



BEHAVIORAL HEALTH & CRISIS RESPONSE SYSTEMS: 2022 SESSION OUTCOMES

July 2022

Executive Summary

During the 2022 legislative session, the Washington state legislature provided significant new investments to build out the behavioral health and crisis response systems in Washington. Unmet needs regarding behavioral health issues and systemic gaps and barriers were a growing concern prior to the COVID-19 pandemic, and the public health emergency only further exacerbated both the behavioral health issues themselves as well as system capacity and other barriers to accessing behavioral health services. The result has been people are not able to get adequate help when and where they need it.

The 2022 legislature provided substantial funding to help bolster and improve the behavioral health and crisis response systems in Washington. The resources provided this session were critical especially given the launch of the [988 suicide & crisis hotline](#) on July 16, 2022. The 988 crisis line will be confidential, free, and available 24/7/365, connecting those experiencing a mental health, substance use, or suicidal crisis with trained crisis counselors. People will also be able to dial 988 if they are worried about someone else who may need crisis support. Many of the crisis response services funded by the legislature in the past two years will help bolster the community and behavioral health and crisis response systems that the 988 crisis line will rely on for supporting people in crisis.

This policy brief provides a brief overview of behavioral health and crisis response systems, some of the barriers and gaps that hinder access to services, and an overview of some of the progress made during the 2022 legislative session to address these barriers.

It is important to note that behavioral health is a complicated and multifaceted issue that has intersections with other systems such as law enforcement, the courts, housing and homelessness, and physical health care. When we talk about behavioral health, this can take us to community behavioral health and crisis response (as this brief does), but also could take us to inpatient long-term hospitals, state hospitals (Western State and Eastern State), step-down facilities, diversion in the criminal justice system, the mental health of children and youth, detox, evaluation and treatment facilities, behavioral health services provided in schools, and more. While this brief focuses on the community behavioral health and crisis response systems, there are critical discussions to be had about all these components and the barriers amongst them

Background – Behavioral Health & Crisis Response Systems in Washington

A comprehensive behavioral health system doesn't just involve providing treatment to people experiencing behavioral health issues and being responsive in moments of crisis, but also supporting and maintaining healthy behavior and prevention services that intervene before a behavioral health problem or disorder occurs. While there are many different components to the [Behavioral Health Continuum of Care](#), much of the recent focus with the legislature over the past couple years has been on building out a robust community behavioral health system, and establishing a crisis response system in anticipation of the launch of the 988 crisis hotline in July 2022.

Below is a very brief overview of community behavioral health and crisis response systems. *See the Prevention Alliance brief from January 2022: [Behavioral Health & Crisis Response Systems in Washington](#) for additional background including a deeper dive into the behavioral health continuum of care, an*

overview of the behavioral health and crisis response systems in Washington, and gaps and recommendations for these systems.

Community Behavioral Health System

It is widely accepted that the best way to treat patients and support them with recovery and maintenance is in the community and in smaller facilities that help them stay closer to home rather than in an institutional setting. Community-based treatment enables people with behavioral health concerns to maintain family relationships, friendships and jobs while receiving treatment, which helps support early treatment, rehabilitation, and increased adherence to treatment.

Establishing a comprehensive community behavioral health system requires that a robust set of services be available to people in local communities in a way that they are accessible when and where they need it. Key elements of a comprehensive community behavioral health system include outpatient mental health treatment, peer support services, inpatient and residential care, housing, and employment services, and more. For these pieces to meet the needs of communities and individuals, the following components need to be robustly built out and funded:

- *Workforce:* The behavioral health workforce needs to be adequately trained and compensated to ensure there is sufficient capacity to meet need.
- *Facilities:* There needs to be sufficient facilities and beds available to direct people to for treatment and recovery.
- *Ongoing support services:* Support services include both direct behavioral health care as well as other support services, such as housing.

Crisis Response System

Crisis services provide intervention to anyone, anywhere, and anytime when they are at the point of behavioral health crisis. The goal of crisis response is to quickly stabilize individuals and prevent further deterioration by providing immediate treatment and intervention. Once a person is stabilized, the patient should be connected as needed to other short- and longer-term treatment and rehabilitation services.

A comprehensive crisis response system includes the following key components:

- *Crisis call lines* that accept calls, provide crisis telephone support, and dispatch support based on the assessed need of the caller and coordinate response in real time.
- *Mobile crisis teams* that are available 24/7 and are dispatched to wherever the assessed need is in the community and provide crisis stabilization services.
- *Crisis receiving and stabilization centers* that serve everyone that comes through their doors from all referral sources.

2022 Session Outcomes: Improving Behavioral Health & Crisis Response in Washington

The 2022 legislative session was historic in many ways including the great strides made in providing state investments to improve the behavioral health and crisis response systems in Washington. The new funding helps address some of the gaps and barriers in those systems. Below are highlights of some of the key investments provided in the final budget for the community behavioral health and crisis response systems. While this is not a comprehensive list of every investment that was made, it provides an overview of some of the critical investments made by the legislature.

Community Behavioral Health System

Transforming Washington’s behavioral health system to have a greater focus on community-based treatment has been a priority of Governor Jay Inslee and the legislature in recent years. Starting in 2019, Governor Inslee has been advancing his [plan](#) to increase investments in smaller, community-based behavioral health facilities in an effort to shift patients, especially civil patients, away from Western and Eastern State Hospitals and also improve the broader behavioral health system to meet the full behavioral health continuum of care. The 2022 legislature made significant investments to both stabilize and further build out the community behavioral health system.

Workforce: The rates paid for behavioral health providers (both Medicaid and Non-Medicaid) has been drastically low for many years, and low wages combined with the impacts of the COVID-19 pandemic (increased costs, lost revenue, stress, and burnout) have resulted in challenges with recruiting and retaining behavioral health providers. The 2022 legislature provided strong investments to help stabilize the workforce with provider relief dollars, increase rates under existing payment structures, and also start looking at those rate structures and potential alternative payment models.

Workforce Stabilization:

Behavioral Health Provider Relief: \$100 million total

Funding is provided on a one-time basis for the Authority to address behavioral health treatment access issues resulting from workforce shortages and impacts of the COVID-19 public health emergency. This funding must be used to provide one-time assistance payments to non-hospital-based community behavioral health treatment providers receiving payment for Medicaid services contracted through the Medicaid MCOs or BH-ASOs. (One-Time) – [Health Care Authority]

Increasing Current Provider Rates:

Medicaid Behavioral Health Rate Increase: \$17.128 million GFS¹ (\$49.989 million total)

Funding is provided to increase Medicaid behavioral health provider rates by 7 percent effective January 1, 2023. The Authority must employ directed payment or other methodologies allowed under Medicaid managed care regulations to direct the funding increase to behavioral health providers. (Ongoing) [Health Care Authority]

Non-Medicaid Behavioral Health Rates: \$20 million GFS

Funding is provided to increase Behavioral Health Administrative Service Organizations (BH-ASO) and Managed Care Organization (MCO) wraparound service contracts. This funding shall be used to implement a 7 percent rate increase for non-Medicaid services and remaining amounts shall be used to address regional behavioral health service needs that cannot be paid for with Medicaid funds. (Ongoing) [Health Care Authority]

Opioid Treatment Provider Rates: \$2.382 million GFS (\$8.82 million total)

Funding is provided for a rate increase to opioid treatment providers. The Authority shall require MCOs to convert their payment methodologies for opioid treatment programs to a bundled case rate to support a comprehensive treatment approach for opioid use disorders. (Custom) [Health Care Authority]

¹ GFS means ‘General Fund-State’, which is the primary state fund from which the ongoing expenses of state government are paid. When there is a ‘GFS’ amount listed and also a ‘total’ amount, the GFS is the amount the state is funding, and the total amount is anything funded by the state plus other sources, such as federal fund.

Rate Evaluation and Alternative Rate Models

CCBHC Payment Model Study: \$300,000 GFS (\$600,000 total)

Funding is provided on a one-time basis for the Authority to explore the development and implementation of a sustainable, alternative payment model for comprehensive community behavioral health services including examination of the Certified Community Behavioral Health Clinic (CCBHC) model, which provides for an enhanced Medicaid reimbursement rate based on anticipated costs of expanding services to meet the needs of complex populations. (One-Time) [Health Care Authority]

Behavioral Health Rates Comparison Study: \$200,000 GFS (\$400,000 total)

Funding is provided on a one-time basis for the Authority to contract for a study to establish benchmark behavioral health payment rates and a behavioral health fee schedule that can be used for assessing the costs associated with expansion of services, rate increases, and Medicaid managed care plan state directed payments. (One-Time) [Health Care Authority]

Facilities: Having a comprehensive community behavioral health system requires having sufficient facilities and beds to direct people to for treatment and recovery. The 2022 legislature provided funding through the capital budget to expand system capacity at community behavioral health facilities.

Behavioral Health Facilities: \$26.3 million

Funding is available for a variety of behavioral health services projects including long-term civil commitments, triage, crisis diversion, detox, and adolescent services. [Capital Budget]

Ongoing Support Services: When considering recovery and maintenance on the behavioral health continuum of care, it is important to build out resources that support longer-term treatment and service needs. This includes both direct behavioral health care as well as other support services such as housing. There was significant funding provided to support services. Items listed below provide some highlights in services that were funded by the 2022 legislature.

Outreach/Intensive Case Management: \$2 million GFS

Funding is provided for Recovery Navigator Program services established in Chapter 311, Laws of 2021 (ESB 5476). Of the amounts provided, the Authority must allocate \$2 million to Recovery Navigator Program services in King, Pierce and Snohomish counties. The remaining \$3 million must be allocated to all ten regions proportionate to their current allocation of Recovery Navigator Program funds. (Ongoing) [Health Care Authority]

PACT Team Non-Medicaid Funding: \$3.87 million GFS

Funding is provided to align non-Medicaid support levels for Program of Assertive Community Treatment (PACT) providers. [PACT](#) is for people with severe mental health disorders, who frequently need care in a psychiatric hospital or other crisis service. These clients often have challenges with traditional services and may have a high risk or history of arrest and incarceration. (Ongoing) [Health Care Authority]

Mobile Opioid Treatment Services: \$2.825 million GFS (\$3.622 million total)

Funding is provided for five mobile units to fill treatment gaps and increase access to medications for opioid use disorder for underserved populations that do not have a treatment provider within a reasonable distance. [Health Care Authority]

Overdose Prevention/Harm Reduction: \$5.01 million GFS (\$6 million total)

Funding is provided for syringe service programs and other service settings assisting people with substance use disorders to prevent and respond to overdoses and provide harm reduction services and supplies. Funds may be used for distributing Naloxone, fentanyl testing and other drug testing supplies, and for expanding contingency management services. The Authority shall prioritize funds for Naloxone distribution to programs or settings that are least likely to be able to bill Medicaid for these services. [Health Care Authority]

Short-Term BH Housing Support: \$775,000 total

Funding is provided for short-term housing support for individuals with behavioral health disorders discharging from a mental health or substance use disorder facility. The Authority must prioritize these funds for individuals being released from state operated facilities. [Health Care Authority]

Housing Stabilization Teams: \$664,000 GFS (\$818,000 total)

Funding is provided for regional behavioral health mobile teams focused on supporting behavioral health clients in maintaining their housing during times of crisis. [Health Care Authority]

Housing First Opportunities: \$6.027 million GFS (\$8.036 million total)

Funding is provided to expand access to no-barrier and low-barrier housing using a 'housing first' model. [Health Care Authority]

Crisis Response System

The crisis response system in Washington is drastically underfunded and needs significant investments to build up services to adequately meet the behavioral health needs of people who experience a behavioral health crisis. The 2022 legislature made significant investments to help make progress in building out a crisis response system.

988 Implementation: The newly established 988 line will help create an easier access point for people experiencing a behavioral health crisis, but for it to be truly effective there needs to be adequate services behind the number ready to respond. The legislature provided funding needed for implementation of the new hotline.

988 - Call Center Impacts: \$10.2 million total

Funding is provided to address the impact of 988 call center volume. (Ongoing)
[Department of Health]

Electronic Health Records \$3.576 million GFS (\$4.57 million total)

Funding is provided to begin development of electronic health record (EHR) software as a solution (SaaS) technology in support of the national 988 plan as described in RCW 71.24. [Health Care Authority]

Mobile Crisis/Crisis Response Teams: There are different models for mobile crisis response including teams that provide community-based behavioral health assessments and acute crisis intervention services, social workers that go out with law enforcement, peer co-responders, specialty teams for youth, pre-crisis outreach teams who try to provide services before a person reaches crisis level, etc. The

King County Mobile Crisis: \$3 million GFS (\$4.012 million total)

Funding is provided for increasing local behavioral health mobile crisis response team capacity in King County. (Ongoing) [Health Care Authority]

Behavioral Health Response Teams: \$3.99 million GFS

Funding is provided for the Authority to contract with a provider for three Behavioral Health Response Teams in King County. These teams collaborate with regional outreach teams and agencies throughout King County and follow up with individuals after an acute crisis episode for up to three months to establish long-term community linkages and referrals to behavioral health treatment. (One-Time) [Health Care Authority]

Tribal Crisis Responders: \$137,000 GFS

Funding is provided to reimburse Tribal Designated Crisis Responder services. [Health Care Authority]

Post-Crisis Stabilization: Providing engagement and treatment immediately following a crisis is critical for helping prevent a recurrence of a crisis and also transitioning into longer-term treatment and/or recovery and maintenance.

Crisis Response and Stabilization Facilities: \$72 million

Funding is provided to expand care for individuals in crisis, particularly the homeless. The funding will expand and create new capacity for 23-hour crisis triage, crisis stabilization and youth residential crisis triage and stabilization facilities. [Capital Budget]

Crisis Stabilization Facilities Operations: \$17.812 million total (in 2023-25 biennium)

Funding is provided in the four-year outlook to account for new investments in the 2022 supplemental capital budget to create 10 behavioral health crisis facilities around the state. [Health Care Authority]

Youth Crisis Stabilization: \$10.707 million total (in 2023-25 biennium)

Funding is assumed in the outlook for 32 beds and agency administration at the Health Care Authority to create a short-term Residential Crisis Stabilization Program (RCSP) for youth with severe behavioral health diagnoses. The outlook assumes operating funds for the 32 beds effective July 1, 2024. [Health Care Authority]

Conclusion

The legislature made significant progress during the 2022 legislative session in addressing some of the gaps and barriers that prevent people from accessing behavioral health and crisis response services. New or expanded funding was provided in all of the key component areas for both systems: workforce, facilities, and support services for the community behavioral health system; and 988 crisis line infrastructure, mobile crisis response, and post-crisis stabilization for the crisis response system.

Building a statewide, comprehensive community behavioral health system that includes a robust and well-resourced crisis response is critical to addressing the vast behavioral health needs of individuals and families in communities throughout Washington. While it is clear that significant investments were made during the 2022 legislative session, ongoing gaps and barriers must continue to be assessed and addressed to ensure that there is a strong community behavioral health system in place where people can get the care and support, they need, when and where they need it; and that a strong crisis response system is in place as the 988 crisis line launches this summer.

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This publication was supported by National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention under award number NU58DP004830. The content of this publication is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention.