



# Crisis Care Centers Levy

**Post-Election Update:  
Initiative Overview & Implementation Planning Preview**

May 3, 2023

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Department Director  
King County DCCHS

**Behavioral  
Health**

**=**

**Mental Health  
&  
Substance  
Use Disorder**

**People Recover.**

# Election Results

April 25, 2023

Unofficial Election Results, updated 5/2/2023



## County

### King County

Ballots Counted: 418,022

\* Registered Voters: 1,380,642

**30.28 %**

### Proposition No. 1

Approved

236,508

**56.65 %**

Rejected

180,986

43.35 %

**Passage becomes official when Elections certifies results; We expect certification on May 5<sup>th</sup>.**

# King County Crisis Care Centers Levy

## Full Ordinance Online:

<https://info.kingcounty.gov/kcelections/Vote/contests/ballotmeasures.aspx?lang=en-US&cid=100765&groupname=County#collapseSixInverse>

1.

Create five new regional crisis care centers:



Distributed geographically across the county, the centers will provide walk-in access and the potential for short-term stays to help people stabilize, depending on needs, with one center specifically serving youth.

*Currently*

One 46-bed crisis center for 2.3 million people in our county



2.

Preserve and restore the dramatic loss of residential treatment beds:



In 2018, 355 beds providing community-based residential care for people with mental health residential needs existed in King County. Today, only 244 of these beds are available.

*Currently*

Loss of 1 in 3 of our residential treatment beds in recent years



As of July 2022, people waited an average of 44 days for a mental health residential bed.



3.

Grow the behavioral health workforce pipeline:



The proposal will create career pathways through apprenticeship programming and access to higher education, credentialing, training, and wrap-around supports. It will also invest in equitable wages for the workforce at crisis care centers.

*Currently*

Historic labor shortages  
A 2021 King County survey of member organizations of the King County Integrated Care Network found that job vacancies at community behavioral health agencies

were at least double what they were in 2019.



Programmatically, CCC is primarily a Capital Initiative. But operations are likely 40% or more of budget.

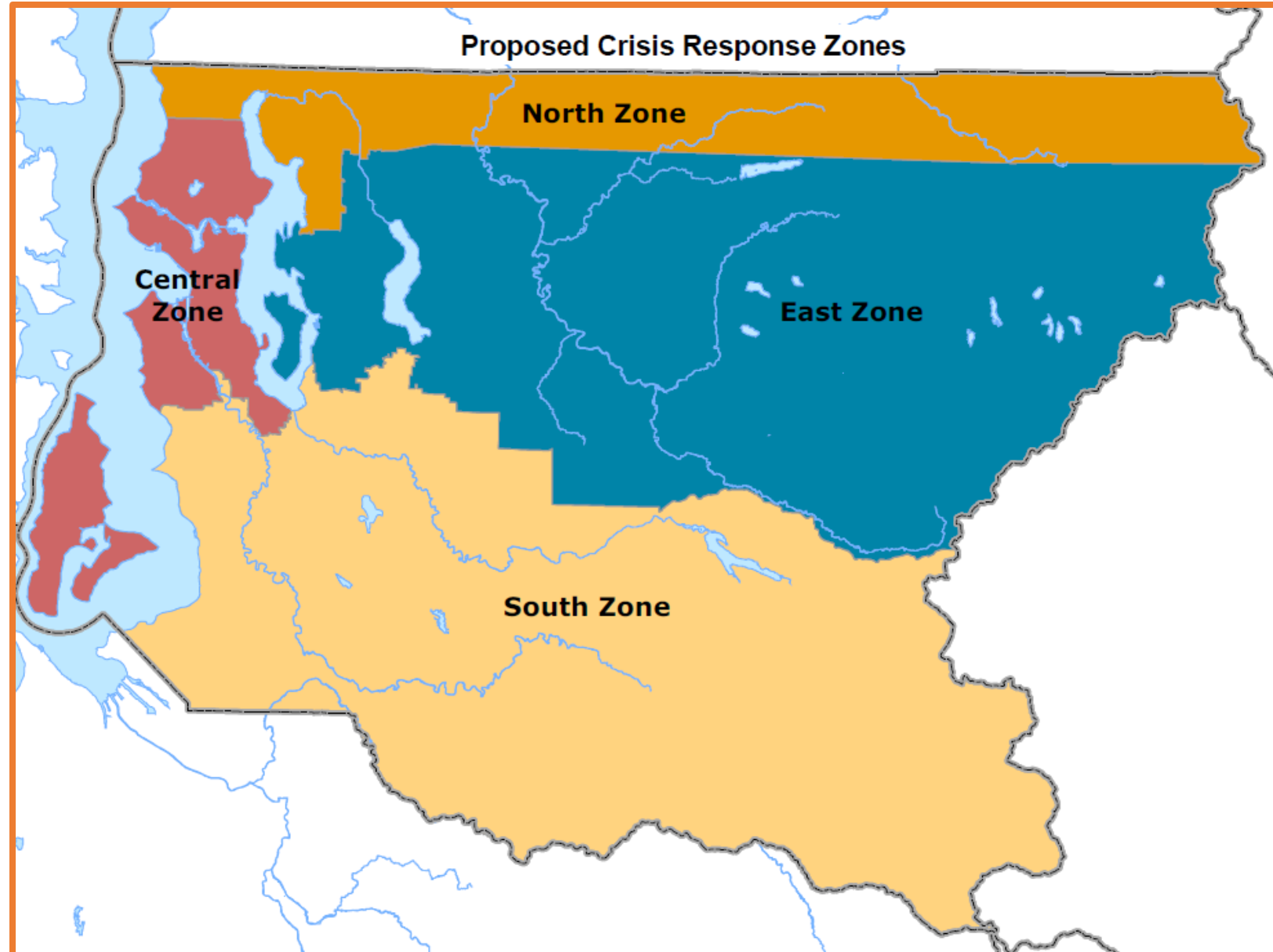


# Paramount Purpose: A Regional Network of 5 CCCs

§1.C defines 4 Crisis Response Zones

- **Each Crisis Response Zone hosts at least one CCC**
- **At least one CCC specializes in serving children**

The purpose of Crisis Response Zones (CRZs) is to promote localized access geographic distribution of CCCs. CRZs do not restrict who can access which CCC.



# Paramount Purpose: What is a CCC? *see §1.A*

**Same Day Access** to multiple types of crisis stabilization services, which shall include:

**24/7 Walk-In/Drop-Off**  
BH Urgent Care  
Clinic

**23-Hour**  
Observation  
Unit

**14-Day Crisis Stabilization:**  
16 beds for  
short-term care

Onsite access  
to a **DCR**  
(Designated Crisis  
Responder)

**No Wrong Door:** “Shall endeavor to accept at least for initial screening and triage any person...”

**Single Facility or Grouped Facilities** that are adjacent or with transportation provided

Staff must be multidisciplinary and include **peers**.

May incorporate *compatible* pre-existing facilities

## Paramount Purpose: What else makes a CCC?

- The ballot measure lists the *minimum required* elements of a CCC (see previous slide).
- Key Implementation Plan question: **What else should we require or incentivize from a CCC application?**
  - Other crisis continuum services?
  - Onsite physical health integration through co-location?
  - Space for outpatient treatment from KCICN providers?
  - Other social service co-location to promote equitable and inclusive access?
  - Proximity to other healthcare?

## **Paramount Purpose: Who Will Site & Operate CCC's?**

- Crisis Care Centers will be **operated by provider agencies (solo or partnerships)** under contract to DCHS's Behavioral Health and Recovery Division.
- Crisis Care Centers would be **sited by providers proposing sites w/ host jurisdiction support** through an RFP or a similar procurement process.
- Preference for facility ownership to create a permanent public asset (vs. leasing)—but who should own?



# Supporting Purpose One: Restore Mental Health Residential Capacity

355 to 244: King County lost one-third of its mental health residential beds since 2018. *It was almost one-half.*

Supporting Purpose One will

- **reinforce remaining facilities** *to prevent further loss and*
- **build back at least 111 beds.**

New facilities would be limited to 16 beds, requiring at least 7 new facilities. **Why 16 beds? See the “IMD rule”**

## Supporting Purpose Two: Workforce

- **Invest in systemwide supports** to increase the sustainability and representativeness of the entire behavioral health workforce
- **Make specific investments at CCCs** to support robust, sustainable, and representative staffing

**Core Crisis System Elements:**



**Someone  
to Talk To**

**988,  
Regional  
Crisis Line**



**Someone  
to  
Respond**

**Mobile Crisis Teams,  
Co-Responders,  
Outreach,  
Peers**

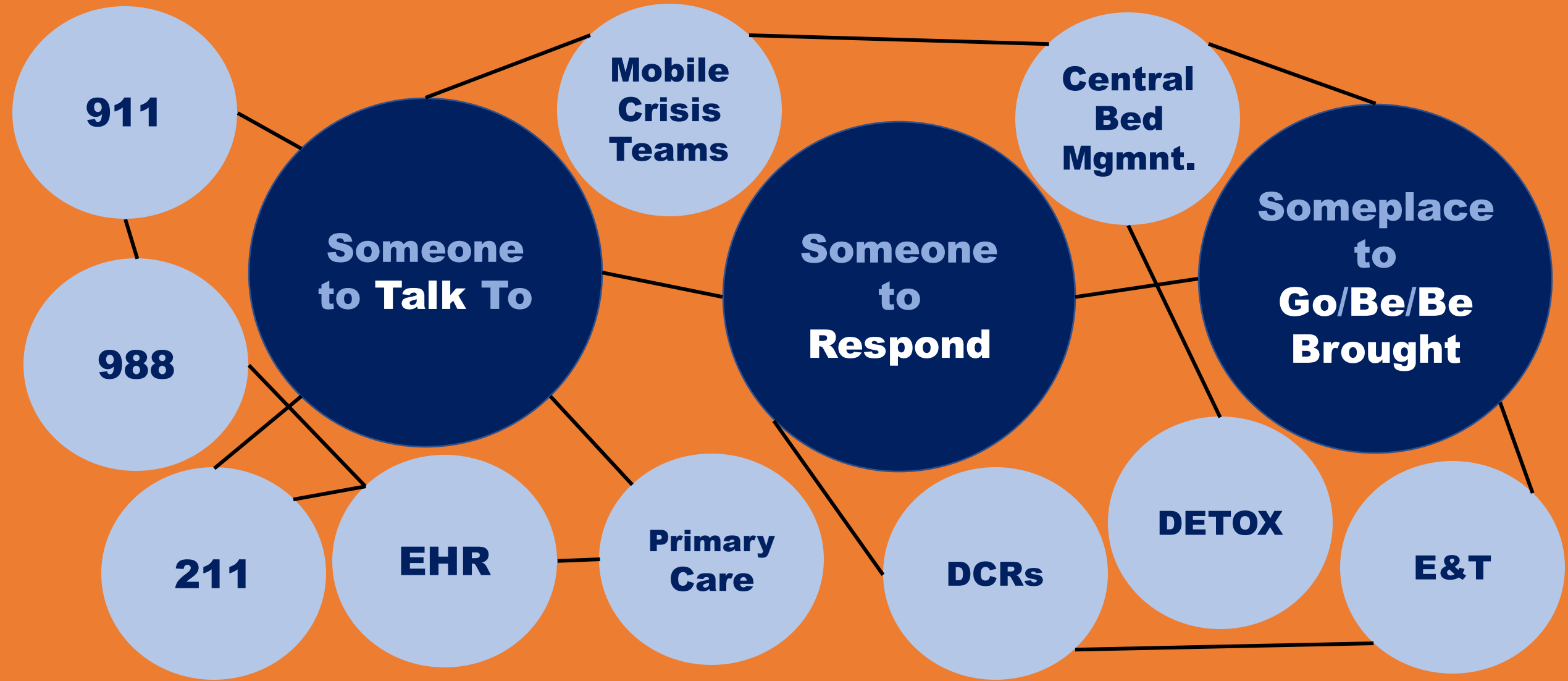


**Someplace  
to  
Go/Be/Be  
Brought**

**?**

**What do  
we have  
now?**

***Anyone, Anywhere, Any Time***



***We're Transforming a System: Not just filling in the circles, but also connecting the dots.***

**How we fill in the  
circles and connect  
the dots:**

## **Implementation Plan**

- **Due to Council 12.31.2023, covers 2024-2032**
- **List of Levy purposes and description of strategies to achieve them:**
  - Capital, Maintenance, operations for CCCs
  - Capital and Maintenance for Mental Health Residential
  - \$ increase “attraction to, retention in, and sustainability of the behavioral health work force”
  - Activities that promote post-crisis stabilization
  - A plan until operations of the first ccc for provision of mobile and site-based BH crisis services
  - Technical assistance and capacity building for orgs applying for levy funding, including strategy to “promote inclusive care at levy-funded facilities for racial, ethnic, and other demographic groups that experience disproportionate BH conditions
  - Activities that promote coordination and quality of care amongst CCCs, other BH services, and first responders
  - Financial plan
- **How to seek fed/state/philanthropic funds + Medicaid assumptions and private insurance billing**
- **Advisory Body**



## Who will lead and do the planning?

- A dedicated team focused only on this initiative: Director, Deputy, Medical Director, Community Liaison, Fiscal Planner, and Evaluator to start.
- The CCC Planning Team will convene Subject-Specific Planning Teams (Available to the broader coalition, not just County staff).
  - See the survey to inform which groups we form!

**How we'll  
maintain the  
coalition and  
communicate  
about progress:**

- **Open update meetings and Q&A Sessions (like today)**
- A planning updates website live by the end of July
- SME small group planning teams
- What else? (See the survey!)

# Questions?

***Please Fill Out This Quick Implementation Planning Survey:***

***<https://forms.office.com/g/27UNUDXE9Y>***

**Leo Flor**

Department Director

King County DCHS