



Legislation Details (With Text)

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Final Action:		Ord. No.			
Title:	A RESOLUTION supporting King County's Crisis Care Centers Levy and urging Seattle voters to vote "Yes" on the passage of this levy on the April 25, 2023, special election ballot.				
Sponsors:	Andrew Lewis, Teresa Mosqueda				
Indexes:					
Attachments:	1. Summary and Fiscal Note, 2. Summary Att 1 - Crisis Care Centers, 3. Summary Att 2 - Residential Treatment Facilities, 4. Summary Att 3 - Supporting and Growing Workforce, 5. Signed Resolution 32085, 6. Affidavit of Publication				

Date	Ver.	Action By	Action	Result
3/16/2023	1	City Clerk	attested by City Clerk	
3/16/2023	1	Mayor	returned	
3/16/2023	1	Mayor	Signed	
3/16/2023	1	City Clerk	submitted for Mayor's signature	
3/14/2023	1	City Council	adopted	Pass
2/14/2023	1	City Council	referred	
2/10/2023	1	Council President's Office	sent for review	
2/8/2023	1	City Clerk	sent for review	

CITY OF SEATTLE

RESOLUTION _____

A RESOLUTION supporting King County's Crisis Care Centers Levy and urging Seattle voters to vote "Yes" on the passage of this levy on the April 25, 2023, special election ballot.

WHEREAS, the Behavioral Health and Recovery Division (BHRD) within King County's Department of

Community and Human Services (DCHS) manages public behavioral health services in King County, including Medicaid-funded services provided through the King County Integrated Care Network, the state-funded Behavioral Health Administrative Services Organization, and programs funded with revenue from the Mental Illness and Drug Dependency sales tax; and

WHEREAS, King County's behavioral health crisis system relies heavily on phone support and outreach

services, with very few options of places for persons to go to for immediate, life-saving care when in crisis; and

WHEREAS, as of September 2022, the Crisis Solutions Center, operated by Downtown Emergency Service Center and requiring mobile team, first responder, or hospital referral for entry, is the only voluntary behavioral health crisis facility for the entirety of King County, and no walk-in urgent care facility exists in King County; and

WHEREAS, a coalition of community leaders and behavioral health providers issued recommendations to Seattle and King County in an October 13, 2021 letter that included recommendations to “expand places for people in crisis to receive immediate support” and “expand crisis response and post-crisis follow up services”; and

WHEREAS, call volume to King County’s regional behavioral health crisis line increased by 25 percent between 2019 and 2021, from 82,523 calls in 2019 to 102,754 calls in 2021; and

WHEREAS, the number of persons per year who received community-based behavioral health crisis response services in King County increased 146 percent between 2012 and 2021, from 1,764 persons served in 2012 to 4,336 persons served in 2021; and

WHEREAS, referrals for mobile crisis outreach in King County grew 15 percent between 2019 and 2021, from 4,030 referrals in 2019 to 4,648 in 2021, and responsive to this need the Council added \$1 million in ongoing City funding in 2021 to support a mobile crisis team of mental health and substance use disorder professionals; and

WHEREAS, King County’s designated crisis responders conducted 14 percent more investigations for involuntary behavioral health treatment in 2021, when they investigated 9,189 cases, than in 2017 when they investigated 8,066 cases. There was a ten percent increase in detentions or revocations for involuntary hospitalization during that same period, from 4,387 in 2017 to 4,806 in 2021; and

WHEREAS, the wait time for a King County resident in behavioral crisis in a community setting to be

evaluated for involuntary behavioral health treatment tripled between January 2019 and June 2022, from four days to 12 days; and

WHEREAS, the U.S. Department of Health and Human Services reported that in August 2022, the first full month that the new national 988 Suicide and Crisis Lifeline was operational, the overall volume of calls, texts, and chats to the Lifeline increased by 152,000 contacts, or 45 percent, compared to the number of contacts to the National Suicide Prevention Lifeline in August 2021; and

WHEREAS, the federal Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Guidelines for Behavioral Health Crisis Care, and its vision for the implementation of the new national 988 Suicide and Crisis Lifeline, call for the development of safe places for persons in crisis to go for help as part of a robust behavioral health crisis system; and

WHEREAS, in 2021, the Washington State Legislature passed Engrossed Second Substitute House Bill 1477, which became Chapter 302, Laws of Washington 2021, to support implementation of 988 in Washington, to further SAMHSA's overall vision and build on the crisis phone line change by expanding and transforming crisis services; and

WHEREAS, Revised Code of Washington (RCW) 71.24.025 defines crisis stabilization services to mean services such as 23-hour crisis stabilization units based on the living room model, crisis stabilization centers, short-term respite facilities, peer-operated respite services, and behavioral health urgent care walk-in centers, including within the overall crisis system components that operate like hospital emergency departments and accept all walk-ins, and ambulance, fire, and police drop-offs. Chapter 302, Laws of Washington 2021 further expressed the state legislature's intent to expand the behavioral health crisis delivery system to include these components; and

WHEREAS, multiple behavioral health system needs assessments have identified the addition of crisis facilities as top priorities to improve community-based crisis services in King County. Such assessments include the 2016 recommendations of the Community Alternatives to Boarding Task Force called for by Motion

14225, a Washington State Office of Financial Management behavioral health capital funding prioritization and feasibility study in 2018, and a Washington State Health Care Authority crisis triage and stabilization capacity and gaps report in 2019; and

WHEREAS, King County is losing mental health residential treatment capacity that is essential for persons who need more intensive supports to live safely in the community due to rising operating costs and aging facilities that need repair or replacement. As of August 2022, King County had a total of 244 mental health residential beds for the entire county, down 111 beds, or nearly one third, from the capacity in 2018 of 355 beds; and

WHEREAS, as of July 2022, King County residents who need mental health residential services must wait an average of 44 days before they are able to be placed in a residential facility; and

WHEREAS, data from the U.S. Centers for Disease Control and Prevention, the U.S. Census Bureau and the Kaiser Family Foundation show that about three in ten adults in the United States reported symptoms of anxiety or depressive disorder in June 2022, up from one in ten adults who reported these symptoms in 2019; and

WHEREAS, the National Council for Mental Wellbeing's 2022 access to care survey found that 43 percent of U.S. adults who say they need mental health or substance use care did not receive that care, and they face numerous barriers to accessing and receiving needed treatment; and

WHEREAS, according to the Washington State Department of Social and Health Services, the number of Medicaid enrollees in King County with an identified mental health need increased by approximately 34 percent for adults and nine percent for youth between 2019 and 2021; and

WHEREAS, Seattle Public Schools and the students who attend these schools have identified significant unmet need for mental health care for youth; and

WHEREAS, Seattle is a hub of regional mass transit thus generally more accessible by youth than other locations within King County; and

WHEREAS, the Washington State Department of Social and Health Services reports that in 2021, among those enrolled in Medicaid in King County, nearly half of adults and over a third of youth with an identified mental health need did not receive treatment; and

WHEREAS, SAMHSA's National Guidelines for Behavioral Health Crisis Care recommend including peers with lived experience of mental health conditions or substance use disorders on crisis response teams. Those guidelines also feature the living room model as an example of crisis service delivery innovation featuring peers; and

WHEREAS, the 2021 King County nonprofit wage and benefits survey showed that many nonprofit employees delivering critical services earn wages at levels that make it difficult to sustain a career doing community-based work in this region; and

WHEREAS, a 2021 King County survey of member organizations of the King County Integrated Care Network found that job vacancies at these community behavioral health agencies were at least double what they were in 2019. Providers cited professionals' ability to earn more in medical systems or private practice, and the high cost of living in the King County region, as the top reasons their workers were leaving community behavioral health care; and

WHEREAS, on January 31, 2023, the King County Council passed Ordinance 2022-0399, concerning funding for mental health and substance use disorder services and providing for the submission of a property tax levy (the "Crisis Care Centers Levy") in excess of the levy limitation contained in chapter 84.55 RCW; and

WHEREAS, if approved, Crisis Care Centers Levy proceeds would fund regional behavioral health services and capital facilities, including the establishment and operation of a regional network of behavioral health crisis care centers; the preservation, expansion, and maintenance of residential treatment facilities; the provision of behavioral health workforce supports, mobile crisis care, and post-discharge stabilization; and the administration, coordination, implementation, and evaluation of levy activities;

and

WHEREAS, investments made with Crisis Care Centers Levy proceeds will positively affect the lives of Seattle residents who have been impacted by the limited availability of walk-in crisis care and stabilization support and of community-based residential treatment for people with mental health needs, and the investments will both create incentives for the retention of community-based health care providers in their current positions and grow the pipeline for this workforce through apprenticeships, access to training and education, and wrap-around supports; and

WHEREAS, after notice in accordance with RCW 42.17A.555 and Seattle Municipal Code Section 2.04.300, persons in favor of the Crisis Care Centers Levy and those opposed to it have been given an equal opportunity to share their views in an open public meeting; NOW, THEREFORE,

**BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF SEATTLE, THE MAYOR
CONCURRING, THAT:**

Section 1. The Mayor and Seattle City Council support King County's Crisis Care Centers Levy and urge Seattle voters to vote "Yes" on its passage in the April 25, 2023 special election.

Section 2. The Mayor and Seattle City Council support the location in Seattle of a future crisis care center, funded by King County's Crisis Care Levy, that will serve youth younger than 19.

Adopted by the City Council the _____ day of _____, 2023, and signed by me in open session in authentication of its adoption this _____ day of _____, 2023.

President _____ of the City Council

The Mayor concurred the _____ day of _____, 2023.

Bruce A. Harrell, Mayor

Filed by me this _____ day of _____, 2023.

Elizabeth M. Adkisson, Interim City Clerk

(Seal)