

# 2024 King County Behavioral Health Legislative Priorities

## Strengthen Access to Community Behavioral Health Care



### Improve Medicaid Rates and Strengthen Workforce

It takes people to treat people. A robust, representative, and well-supported workforce is critical to providing quality, equitable behavioral health care. Community behavioral health agencies depend on Medicaid to fund this care.

Despite recent state and local actions to strengthen Medicaid funding, high staffing vacancies and unsustainable wages are hindering access to care, and providers continue to risk closure.

The following legislative actions will strengthen and sustain a behavioral health workforce who collectively deliver the care our region's residents need and deserve:

In 2022, **over 52,000** people received Medicaid behavioral health care services in King County thanks to the 40+ providers in the King County Integrated Care Network.

As of November 2023, there are **600** unfilled positions at KCICN provider agencies.

 King County

**DCHS**  
Department of Community  
and Human Services

## Establish Sustainable Behavioral Health Medicaid Rates

Direct the Health Care Authority (HCA) to:

- Establish a minimum fee schedule for Medicaid behavioral health care for 2026 that incorporates the results of the comparison rate study to ensure rates adequately cover true costs.
- Broaden the comparison rate study to include all remaining care types, especially mental health residential care and crisis intervention.
- Increase Medicaid rates for care for people with significant or emergent behavioral health needs, including residential treatment, crisis intervention services, and medication for opioid use disorder (MOUD).

## Ease Access to Behavioral Health Student Loan Support

- Support the Children and Youth Behavioral Health Work Group's recommendation to reduce educational debt burden for behavioral health workers.
- Expand eligibility, funding, and flexibility for state-funded behavioral health student loan support through the Washington Health Corps' Behavioral Health Program so more workers in community behavioral health agencies across the state can benefit. Fund outreach to increase program accessibility and awareness, especially among workers from BIPOC communities.

## Eliminate the DOH Credentialing Backlog

Behavioral health workers are waiting months to receive credentials that will allow them to serve the community. Fund acceleration of the Department of Health's efforts to eliminate the credentialing backlog.

## Reduce Overdose Deaths and Expand Access to Recovery

Medication for opioid use disorder (MOUD) such as buprenorphine and methadone, as well as overdose reversal medication like Naloxone, are proven interventions that save lives and open doors to recovery from fentanyl or other opioid use. The state should expand low-barrier access to care through these actions:

Deaths by drug overdose have doubled in King County in just three years, and emergency medical responses to people experiencing overdoses have **increased 50%** in the past year.

## Expand Mobile and Office-Based Treatment

Medication for opioid use disorder (MOUD) must be accessible to everyone who seeks it. Currently, lack of direct funding and regulatory barriers are a drag on efforts to provide treatment through mobile delivery and community-based behavioral health agencies. The Legislature should direct HCA to require Medicaid contracting to support MOUD at community-based agencies and provide technical support to providers to deliver MOUD care.

- ✓ Improve access to MOUD
- ✓ Expand mobile outreach
- ✓ Make Naloxone widely available

- The state should fund community-based providers to purchase and operate mobile vans that provide low-barrier access to MOUD in multiple locations, and resource communities where the most people are dying of overdoses especially.

### **Make Overdose Reversal Medication Available On-site**

Fund Naloxone vending machines or other opioid overdose reversal medication distribution methods that can serve locations where overdose prevention needs are highest, including but not limited to permanent supportive housing and shelter sites. These are life-saving medications. Easing and expanding access in these locations is straightforward and a guaranteed way to save lives.

### **Care for People in Crisis**

The criminal legal system should not be the front door to behavioral health care. But when it is, it must serve individuals effectively. The state must invest sufficiently in services that prevent criminal legal system involvement for people with behavioral health conditions and provide timely access to evaluation and competency restoration services when needed for those who do encounter the criminal legal system. The state must continue to right-size investments in 2024 for essential interventions such as:

#### **Fully Fund Crisis Care**

Responding to someone experiencing a behavioral health crisis requires a brief intervention in that moment of crisis, connection to behavioral health care, and a full spectrum of care options to match the individual's needs. It is the state's responsibility to pay for crisis care.

Last year, King County paid nearly **\$3 million more** for state mandated services beyond what state funding provided.

This deficit drains funding from other services that prevent crises and support recovery. As the state continues planning to deploy an effective mobile crisis response, more work is needed to eliminate a decades-long pattern of state underfunding of crisis care.

- Fully fund state mandated crisis services, including responses to people in crisis, involuntary treatment (ITA) court costs, and access to care for people without Medicaid.
- Expand post-crisis follow-up services that support people to stabilize and connect to ongoing care after a behavioral health crisis episode.
- Provide sufficient revenue to serve clients from the new Olympic Heritage hospital site in ITA Court.

### **Sustain and Stabilize Funding for Programs Designed for Trueblood Class Members**

Continue stable funding for essential diversion programs serving Trueblood class members that will otherwise expire in June 2024. (A Trueblood Class Member is any individual who is now or has a history of waiting in jail for either court-ordered evaluation of competency to stand trial or court-ordered admission for inpatient competency restoration services.) These investments reduce the need for competency evaluation and restoration services among people with serious mental health challenges in the criminal legal system. In King County these programs include:

- Law Enforcement Assisted Diversion (LEAD) community and law enforcement diversion with Community Outreach and Advocacy Team (COAT) integrated behavioral health treatment.
- Legal Intervention and Network of Care (LINC) prosecutorial diversion to transitional behavioral health services and respite.
- Transitional supportive housing.

### **Strengthen Existing PACT Teams**

Help people with significant behavioral health conditions stabilize in the community and avoid hospitalization by increasing funding for existing Program for Assertive Community Treatment (PACT) teams, consistent with HCA's request.

People spent **25 fewer days** in local hospitals following PACT enrollment on average, a 2021 analysis found.

### **Expand and Preserve Behavioral Health Facilities**

People need places to go when they need more intensive services and to take steps forward in their recovery. Effective community behavioral health care depends on it. Underfunding capital costs and preservation increases time and costs for facilities. Additional state capital funds are needed to rapidly build and maintain essential facilities for behavioral health care.

### **Invest Capital Funds in Facility Preservation, Expediting Development, and Addressing Service Gaps**

Continue and expand state investments in behavioral health facilities, including:

- Extend the impact of local investments to preserve existing facilities.
- Expedite facility development by fully funding capital construction funding.
- Expand needed facility types, such as treatment for substance use disorders (SUD).