crisis Solutions Center, <https://www.desc.org/what-we-do/crisis-response/> [↑](#footnote-ref-4)
5. Department of Community and Human Services -BHRD. MIDD 2 Initiative Descriptions. URL: <https://kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/midd/initiatives.aspx>. Last accessed on November 23, 2022. [↑](#footnote-ref-5)
6. Washington State Health Care Authority. ITA Overview. URL: <https://www.hca.wa.gov/assets/program/fact-sheet-involuntary-treatment-act-2022.pdf>. Last accessed on November 23, 2022. [↑](#footnote-ref-6)
7. Ibid. [↑](#footnote-ref-7)
8. Civil Commitment to Inpatient Services | DSHS (wa.gov), <https://www.dshs.wa.gov/bha/division-state-hospitals/civil-commitment-inpatient-services>. [↑](#footnote-ref-8)
9. WA HCA Fact Sheet, SUD Treatment, <https://www.hca.wa.gov/assets/program/fact-sheet-sud-outpatient-treatment-2022.pdf> [↑](#footnote-ref-9)
10. DESC CSC, <https://www.desc.org/what-we-do/crisis-response/> [↑](#footnote-ref-10)
11. Single Bed Certification allows a person to be detained under the mental health criteria of the ITA when there are no available certified E&T facility beds. [↑](#footnote-ref-11)
12. This capacity is as of October 2022. The number of bed capacity changes frequently. This list does not include outpatient services, out-of-county facilities (11 SUD residential facilities and five hospitals), Single Bed Certifications, and facilities not contracted with the County. [↑](#footnote-ref-12)
13. Bed capacity shown for the Crisis Diversion Facility, Crisis Diversion Interim Services, and Crisis Respite Program reflects overall facility capacity. These facilities are currently operating with fewer beds available due to enhanced COVID safety protocols. [↑](#footnote-ref-13)
14. 2018 Behavioral Health Capital Funding Prioritization and Feasibility Study, OFM, <https://ofm.wa.gov/sites/default/files/public/publications/BehavioralHealthCapitalFundingPrioritizationandFeasibilityStudy0119_0.pdf> [↑](#footnote-ref-14)
15. 2018 Behavioral Health Capital Funding Prioritization and Feasibility Study, OFM, page 48. [↑](#footnote-ref-15)
16. According to the Washington State Health Care Authority, in November 2020, the Centers for Medicare & Medicaid Services approved an amendment to Washington’s Section 1115 Medicaid demonstration waiver, called the Medicaid Transformation Project. This amendment allows Washington State to purchase (an average of 30 days) acute inpatient services for Medicaid clients between the ages of 21 and 65 who reside in a dedicated large psychiatric facility that qualifies as an IMD. Washington State Health Care Authority, CMS IMD Amendment, <https://www.hca.wa.gov/about-hca/programs-and-initiatives/medicaid-transformation-project-mtp/initiative-5-mental-health-imd> [↑](#footnote-ref-16)
17. Arizona's Crisis System, Arizona Health Care Cost Containment System, <https://www.azahcccs.gov/BehavioralHealth/ArizonaCrisisSystem.html> [↑](#footnote-ref-17)
18. SMI Adviser, an APA and SAMHSA Initiative, <https://smiadviser.org/knowledge_post/what-is-the-living-room-model-for-people-experiencing-a-mental-health-crisis> [↑](#footnote-ref-18)
19. Arizona Crisis Services Frequently Asked Questions, <https://www.azahcccs.gov/BehavioralHealth/Downloads/FrequentQuestionsAboutCrisisServices.pdf> [↑](#footnote-ref-19)
20. 'Arizona model' for behavioral health crisis care gains attention from other states, Christine Vestal, February 21, 2020, <https://www.azcentral.com/story/news/local/arizona-health/2020/02/21/other-states-copy-arizona-model-behavioral-health-crisis-care/4794168002/> [↑](#footnote-ref-20)
21. <https://www.lynnwoodwa.gov/Government/Departments/Public-Works/Engineering-Construction/City-Projects-Programs-Initiatives/City-Buildings-and-Facilities-Projects/Community-Recovery-Center-Project> [↑](#footnote-ref-21)
22. [be6644f5-680a-11ec-85e3-0050569183fa-d9101424-a44d-430f-bb77-51419ff9066b-1643305990.pdf (d3n9y02raazwpg.cloudfront.net)](https://d3n9y02raazwpg.cloudfront.net/lynnwoodwa/be6644f5-680a-11ec-85e3-0050569183fa-d9101424-a44d-430f-bb77-51419ff9066b-1643305990.pdf) [↑](#footnote-ref-22)
23. Washington State Behavioral Health Workforce Assessment Report, December 2017 <https://www.wtb.wa.gov/wp-content/uploads/2019/05/WA-Behavioral-Health-Workforce-Assessment-2016-17.pdf> [↑](#footnote-ref-23)
24. Behavioral Health Workforce Advisory Committee Preliminary Report & Recommendations, December 2021 <https://www.wtb.wa.gov/wp-content/uploads/2021/12/BHWAC-Preliminary-Report-Final-Draft.pdf> [↑](#footnote-ref-24)