



# Crisis Care Centers Levy

**Briefing to the Seattle City Council  
Finance & Housing Committee**

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**Behavioral  
Health**

**=**

**Mental Health  
&  
Substance  
Use Disorder**

**People Recover.**

3

## Urgent Problems

**We've Solved this for Broken  
Bones...**

No walk-in Behavioral Health “Urgent Care”

**One Third!**

Losing Mental Health Residential Capacity

**It takes People to Treat People**  
Unsustainable Workforce

**Core Crisis  
System  
Elements:**



**988,  
Regional  
Crisis Line**



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



**What do  
we have  
now?**

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

# Our region lacks places to go for same-day, no-wrong-door, behavioral health urgent care.



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

**Families and People in Crisis** need places to go for help instead of waiting for a crisis to occur or get worse.

**Law Enforcement and First Responders** need better, more equitable, and faster options than jail and emergency rooms.

**Mobile Crisis Teams** need access to places where people in crisis can get immediate help when outreach is not enough.

**Hospitals** need to preserve capacity for the most medically complex patients & need places that divert less severe cases.

**988** needs places to send callers needing higher-level care.



# King County's *proposed* Crisis Care Centers Levy

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.



# Crisis Care Centers Levy Purposes

§ 4 specifies a  
**Paramount Purpose**  
and  
**Two Supporting Purposes**

**Paramount Purpose: Establish & operate a Regional Network of Five Crisis Care Centers**

**Supporting Purpose One: Restore the number of mental health residential beds to at least 355**

**Supporting Purpose Two: Increase the sustainability and representativeness of the Behavioral Health Work Force**

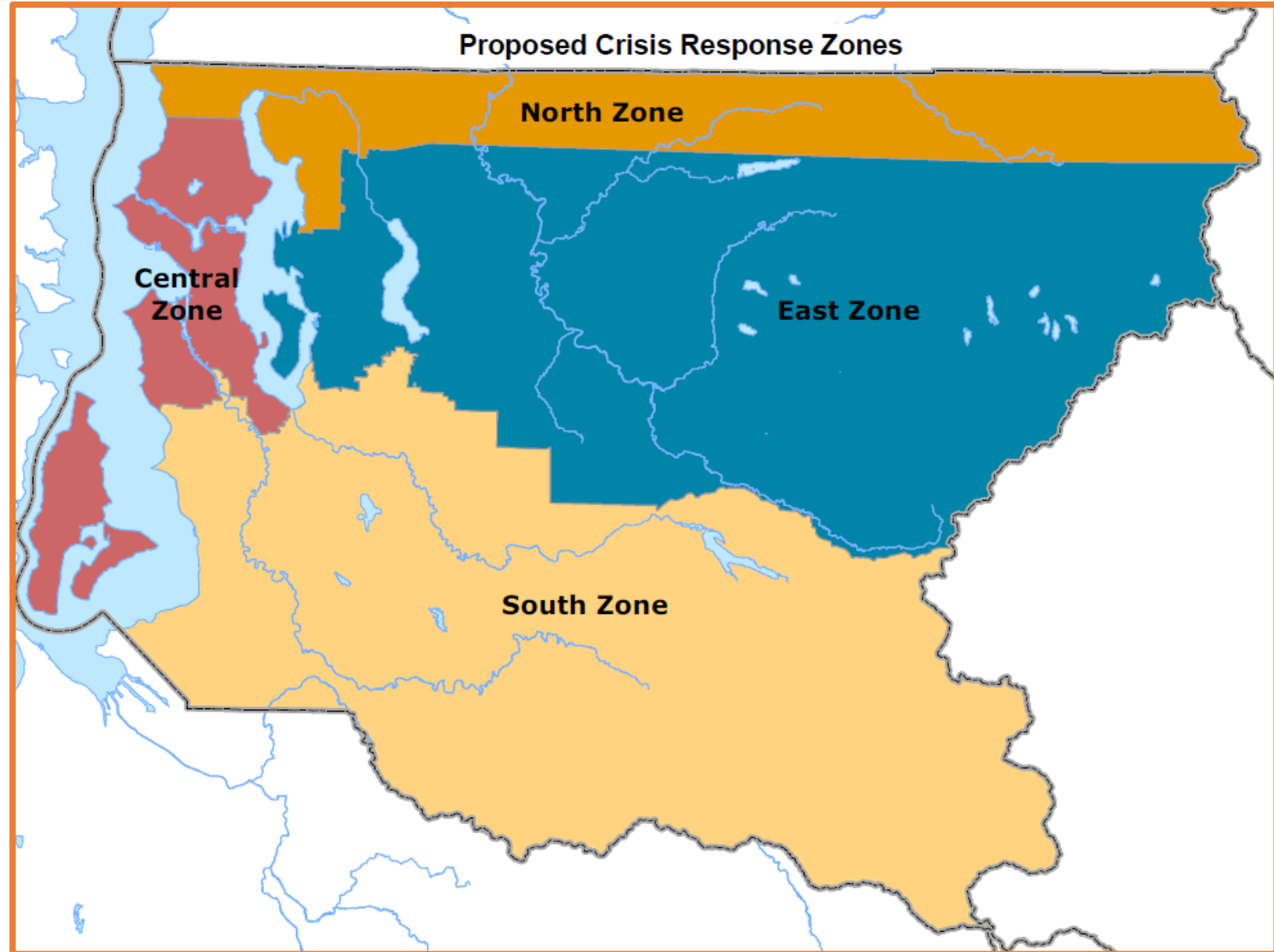
If the ballot measure ordinance is enacted and voters approve, the required Implementation Plan may specify additional supporting purposes, but they must be subordinate and not inconsistent with the Paramount Purpose & Supporting Purposes One and Two.

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

- Crisis Care Centers would be **operated by provider agencies** 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.

The proposed Ballot Measure Ordinance is silent on this issue other than requiring an Implementation Plan. CCC operations/siting would be governed by the Implementation Plan. Except for election cost and up to \$1M in initial planning, Levy proceeds may not be spent until the Implementation Plan is enacted.

## 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 would

- **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?**

# **Supporting Purpose One: Restore Mental Health Residential Capacity**

## **What is Mental Health Residential?**

- **A recovery-oriented place to live**
- **Residential treatment**
- **Case management & practice for basic life skills**
- **Supports for individual treatment & group sessions**
- **A setting that builds community within community**

## Supporting Purpose Two: Workforce

Provider staff vacancies doubled between 2019 and 2021.

- **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



# Projected Costs for a 14.5 cent, 9-year Countywide Levy

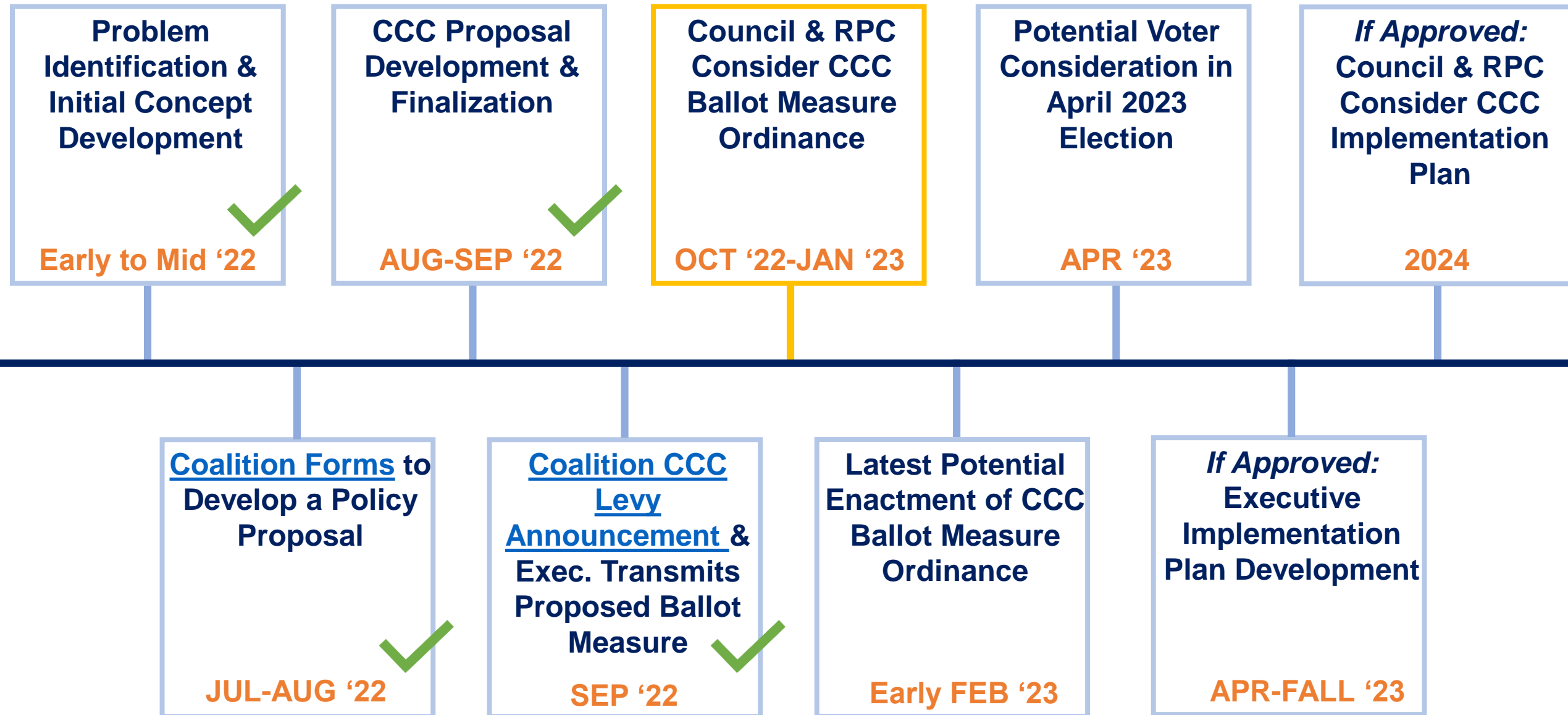
	2022 Median Assessed Value	<u>Estimated</u> 2024 Median Assessed Value	<b><u>Estimated</u> 2024 Annual Payment</b>	<u>Estimated</u> 2024 Monthly Payment
Auburn	\$433,000	\$522,544	<b>\$75.77</b>	\$6.31
Kent	\$467,000	\$563,576	<b>\$81.72</b>	\$6.81
Renton	\$534,000	\$644,431	<b>\$93.44</b>	\$7.79
<b>Countywide Median</b>	<b>\$694,000</b>	<b>\$837,519</b>	<b>\$121.44</b>	<b>\$10.12</b>
Seattle	\$760,000	\$917,168	<b>\$132.99</b>	\$11.08
Bothell	\$758,000	\$914,754	<b>\$132.64</b>	\$11.05
Redmond	\$1,005,000	\$1,212,834	<b>\$175.86</b>	\$14.66
Bellevue	\$1,107,000	\$1,335,928	<b>\$193.71</b>	\$16.14

Proposed at \$0.145 per \$1,000 of Assessed Value (AV)

- Assessed values often differ from sale prices
- Levy period would begin in 2024

This projection *estimates* 2024 median AV by applying a 20.68% growth factor to 2022 median AV. The Assessor's 2022 Median AV by city is [available online](#).

# Timeline for **Crisis Care Centers** Levy Development



## Key Considerations

- **Ballot Measure Ordinance prohibits spending until Council & RPC pass an Implementation Plan** (except for election costs and up to \$1M for planning).
- **Medicaid** policies influence ongoing operations costs
- Supporting success for **988**
- Interdependence with **jails, emergency rooms, shelters, supportive housing, and the involuntary treatment system & assessments**
- **Outreach without places to go** is insufficient
- **Hope & a new path of least resistance**



**Together, we can create the behavioral health system our region needs.**

# *Questions?*

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