



Department of Community and Human Services
Behavioral Health and Recovery Division

401 Fifth Avenue, Suite 400
Seattle, WA 98104

Phone: 206-263-9100

206-296-0583 (Reception)

206-205-1634 (Clinical Services)

King County Behavioral Health Advisory Board (BHAB)

September 3 2026- 11:30 am – 1:30 pm

Board Members: *Kevin Host, Kristina Sawyckyj, Lyscha Marcynyszyn, Mustafa Mohammed, Sarah McCauley, Stacey Devenney, Jasmeet Singh, Sabina Perry, Dae Degrate*

Board Members not present: *David Sullivan*

Guests: *Savannah Mitchell, Mark Cooke, Kathleen Murphy, Sharon Turner, Natali Zepeda, Rebecca Mendelsohn, Emeka Alozie, Emily Johnson, Laura Smith, Trevor Stuart, Mariann Colonna, Idabelle Fosse, Minh Phan, Luiza Montesanti, Jennifer Winslow, Kelly Tongg, Christena Coutsubos*

BHAB Board Meeting

The King County Behavioral Health Advisory Board meeting, including board members, staff, and the public, was called to order at 11:35 am.

Welcome & Introductions

Kevin Host and Jasmeet Singh welcomed everyone.

- Community members and guests introduced themselves.
- Public Comment Sign-up: via Teams chat

Approval of the Minutes for August 6, 2026

The board approved the August 6, 2026, meeting minutes.

Prepared By: Savannah Mitchell

Approval Date: 10/01/2026

Attested by: Kathleen Murphy, Board Liaison

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Administrative Items & agenda review

Jasmeet Singh reviewed the meeting agenda.

Co-Chair Announcements

Co-chair elections will be held in November to replace Jasmeet Singh. Members interested should reach out to Kevin Host, Jasmeet Singh, or Kathleen Murphy.

The Kirkland Connections CCC site visit will occur this fall. A date and time survey was emailed to members and all board members have responded. Two potential dates have been identified due to the board being split- the options are October 29th or November 3rd from 10:00 – 11:30. The board decided to move forward scheduling the October 29th option.

Crisis Care Center Clinical Model (Jennifer Winslow and Kelly Tongg)

Kelly Tongg gave a high-level overview to the board of the Crisis Care Centers Clinical Model in preparation for the tour. The Crisis Care Centers Levy was approved by voters in 2023. Crisis Care Centers are staffed 24/7 and members of the community seeking services do not need insurance, the centers give people immediate access to help when experiencing a crisis and helps arrange post-crisis follow-up care. Crisis Response Zones are split into five zones, North, Central, South, East, and Youth).

Jennifer Winslow spoke to the board about the upcoming Crisis Care Center tour in Kirkland. The tour will last 90 minutes and will include a tour of the center and a Q&A session. Jennifer asked that board members review the annual plan and come prepared with questions. Following up on feedback from the tour from last year, front line staff may be included in the tour to better connect board members with lived experiences.

Crisis Care Center Performance Measurement (Minh Phan and Luiza Montesanti)

Minh Phan and Luiza Montesanti spoke to the board about current CCC performance measurement efforts and plans to measure performance moving forward. The performance measurement data cycle includes:

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1. Collect Data 2. Transform Data 3. Review Routine Data, 4. Evaluate the Data, and 5. Take Action. This cycle reflects a long-term commitment, each cycle begins from a range of 3 months to 2 years following collection, over time the data becomes more reliable and beneficial to the work. Performance measurement for CCCL-funded activities include receiving early data in 2024, in 2025 data requirements were expanded and data quality became a focus. In 2026, the team is working on processing and cleaning larger amounts of data, working with providers to address quality and completeness issues in order to adapt collection as needed. For mobile crisis teams, data collection began in Q4 of 2024, in Q2- Q3 of 2025 data processing began and adjustments were made as needed, in Q3 of 2025 program managers gave feedback in order to improve the process.

Looking forward in performance measurement, the team will look at how people move through the crisis system, analyze outcome measures, research activities, and work with the community to define what success looks like and how it can be best measured. Luiza reminded board members of the Crisis Care Center Levy reports, including the annual report, available online for public access.

Crisis Care Center Levy Update (Idabelle Fosse)

Idabelle Fosse gave updates to the board on the Crisis Care Centers especially as it relates to community engagement, she noted community update meetings are happening monthly, with the last one on August 17th. On September 11th there will be Community Lunch and Learn in Renton where members of the community can learn and ask questions about crisis services. On September 16th there will be a virtual event for those that would like to attend the lunch and learn but unable to. The youth operator Request for Proposal will close at the end of September with more information coming afterwards. Engagement efforts are continuing and planned through next year, including multilingual events.

H.R.1 and Impacts (Christena Coutsobos)

Christena Coutsobos gave updates to the board on H.R. 1 (One Big Beautiful Bill Act) and its impact in Washington state. Lawfully Present Noncitizens – changes going into effect on 10/1/26 will impact eligibility for noncitizen. Retroactive coverage limitations currently cover medical bills incurred 3 months prior to application date if approved for coverage, beginning in January it will reduce to either one or two months depending on specific qualifiers. Washington estimates reductions of over \$1.5B annual from

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provider tax rate reductions once fully reduced. Beginning 10/1/2028 copays of \$35 for the expansion population will go into effect, with some exemptions available included mental health and SUD services. Work requirements that go into effect on 1/1/2027 in order to keep Apple Health for Adults included work/school requirements in order to maintain eligibility. Work requirements only affect the expansion states. The exclusions for work requirements include pregnant/postpartum, parent/caretakers of a child under 14 or disabled individual, veteran with total disability, Medically frail, among other exemptions. “Medically Frail” has a wide range of qualifiers and for the first year, self-attestation is acceptable. Currently medical frailty is considered insufficient for a work requirement exemption but is being litigated so whether that will stand is to be determined.

In Washington state, it’s expected that about 30,000 refugees and asylees will lose coverage in October. Between 200,000 – 320,000 Washingtonians will lose coverage. Washington is focusing on minimizing loss and reducing customer burden, verification/community engagement hub for ex parte verification, Apple Health Expansion for noncitizens sunset and replacement, Cascade Care investment, and Apple Health Community Connectors. Christena noted that the HealthCare Authority is doing a good job at communication and provided links to the board where they can reference more information.

Behavioral Health Bridge (previously MIDD) Update (Laura Smith)

Laura Smith provided the board with the Implementation Plan Update that was transmitted on 7/1 to King County Council. On October 6th it will return to committee, with striker deadlines occurring in late September. Relationships with current providers will continue until the new program is launched to maintain reliability and consistency.

Laura gave examples to the board of two currently funded MIDD services. Through RR-01: Housing Support Services, MIDD funds behavioral health services for 1,361 Permanent Supportive Housing (PSH) residents across the county. Residents receiving these services experienced a 53% reduction in psychiatric hospitalizations. A second example is TX-SMC: Seattle Municipal Mental Health Court funds a position who partners with jail staff and prosecuting attorneys to refer community members to LINC services.

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Public Comment

No Public Comment.

Jasmeet Singh requested a motion to adjourn the meeting. The motion was approved and the meeting was adjourned at 1:20 pm.