King County

Capitol Hill Community Council Questions

INDEX

CCC 101

Q: What is a Crisis Care Center? Is it open 24 hours a day?
A: A Crisis Care Center is a place anyone can walk in to get urgent care for a wide range of mental health and substance use crises, 24 hours a day, 7 days a week. Crisis Care Centers support communities by making it easy for people to get the immediate care they need, while easing the strain on hospital emergency departments, and ensuring first responders have a place to take people for treatment.

The first of five Crisis Care Centers, Connections Kirkland, opened this year. By 2030, King County plans to open four more centers, including one for youth. Future Crisis Care Center sites will be in Central (Seattle/Vashon), South and East King County.

Q: Who are King County's Crisis Care Services for?
A: King County's crisis care services are available to everyone in King County regardless of citizenship, gender, religion, insurance (such as Medicaid) or ability to pay. No matter what kind of mental health, drug or alcohol challenge someone might be facing, crisis care services are there to help. Everyone is welcome and will see a provider.

Q: What immediate crisis resources and services are already available?
A: King County is building a new, robust crisis response system out of 988 as an alternative to 911. Today, you can call 988 for immediate help in a mental health or drug or alcohol use crisis and also request a mobile crisis team to respond in-person. These specialized behavioral health teams are available 24/7 to help adults, youth, children and their families in a moment of crisis. They deescalate and solve most crises in the field and can take people to the Crisis Solutions Center or to King County's first Crisis Care Center in Kirkland. Learn more: kingcounty.gov/crisis

Q: How long will people be able to stay in the centers?
A: People will be able to stay for up to 14 days for short-term behavioral health treatment at a Crisis Care Center to stabilize. The centers will work to connect patients to additional care that is

available. Crisis Care Centers also have an urgent care walk-in clinic and a 23-hour treatment model for individuals who need shorter-term care.

Q: Can a Crisis Care Center be a "locked-in" facility?
A: The Crisis Care Center Levy, passed by voters, calls for more accessible treatment to address the urgent need for urgent care. Its purpose is to provide people with someone to call (988), someone to respond (mobile response teams), and somewhere to go (Crisis Care Centers) when in crisis.

One of the main goals for Crisis Care Centers is to prioritize less restrictive treatment options that make care more accessible. The urgent care setting is open to all for voluntary walk-ins and is not a locked setting. The 23-hour crisis observation unit will welcome people on a voluntary basis, and though the unit is locked to ensure the safety of guests and staff, if someone requests to leave, the clinical team will work with them to meet their goals. The crisis stabilization unit is a voluntary setting where guests can leave upon request.

Q: What is King County's approach to successfully operating a Crisis Care Center?
A: When developing the Crisis Care Centers Levy Implementation Plan, King County heard from communities about the importance of creating a welcome environment. Crisis Care Centers should be a comfortable place where people in the midst of a crisis can feel safe and be cared for with dignity. The prototype for these new facilities is a shift from traditional emergency room-based interventions toward more person-centered, trauma-informed, culturally appropriate and accessible care.

Everyone is welcome and will be greeted and offered support when they walk in. Centers will be staffed 24/7 by trained professionals with safety protocols. Building out a strong staffing model that is reflective and responsive to the unique needs of the communities Crisis Care Centers serve is emphasized and operators are directed to develop a staffing plan to ensure a successful partnership. Additionally, a Good Neighbor Agreement and partnerships with first responders, including local crisis teams, will be in place. Operators also receive funding for operating costs to promote safety and security measures.

Q: How many people can a Crisis Care Center serve?
A: Each of the five Crisis Care Centers will have the capacity to serve up to 10,000 to 14,000 people a year. This number may include people who use the center's services more than once. Per day, centers have the capacity for 30 people to receive urgent care, plus 24 recliners at the 23-hour Observation Unit and 16 beds in the Crisis Stabilization Unit.

King County's first Crisis Care Center in Kirkland serves approximately 28 people each day, and we expect this number to grow as more people find out about the center. Based on data from the center in Kirkland, about half of the patients walk in or self-refer, and 40% are dropped off by first responders from across King County.

Q: How great is the need in our region for Crisis Care Centers?
A: There is an urgent need for urgent care. The Washington State Department of Social and Health Services reports that in 2021, nearly half of King County adults and over a third of youth enrolled in Medicaid reported having a mental health need and not receiving adequate care. In 2024, July had the highest number of calls to 988 at 10,202, and we've seen a steady increase since.

Without a place to go, many people in crisis will end up in hospital emergency rooms, which are overwhelmed and lack capacity. Between December 2023 through November 2024, Harborview Emergency Department received 4,052 visits from King County residents on Medicaid who cited behavioral health as the main reason for their visit. In 2024, King County held 854 people in hospitals and emergency rooms for two days or longer because there were no beds for treatment available.

For more information, visit this data brief.

Q: What kind of care can you get at a Crisis Care Center?
A: When a patient comes in, there are staff who will assess and figure out the right treatment plan for each person. Types of care a patient can receive include:

- **24/7 Urgent Care**: A place anyone can walk in anytime to meet with a behavioral health clinician for a wide range of mental health or substance use related needs. Most people have their needs met in the urgent care. Those who need additional support are triaged to the next level of care. (Capacity: around 30 people per day)
- **23-Hour Observation Units**: A safe environment for people to receive immediate care to stabilize and stay for up to 23 hours. First responders can bring residents in need of care here. The drop-off takes less than 10 minutes on average, freeing first responders up for their next call and much faster than the ER. (Capacity: 24 chairs)
- **Crisis Stabilization Unit**: Crisis stabilization beds where individuals can stay for up to 14 days to receive focused behavioral health treatment. (Capacity: 16 beds)
- **Multidisciplinary Care Teams**: Crisis Care Center staff include clinicians, peer support specialists with lived experience, and other professionals trained to address various aspects of behavioral health, from anxiety and bipolar disorder to alcohol, opioid use, and more.
- **Youth-Specific Services**: One of the five Crisis Care Centers will be dedicated to serving individuals under 19, providing age-appropriate care and support. All Crisis Care Centers will also see youth in the urgent care setting.
- **Post-Crisis Support**: Centers facilitate connections to ongoing treatment options and community resources to support individuals after their immediate crisis has been addressed. Individualized care coordination also includes helping people return home or to another supportive environment and connecting them with transportation options.
- **Inclusive Access**: Services are available to all individuals, regardless of insurance and ability to pay, ensuring no one is turned away during a crisis.

Q: What is the best way to prevent a crisis from escalating or happening in the first place?
A: A crisis is defined by the individual experiencing it and occurs when a person's stressors exceed their available resources. For many facing a behavioral health crisis, early intervention, stable housing, social supports, access to treatment, and proactive care can reduce or even prevent crises. Low-barrier crisis services such as the 988 crisis line and mobile response teams are intended to be available to people early on in a crisis to prevent further escalation. Medication management, therapy, and strong support networks also play a critical role in minimizing the likelihood or severity of a crisis. Facilities such as Crisis Care Centers can further strengthen preventive care by providing timely support and connections to needed services.

The primary focus of the Crisis Care Centers Levy is the creation of a crisis care treatment system, similar to physical health, that doesn't currently exist. The goal is to provide compassionate care to everyone who seeks it during a behavioral health crisis, at the soonest point possible, so more people can achieve better health, happiness, and recovery.

Q: Is law enforcement able to transport people under any circumstance to a Crisis Care Center for evaluation and treatment?
A: If a person is exhibiting risk of harm to themselves or others because of a behavioral health crisis, law enforcement is authorized by state law to take them to the 23-hour crisis observation unit, which is required to accept law enforcement drop offs. Since King County's first Crisis Care Center in Kirkland opened, first responders are relying on the center as a critical resource that helps them do their jobs.

Q: On average, how many individuals are expected to be brought to a Center by law enforcement each day, and what is the anticipated length of their stay?
A: Each Crisis Care Center has the capacity to receive around 30 people at the urgent care per day, and 24 people through the first-responder drop-off at the 23-hour observation unit.

At King County's first Crisis Care Center in Kirkland, around half of the patients walk in, self-referred, and 40% are dropped off by first responders.

According to impact data from Connections Health Solutions' urgent care centers:

- 80% of patients have their crisis resolved after they are seen in the urgent care;
- 60-70% of individuals at the 23-hour observation unit are stabilized and discharged with support services; and
- For those who needed longer term care in the crisis stabilization unit, the average stay is 3.75 days.

It's hard to know what the trends will be at each center, but this data provides an early indicator.

Q: How will the levy support efforts to address substance use disorders?
A: We know that when individuals have access to treatment, it works—helping people stabilize, recover, and thrive. Making treatment easier for people to get, by simply walking in the door to receive care, will help more people with substance use disorder get on a path to recovery.

Crisis Care Centers will admit people with a substance use disorder and address their immediate crisis needs. Substance use disorder professionals and peers will work at Crisis Care Centers. Centers can offer medication for opioid use disorder, such as buprenorphine, as well as support managing substance use withdrawal symptoms. If appropriate, the centers could refer people to substance use disorder inpatient treatment, or other community-based services like outpatient care, medication for opioid use disorders, and recovery support groups. Such interventions help people stabilize and further their recovery through community-based care.

King County's newly expanded crisis teams available through 988 are also responding to help people in a substance use crisis and can now bring people to Crisis Care Centers for immediate treatment.

POTENTIAL SEATTLE LOCATION

Q: Why did King County select 1145 Broadway for a Crisis Care Center in Seattle? Why not another location?
A: King County is implementing the voter-approved Crisis Care Center Levy, ushering in one of the largest investments in the region's behavioral health system in decades. After standing up the first Crisis Care Center in Kirkland, King County is selecting future Crisis Care Center operators and sites in Central (Seattle/Vashon), South, and East King County.

The building at 1145 Broadway checks off many of the requirements needed to run a successful operation. The building was previously owned by Polyclinic/Optum and has the existing medical infrastructure needed to open without as much delay or need for renovations. It also has the right square footage and is zoned for this purpose. Importantly, it is in a central location near three hospital emergency departments and major transportation corridors.

Q: Do you have support from the City of Seattle?
A: King County received a written letter of support from the City of Seattle in August.

Q: What are the next steps now that the purchase is approved?
A: We expect to close by the end of December 2025, renovations would start in 2026, and it could open in 2027.

DCHS will be selecting an operator for this site this year, and share the information on our blog, in our newsletter as soon as we do.

As outlined in the Crisis Care Centers Implementation Plan and the City of Seattle's letter of support, here's what you can expect in the coming months:

- After the siting and provider selection process is completed, the selected Crisis Care Center operator will develop a **Good Neighbor Policy** that proactively manages relationships with the neighboring community members.
- King County will conduct a **safety assessment**—with the Seattle Police Department—which will result in Crime Prevention Through Environmental Design (CPTED) recommendations being put in place, such as better lighting, clear sightlines, and security features to help ensure the building and surrounding area are safe, secure, and welcoming.
- King County will continue to support and prioritize **community engagement** throughout the Crisis Care Center Initiative to help inform the ongoing implementation, quality improvement, evaluation and performance measurement, and accountability of the levy. DCHS is also developing pathways for community members, especially those most affected by behavioral health inequities, to participate in the crisis care system's design, implementation, and oversight. Once an operator is selected for this location, they will primarily lead community engagement efforts.
- The operator, once selected, will convene a **community advisory board** to collaborate with a range of partners and ensure that the center is responsive to the diverse and unique needs of the population it serves. This board supports program development and implementation, ensuring there are consistent and accessible opportunities to provide

input on the degree to which Crisis Care Center services are, or are not, meeting community needs.

Q: What will the center look like?
A: The selected operator will partner with King County to lead design improvements for the future center. Renovations will begin in 2026, with the Crisis Care Center expected to open by the end of 2027.

The center will have a walk-in behavioral health urgent care, a 23-hour observation unit with at least 24 recliners, as well as a crisis stabilization unit with rooms and 16 beds for people to stay up to 14 days.

The state-of-the-art design prototype for these new facilities is a shift from traditional emergency room-based interventions with operators following national best practices in therapeutic design, color, and safety standards. The goal is to create a welcoming place that people—often in their most challenging moments—feel comfortable going to for mental health and substance use care. Listening to input from people with lived experience in receiving crisis care as well as the needs of the surrounding community will be part of the design process for this site.

Additionally, Crime Prevention Through Environmental Design (CPTED) recommendations will be put in place, such as better lighting, clear sightlines, and security features to help ensure the building and surrounding area are safe, secure, and welcoming.

Q: Is this an appropriate use of Crisis Care Center Levy funds? Why buy vs. rent?
A: Yes, purchasing buildings for Crisis Care Centers is an approved use of levy funds. King County allocated significant funding for each center with the goal of making these locations permanent, sustainable and available long term in order to fulfill our paramount goal and voter's mandate to create a network of five Crisis Care Centers throughout the region.

Purchasing this building vs. renting also allows us to offset some of the costs through tenants leasing available space, as well as parking. You can read more on this topic in the Crisis Care Centers' Implementation Plan, which is the Levy's governing body, on page 67 and 68.

Q: Why is King County looking to place a Crisis Care Center in Seattle's Capitol Hill/First Hill neighborhood considering the area's ongoing public safety concerns?
A: Seattle is King County's most populous city with an urgent need for urgent care. A Crisis Care Center in Seattle's Capitol Hill/First Hill neighborhood would create a physical location convenient for many residents and individuals in this area to receive assistance and treatment, moving people in crisis into an appropriate care setting that makes urgent mental and behavioral health care available sooner.

A Crisis Care Center in this area can also support the public safety initiatives neighborhood groups are already leading to alleviate some of the public safety issues that occur when a behavioral health crisis escalates.

Throughout the process, King County has engaged with first responders, in addition to nearby hospitals Swedish, Virginia Mason and Harborview. What we hear is that Crisis Care Centers help

them do their jobs and fill in a huge gap in behavioral health care by providing an easy place to take people to. We also hear that the longer people wait, the more potential for their crisis to escalate. Crisis Care Centers will keep many people from cycling through the ERs in First Hill, or criminal system, and open the door for others to receive behavioral health care for the first time, putting more people on a path to recovery. Read more about what first responders and medical providers at local hospitals have to say about Crisis Care Centers here.

Lastly, the building is available today, meets all the zoning and infrastructure criteria, is centrally located and close to transportation, making it an optimal choice for a Crisis Care Center.

Q: Are there successful CCCs in other urban locations with similar demographics and issues? Can you share the effects of these centers in other communities.
A: In researching the Crisis Care Centers Levy Implementation Plan, our team of behavioral health experts conducted multiple site visits to Crisis Care Centers in Arizona and California. Connections Health Solutions, which operates centers in Pheonix and Tuscan, served 30,000 people in 2022. They report a 38-minute average door-to-provider time, 60–70% of guests stabilized and discharged back to their communities within 23 hours, and there was an average 3.75-day stay in subacute stabilization—dramatically cutting hospital admissions and accelerating recovery.

Locally, we have the Crisis Solutions Center nearby in the Central District/Judkins Park neighborhood which has successfully operated in the area from more than a decade. King County, in partnership with the City of Seattle, also continues to open other new doors to behavioral health care, including the new Overdose Recovery Center and STAR Center, both downtown, as well as a larger Sobering Center in Sodo.

Q: Why is Seattle and the Central Crisis Response Zone only getting one Crisis Care Center considering it has the highest need and is the most populous region?
A: As outlined in Ballot Measure Ordinance 19572, at least one Crisis Care Center must be established within each of the four Crisis Response Zones defined by the ordinance. After standing up the first Crisis Care Center in Kirkland, King County is selecting future Crisis Care Center operators and sites in the following response zones: Central (Seattle/Vashon), South, and East King County. In total, there will be five Crisis Care Centers across the region, and one will be specifically for youth.

It is important to note that these zones do not restrict access to services. Individuals seeking care, as well as first responders facilitating transport, may utilize any Crisis Care Center regardless of the zone in which it is located.

Q: What are other uses for the Polyclinic Building spaces that will not be used by the Crisis Care Center?
A: The building is 115,000 sq. ft. A Crisis Care Center needs approximately 25,000 to 30,000 sq-ft for its core services (behavioral health urgent care, 23-hour observation unit, and 16 crisis stabilization beds). King County is exploring other potential uses for undesignated portions of building. Initial considerations include leasing space, parking, and co-locating other health services.

Q: Will the new facility include staff to conduct outreach in the neighborhood?
A: Crisis Care Centers are staffed 24/7 with trained teams, including clinicians, peer support

specialists with lived experience, and other professionals who prioritize immediate support and specialized care for clients at a Crisis Care Center. The operator will be required to staff their sites with the appropriate personnel necessary. This could include security and other positions to maintain the safety of clients and staff within the CCC.

Building out a strong staffing model that is reflective and responsive to the unique needs of the communities Crisis Care Centers serve is critical and operators are directed to develop a staffing plan to ensure a successful partnership.

Additionally, a Good Neighbor Agreement, and partnerships with first responders, including local crisis teams, will be in place. Operators will also receive funding for operating costs to promote safety and security measures.

That said, funds for Crisis Care Center operations are limited to the functions within the center and the immediate property. Crisis Care Center operators work closely with the recently expanded Mobile Crisis Teams, who work in the field 24/7 throughout King County responding to help adults, youth, children and their families in a moment of crisis. These specialized behavioral health teams de-escalate and resolve most crises they respond to and also take people who need somewhere to go for treatment to the Crisis Solutions Center and Connections Kirkland. With more Crisis Teams in the field, and as Seattle CARE expands its teams too, this Crisis Care Center will help connect even more people to treatment and recovery.

Q: Will there be a Good Neighbor Agreement for this Crisis Care Center?
A: After the siting and provider selection process is completed, the selected Crisis Care Center operator in each response zone will create a Good Neighbor Policy that proactively manages relationships with the neighboring community. The purpose of a Good Neighbor Policy is to identify ways that community stakeholders can work together to address potential impacts of the Crisis Care Center and to formalize a positive working relationship between stakeholders for the benefits of all neighbors, including those being served by the center. At minimum, the Good Neighbor Policy should address a process for communication, and policies and procedures for addressing neighborhood concerns, both during construction and operations.

King County is also committed to helping bring the City of Seattle into this conversation, as well as neighborhood groups, organizations and providers so we can coordinate our efforts to bring treatment and other meaningful supports to the Capitol Hill and First Hill neighborhoods.

Q: How do you evaluate whether a community has the stability to deal with a crisis center without exacerbating the problems of both their crisis clients and community members?
A: Crisis Care Centers are designed to bring relief and support to the current mental health and substance use crises our communities are facing. These centers will offer a range of care to support each person and their needs. Already, we're seeing immediate relief through our first-year investments in crisis teams, strengthening the behavioral health workforce, as well as the opening of our first Crisis Care Center, Connections Kirkland.

A vital element of each Crisis Care Center is the degree to which it is planned in collaboration with community partners to ensure that the clinical model is tailored to local community needs. The

Crisis Care Center operator is responsible for working collaboratively with a range of partners and ensuring that the center is responsive to the diverse and unique needs of the population it serves. Operators will convene a community advisory board, or similar venue that is representative of communities served and includes members with lived experience. This board supports program development and implementation, ensuring there are consistent and accessible opportunities to provide input on the degree to which Crisis Care Center services are, or are not, meeting community needs.

As outlined in Ballot Measure Ordinance 19572, at least one Crisis Care Center must be established within each of the four Crisis Response Zones defined by the ordinance. After standing up the first Crisis Care Center in Kirkland, King County is selecting future center operators and sites in the following response zones: Central (Seattle/Vashon), South, and East King County. In total, there will be five Crisis Care Centers across the region, and one will be specifically for youth.
It is important to note that these zones do not restrict access to services. Individuals seeking care, as well as first responders facilitating transport, may utilize any Crisis Care Center regardless of the zone in which it is located.

Q: It would be helpful to have a detailed map created that clearly indicates all of the known social service agencies of all kinds located in the Cap Hill, First Hill, Squire Park, CD and Little Saigon.
A: Today, you can search for providers offering behavioral health services, and view the results in a map and filter by neighborhood here: Search for substance use disorder or behavioral health providers - King County, Washington

COMMUNITY ENGAGEMENT

Q: Is King County engaging with community around this site? What have you heard so far?
A: Yes, we are engaging with our community to ensure robust, transparent communication throughout the process. This started during the planning process and continues today. Here is a recent blog about our community engagement.

Q: What are hospitals in First Hill, and first responders in Seattle saying?
A: We have engaged with first responders, including the City of Seattle Police Department, CARE and Fire Department, in addition to nearby hospitals Swedish, Virginia Mason and Harborview. What we hear is that Crisis Care Centers help first responders do their jobs and alleviate overcrowded and strained Emergency Rooms that are unable to provide adequate care, often making the crisis worse. Crisis teams available through 988 are also relieving other first responders from behavioral health crisis calls. In 2024, 66% (2,283/3,482) of referrals to mobile crisis teams came from law enforcement or fire departments.

Learn more about what first responders and medical staff are saying about Crisis Care Centers here.

SAFETY

Q: How will Crisis Care Centers improve public safety?
A: The purpose of a Crisis Care Center is to increase access to treatment. By providing behavioral services and intervention when people are in an immediate crisis, this helps prevent escalation. Additionally, when first responders drop someone off at a Crisis Care Center, it takes less than 10 minutes on average, freeing first responders up for their next call much faster than the Emergency Room and giving them more capacity to do their jobs.

We hear from first responders and our partners at Emergency Rooms that the longer people wait, the more potential for their crisis to escalate. This typically happens outside the hospital in the surrounding neighborhood. By investing in places for people to go in crisis and long-term residential treatment, we can help people get care and in return, support the overall health and well-being of our communities.

Q: How will you address safety concerns outside of the Crisis Care Center?
A: King County will conduct a safety assessment—with the Seattle Police Department—which will result in Crime Prevention Through Environmental Design (CPTED) recommendations being put in place, such as better lighting, clear sightlines, and security features to help ensure the building and surrounding area are safe, secure, and welcoming.

King County is committed to ongoing collaboration with the neighborhood to ensure the center supports the surrounding community and responds to the urgent need for urgent care. What we hear from first responders, including law enforcement, is that Crisis Care Centers are a reliable resource that helps them do their jobs and connect people the appropriate care they need.

Additionally, centers will be staffed 24/7 by trained professionals with safety protocols, include a Good Neighbor Policy, and have strong partnerships with first responders, including local crisis teams. Operators also receive funding for operating costs to promote safety and security measures.

Importantly, unlike emergency rooms and jails, before a patient is discharged from a Crisis Care Center, staff will identify a safe place for each person to go and coordinate care with appropriate behavioral health, medical, and social services to further support the person. This could also include transportation assistance to return home, to stay with a friend or family member, or to access a respite or shelter resource. A post-crisis follow-up program supports people in their recovery the first 30-90 days after they leave a Crisis Care Center. Peer specialists or mental health professionals provide direct support and/or serve as a bridge to link individuals to ongoing community-based services.

Q: Where will people go after they leave a Crisis Care Center?
A: Each Crisis Care Center will connect patients to additional treatment options and other resources they may need after they leave and help them return safely to their community. Unlike emergency rooms, before a patient is discharged from a Crisis Care Center, staff will identify a safe place for each person to go and coordinate care with appropriate behavioral health, medical, and social services to further support the person. This could also include transportation assistance to return home, to stay with a friend or family member, or to access a respite or shelter resource.

A post-crisis follow-up program supports people in their recovery the first 30-90 days after they leave a Crisis Care Center. Peer specialists or mental health professionals provide direct support and/or serve as a bridge to link individuals to ongoing community-based services.

POST CRISIS SERVICES

Q: What does patient discharge look like? What is the plan for patients exiting a Crisis Care Center?
A: Consistent with community feedback during the Crisis Care Center Levy's planning and implementation and given the need for support after exiting a center, the levy will make substantial investments in post-crisis follow-up care.

A significant component of the Crisis Care Center model is to connect people to available treatment options, and other resources they may need to stabilize after their crisis, or as appropriate, help them return safely to their community. Post-crisis care supports people in their recovery the first 30-90 days after they leave a Crisis Care Center. A Request for Proposal for our post-crisis follow-up program opened in June 2025. Through this procurement, we will be creating and launching three post-crisis teams to provide care coordination services for people leaving a Crisis Care Center.

As a part of this treatment, peer specialists or mental health professionals will provide direct support and/or serve as a bridge to link individuals to ongoing community-based services. Examples of this include managing a client's short-term care, scheduling and taking them to appointments with new or existing behavioral health and medical providers in the community and connecting people to relevant social or culturally appropriate services to support their overall well-being.

The Crisis Care Centers Levy Implementation Plan includes funding for transportation assistance for people leaving a center. These resources may be used to help support people transferring from a Crisis Care Center to another type of behavioral health facility, like an inpatient or residential treatment facility. They may also be used to help a person access a safe place to go after receiving care at a crisis care center. This could include transportation assistance to return home, to stay with a friend or family member, or to access a respite or shelter.

Q: What community organizations will this proposed CCC have relationships with? What will be the nature of those relationships? How will referrals be handled?
A: The Crisis Care Center model has deep ties to the overall behavioral health and social service systems. Each Crisis Care Center will connect patients to additional treatment options and other resources they may need to stabilize after they leave or help them return safely to their community.

King County has more than 40 providers in our Integrated Care Network that we closely partner with to provide behavioral health services and coordinate care for communities in King County. These partners include Sound Behavioral Health and the Downtown Emergency Service Center, which both offer behavioral health services in Capitol Hill/First Hill and across Seattle, in addition to the Recovery Cafe, Peer Seattle, and residential treatment providers.

For people leaving Crisis Care Centers, referrals can be made to providers that offer recovery groups and support, inpatient treatment, residential treatment, outpatient services like counseling, therapy, and culturally and linguistically appropriate services (CLAS), as well as our Behavioral Health Housing program and public housing providers.

In addition to Crisis Care Centers, for the first time in decades, King County is creating more places for people to go—including new treatment facilities downtown like the Opioid Recovery and Care Access (ORCA) Center and STAR Center, a behavioral health shelter, as well as a new Sobering Center in Sodo and more co-occurring residential treatment beds, like the 16-beds that Pioneer Human Services recently opened in Skyway.

Q: How will the centers connect people to housing?
A: King County Department of Community & Human Services' (DCHS) Behavioral Health & Recovery Division works to expand treatment and access to care through the Crisis Care Center Levy. If a person who visits the center is in need of housing, the staff at the center can provide referrals to resources like our Behavioral Health Housing Program, public housing providers, and support use of the coordinated entry system.

The Department's Housing & Community Development (HCD) Division supports with affordable housing efforts, including initiatives like Health Through Housing. To learn more about HCD programs, visit here.

Q: Crisis care centers are important for short term treatment, but how are we building out long-term residential (non-hospital) treatment capacity?
A: In addition to creating a countywide network of five crisis care centers and strengthening King County's behavioral health workforce, the Crisis Care Centers Initiative is investing to restore residential treatment capacity by adding 115 new mental health residential treatment beds.

In 2024, King County invested $15 million to support renovation and repair costs at six residential treatment facilities to preserve existing beds providing long-term treatment. In 2025, we will release a Request for Proposals (RFP) seeking Behavioral Health Agencies (BHAs) to create new residential facilities and beds for mental health treatment in King County. Covered costs include purchasing land, acquiring existing facilities, planning and design, building renovations or expansions, new construction, and other capital pre-development and development expenses.

WORKFORCE

Q: What are you doing to ensure adequate staffing and address the behavioral health workforce shortage so that neighborhoods/communities are supported?
A: Crisis Care Centers will create hundreds of new behavioral health jobs across King County. Thanks to the levy, we will be able to offer competitive wages and benefits for these jobs. An estimated $163 million will be invested to grow, strengthen and increase the representativeness of King County's behavioral health workforce.

This year, $12 million was awarded to 37 behavioral health agencies in King County to support the existing workforce, and $4.8 million was invested to make more paid apprenticeships available.

Additionally, Crisis Care Center operators receive an estimated $2 million annually in workforce funding to support, strengthen, and recruit their workforce.