

# King County's Legislative Priorities in Behavioral Health

MIDD Advisory Committee, December 12th, 2024

Presenter: Christena Coutsoubos, Policy & Legislative Manager

 King County

**DCHS**

Department of Community  
and Human Services



# 2024 BEHAVIORAL HEALTH LEGISLATIVE FORUM



- Wednesday, December 4th
- 480 guests
- 150 spoke with their lawmaker
- 9 state legislators + 1 county councilmember
- 7 additional county/state/federal lawmakers represented by staff
- 29 cosponsoring organizations

Watch the Forum program: [King County Behavioral Health Legislative Forum](#)



Department of Community  
and Human Services

# Developing King County's Legislative Priorities in Behavioral Health

**BHRD's role: Recommend behavioral health priorities to the King County Executive**

## **Legislative Priorities**

A list of policies or investments that King County asks the state's elected leaders to champion

# BHRD Process So Far

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|-----------------------|--|
| <b>May/June</b>       | Gathered ideas from BHRD staff, key partners, and stakeholders       |
| <b>Early July</b>     | Reviewed and grouped into major themes                               |
| <b>July 3 &amp; 8</b> | Discussed all ideas and refined                                      |
| <b>July 9</b>         | Narrowed to 5 topline proposals                                      |
| <b>July 17</b>        | Refined topline proposals with staff                                 |
| <b>Mid-July</b>       | Finance developed cost estimates                                     |
| <b>July 23</b>        | Discussed revised topline proposals and approved final choices       |
| <b>July 30</b>        | Topline <u>budget</u> proposals went to GR                           |
| <b>August 23</b>      | Topline <u>policy</u> proposals went to GR                           |
| <b>Fall</b>           | Back and forth to refine and approve                                 |
| <b>Dec 4</b>          | Priorities shared at King County Behavioral Health Legislative Forum |
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# 2025 State Legislative Session

- Year 1 of a 2-year cycle
- "Long" session of 105 days
- Starts January 13th
- New 2-year budget + policy bills
- Budget concerns



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**NOTE: PLEASE DO NOT FORWARD OR SHARE.**

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# King County's Legislative Priorities in Behavioral Health

Approved

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# Protect essential funding for community behavioral health services.

**Context:** To deliver the responsive care that residents need and deserve, community behavioral health agencies, including services and staff, rely especially on funding through the state.

**Request:** Maintain the state's significant foundational investments that provide for community-based behavioral health treatment, crisis response, and behavioral health workers.

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# Promote reliable, accessible community behavioral health care by setting minimum payments for critical services.

**Context:** To improve access to behavioral health care, Medicaid reimbursement rates need to keep up with the cost of care and be sufficient to attract and retain workers.

**Request:** The state should set minimum payments for key services: psychotherapy, counseling, short-term residential treatment, and peer support. This change will help maintain access to critical services that support recovery.



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# Strengthen community-based crisis response to reach people sooner, before hospitalization or jail. #1

**Context:** To deliver the responsive care that residents need and deserve, community behavioral health agencies, including services and staff, rely especially on funding through the state.

**Request:** Maintain the state's significant foundational investments that provide for community-based behavioral health treatment, crisis response, and behavioral health workers.

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# Strengthen community-based crisis response to reach people sooner, before hospitalization or jail. #2

**Context:** The state does not provide for the cost of services at new behavioral health facilities when they initially open. In 2024, King County is paying over \$14 million in costs typically covered by the state for the multi-service crisis facility operated by Connections Health Solutions in Kirkland because this funding was not incorporated into state behavioral health contracts.

**Request:** King County is requesting reimbursement for the initial funds it has provided for the new Connections facility, to stabilize regional behavioral health services.

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# Strengthen community-based crisis response to reach people sooner, before hospitalization or jail. #3

**Request:** The state should require payment parity for ambulance trips regardless of whether the destination is a hospital emergency room or a behavioral health crisis facility. Funding parity will reduce stress on hospitals and strengthen access to behavioral health care for residents.

# Stabilize and expand access to permanent supportive housing with behavioral health supports.

**Context:** Supportive housing is proven to reduce substance use, reduce jail and hospital stays, and improve overall health. One year of supportive housing costs the same as three months in a King County jail or three days at Harborview Medical Center. [1]

**Context:** Residents can often have significant co-occurring mental health conditions and substance use disorders, acute physical health needs related to living outside long term, and other impacts from inequities and trauma that impact their health and require enhanced communitybased supports.

**Request:** The state can improve access to permanent supportive housing through increasing capital funding, improving flexibility in operating funding, and expanding adaptable community behavioral health care to create housing stability for people experiencing and at risk of homelessness.

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[1] [Third Door Coalition](#).

# Grow treatment options for youth with co-occurring behavioral health and intellectual/developmental disabilities.

## Context:

- 39% - 52% of people with intellectual and developmental disabilities (I/DD) also have a mental health condition. [2]
- Last year, 89% of clients visited by in-home behavioral health crisis stabilization teams in King County were linked to needed treatment and 79% were stable after receiving care.
- Nationally, only one in 10 children and adolescents with co-occurring mental health conditions and I/DD receive specialized mental health services. [3]
- Youth with BH and I/DD needs in Washington have limited access to specialized treatment and too often face lengthy hospitalizations.
- King County is investing local funding to sustain and expand mobile crisis services and establish a youth behavioral health crisis facility. State partnership is required to address other gaps in the treatment system for youth.

**Request:** Provide state funding to increase residential treatment capacity for youth with co-occurring behavioral health and I/DD needs, and for care teams that meet youth at home.

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[2] [Persons with intellectual and developmental disabilities in the mental health system.](#) [3] [The co-occurrence of mental disorders in children & adolescents with intellectual disability/intellectual developmental disorder.](#)

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# Support Washington's implementation of federal Certified Community Behavioral Health Clinics (CCBHCs).

**Context:** CCBHCs are a federally supported community behavioral health model designed to provide coordinated, comprehensive behavioral health care for anyone who needs it. Washington State has applied for a federal planning grant to support the implementation of CCBHC. If awarded, the grant would give the state significant flexibility to pay for Medicaid behavioral health services.

**Request:** If Washington State is granted CCBHC authority, state authority will be needed to implement it. Washington's CCBHCs should leverage innovative community-based provider networks like the King County Integrated Care Network (KCICN) to maximize benefits, flexibility, and efficiency for the greatest number of providers.



# Questions?

What are you hearing about  
the upcoming state legislative  
session?

Reach out:  
Christena Coutsobos  
[CCoutsou@kingcounty.gov](mailto:CCoutsou@kingcounty.gov)

